STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G236	A. BUILDING _____ B. WING _____	11/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROBERT E LEE GROUP HOME	1519 ROBERT E LEE DRIVE WILMINGTON, NC 28412

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 032	Primary/Alternate Means for Communication CFR(s): 483.475(c)(3) [(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.] The communication plan must include all of the following: (3) Primary and alternate means for communicating with the following: (i) [Facility] staff. (ii) Federal, State, tribal, regional, and local emergency management agencies. *[For ICF/IIDs at §483.475(c):] (3) Primary and alternate means for communicating with the ICF/IID's staff, Federal, State, tribal, regional, and local emergency management agencies. This STANDARD is not met as evidenced by: Based on interview and document review, the facility failed to ensure an alternative means of communicating with facility staff, federal, state, regional and local emergency management agencies was provided as part of the Emergency Preparedness Plan (EPP). The finding is: An alternative means of communication was not provided in the event of an emergency. Review on 11/27/18 of the facility's emergency preparedness (EP) plan (last revised on 11/20/18) indicated staff should use a facility cell phone as an alternative means of communication in the event of a power failure; however, no cell phone was available for use in the home. Interview on 11/27/18 with the Qualified Intellectual Disabilities Professional (QIDP)	E 032		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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E 032	Continued From page 1 confirmed there is currently no alternative means of communication during a power failure.	E 032		
W 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure the Individual Program Plan (IPP) for 1 of 3 audit clients (#5) included specific information to support the client's family style dining skills. The finding is: Client #5's IPP did not include specific information regarding his family style dining skills. During evening observations in the home on 11/27/18 at 6:07pm, client #5 used a small chopper to grind up his meat and place it on his dinner plate. The client then returned to the dinner table with his full plate of food already prepared. Client #5 was not prompted or assisted to participate in aspects of family style dining. Review on 11/28/18 of client #5's IPP dated 3/20/18 revealed the client receives a low cholesterol, mechanical soft diet with Boost supplements. Additional review of the plan did not include any information regarding the client's skills and supports needed during family style dining. Interview on 11/28/18 with the Home Manager	W 240		

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W 240	Continued From page 2 confirmed client #3's IPP does not include information regarding family style dining since the client consumes a chopped diet and does not participate in all aspects of family style dining.	W 240		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #3's modified diet was provided as indicated. This affected 1 of 3 audit clients. The finding is: Client #3 was not provided a chopped diet as indicated. During lunch observations at the day program on 11/27/18 at 11:14am, client #3 consumed a peanut butter and jelly sandwich cut into bite-size pieces and a bag of Cheetos. The Cheetos were dispensed from the bag 1 or 2 at a time by staff. Client #3 consumed the food items without difficulty. During breakfast observations in the home on 11/28/18 at 7:25am, client #3 consumed a whole toasted English muffin cut in half. As a staff sat next to her, the client consumed the muffin one bite at a time with prompts to take sips of liquid in between bites. Client #3 consumed the food items without difficulty. Review on 11/28/18 of client #3's physician's	W 460		

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W 460	Continued From page 3 orders dated 8/31/18 revealed, "Clarification order: low cholesterol, low saturated fat no added salt at table (Cardiac diet) Full supervision at meals use of maroon spoon, sips of beverage between bites, chopped diet with use of chopper." Additional review of chopped diet guidelines posted at the day program (no date) revealed, "This diet is used for clients who have difficulty chewing or swallowing....The foods are the similar to the regular diet but may be served chopped or ground to minimize chewing...Chopped foods should be the consistency of a garden pea or cooked ground beef." Staff interview (2) on 11/27 - 11/28/18 revealed client #3's food should be dime size pieces and it is "OK" to have her breads bite-sized. Additional interview indicated client #3 receives a "chopped mechanical soft" diet. Interview on 11/28/18 with the Home Manager confirmed client #3 should consume a chopped food consistency with foods placed in a chopper to obtain the correct consistency .	W 460		