STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G230	A. BUILDING ______ B. WING ______	12/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE GROUP HOME	**723 HILLS FARM STREET** **LENOIR, NC 28645**

(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
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: The facility failed to assure the individual program plans (IPPs) for 2 of 4 sampled clients (#3 and #4) included adequate active treatment programming to meet client needs or programs contained in their IPPs were implemented as prescribed as evidenced by observation, interview and record verification. The findings are: A. For client #4, the facility failed to assure the client's 11/8/18 IPP included adequate active treatment programming to meet the client's needs. For example: Observations in the group home during the 12/19-20/18 survey revealed client #4 to stand in her bedroom doorway or the doorway into the dining room holding a magazine watching other clients and staff. Client #4 was observed to refuse most offered activities or prompts to help with household chores or cooking and would retreat back to her bedroom or move to another location when prompted to a task. Observations in the afternoon on 12/19/18 revealed the client to participate in painting her nails, putting a puzzle together and setting her place at the table.	W 249		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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However, morning observations revealed the client to only participate in setting her place at the table and brushing her teeth after breakfast.

Review of client #4's IPP revealed objectives in the home include a communication program to make a choice of food or drink, match clothing, knock on closed doors, folding laundry and completing a hair care checklist. Further review of the IPP revealed a psychological evaluation update dated 8/22/18 which notes the client requires and responds best to highly structured situations and needs to maintain motivation to participate in activities of daily living. In addition, client #4 needs to increase skills related to communication, work, leisure and self-help.

Continued review of the IPP revealed a habilitation evaluation update dated 10/17/18. Review of the habilitation evaluation, substantiated by interview with the habilitation specialist, revealed the client needs to increase leisure and recreational activities and responds well to structure. In that, the facility failed to support client #4 with a structured environment, failed to include needed objective programming to meet the client's leisure and recreational needs, and the facility failed to assure client #4 was provided with a continuous active treatment program.

B. The interdisciplinary team failed to implement sufficient interventions to address client needs relative to medication administration for client #3. For example:

Observations conducted on 12/20/18 at 6:55 AM during medication administration revealed client #3 to participate in her medication administration

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W 249	Continued From page 2 by punching her medications from individual bubble packs. Client #3 was further observed to be handed all her medications in a cup and to quickly pour all medications in her mouth, dropping two medications on the floor. Staff was observed to pick up the medications off the floor and verbally prompt the client to finish taking her medications, handing both medications that had fallen on the floor to the client. The client placed both medications in her mouth and was observed to follow all medications with a small cup of water. At no time during the administration was client #3 observed to be asked by staff about the purpose or any questions relative to any medication. Review of records for client #3 revealed a current service plan with an objective relative to medication administration. Review of the objective revealed by January 1, 2019 client #3 will be able to answer medication questions with 100% correct response for two consecutive review periods. Review of the task analysis relative to the objective revealed client #3 will punch out her medication and tell what the medication is used for. Subsequent review of the objective revealed a note to use one medication at a time- Metformin to teach client #3 this is for her diabetes. Interview with the facility habilitation specialist verified client #3's medication administration objective is current and should have been implemented during her morning medication administration. Further interview revealed client #3 should have been asked by staff questions relative to her Metformin medication.	W 249		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i)	W 340		

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Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.

This STANDARD is not met as evidenced by:
Based on observation and interview, the nursing services failed to assure staff were trained as needed in appropriate health methods during medication administration. The finding is:

Observations conducted on 12/20/18 at 6:55 AM during medication administration revealed client #3 to participate in her medication administration by punching her medications from individual bubble packs. Client #3 was further observed to be handed all her medications in a cup and to quickly pour all medications in her mouth, dropping two medications on the floor. Staff was observed to pick up the medications off the floor and verbally prompt the client to finish taking her medications, handing both medications that had fallen on the floor to the client. The client placed both medications in her mouth and was observed to follow all medications with a small cup of water.

Interview with medication administration staff on 12/20/18 verified the medications that had fallen on the floor were Prozac 20 mg and Vitamin D 1000 IU. Staff further confirmed he had given the client the medications off the floor as that was what he was supposed to do. Staff reported "If a med falls on the floor, I or the client, pick up the medication and give it to the client. We can't just punch new pills every time they fall on the floor."

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W 340	Continued From page 4 Interview with nursing staff on 12/20/18 verified during medication administration, if a medication falls on the floor the medication should not be administered. Further interview with nursing staff verified staff should call nursing, fill out an appropriate form and await direction from nursing services before administering the medication.	W 340		