STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G324	A. BUILDING _____ B. WING _____	01/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT GILEAD CHILDREN'S HOME	205 EAST INGRAM AVENUE MOUNT GILEAD, NC 27306

(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 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: The individual program plan (IPP) for 2 of 3 sampled clients (#2 &#3) failed to include objective training to address identified communication needs and daily structure, as evidenced by observation, interviews and record reviews. The findings are: A.The team failed to assure the IPP for client #2 included specific objectives to address the client's identified need for daily structure and communication. Review of the IPP for client #2 revealed a Behavioral Life Skills Plan (BLSP) to reduce disruptive behaviors and increase communication. Further review of the BLSP states a "track schedule" will be utilized with a Picture Exchange Communication Support System that would increase his ability to understand tasks and routines and what is expected of him. "A schedule of daily activities should be visible to client #2 so he knows what is expected of him and what activity is next." Continued review of client #2's record revealed a Psychological Evaluation dated 11/5/18 with recommendations to 1) " continue to use picture ring or a "picture schedule" as visually based cues to teach information about client #2's structured schedule and to ease transitions, 2) work to help client #2 to stay engaged in meaningful activities using visual cues, 3) pair	W 227		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G324	A. BUILDING _____ B. WING _____	01/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT GILEAD CHILDREN'S HOME	205 EAST INGRAM AVENUE MOUNT GILEAD, NC 27306

(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 227	Continued From page 1 instructions with one visual cue for each activity." Afternoon observations in the group home on 1/31/19 from 3:30 Pm to 5:30 PM revealed client #2 to pace back and forth in the living area for 65 minutes of the 120 minutes of observation time. Other activities during this time frame included eating a snack for 5 minutes, eating dinner and cleaning up his plate for 10 minutes, using a computer for 20 minutes and watching TV for 10 minutes, washing his hands and toileting for 5minutes and talking to staff for 5 minutes. Continued morning observations from 5:45 AM to 7:00 AM on 2/1/19 revealed client #2 to pace around the group home for 55 minutes hollering at his twin brother and other clients and staff. Other activities of client #2 were eating his breakfast meal of pancakes for 5 minutes, loading his dishes in the dishwasher and taking his morning medications for 10 minutes for a total of 20 minutes. At no time was a communication board or picture schedule evident in the group home or utilized with client #2 to offer activities, or to let client #2 know " what was expected of him" and to " keep client # 2 engaged in activities". Interview with the facility Qualified Intellectual Disabilities Professional revealed that she was unaware of the recommendations for a picture board of activities and schedule as recommended in the clients current IPP and the Psychological recommendations dated 11/5/18. Continued interview with the QIDP and Home manager confirmed client #2 should be utilizing a picture schedule to provide structure and enhance his communication skills and reduce disruptive behaviors. B. The team failed to assure the IPP for client #3	W 227		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G324	A. BUILDING _____ B. WING _____	01/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT GILEAD CHILDREN'S HOME	205 EAST INGRAM AVENUE MOUNT GILEAD, NC 27306

(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 227	Continued From page 2	W 227		

included specific objectives to address the client's identified need for daily structure and communication. Review of the IPP for client #3 revealed a Behavioral Life Skills Plan (BLSP) to reduce disruptive behaviors and increase communication. Further review of the BLSP states a "track schedule" will be utilized with a Picture Exchange Communication Support System that would increase his ability to understand tasks and routines and what is expected of him. A schedule of daily activities should be visible to client #2 so he knows what is expected of him and what activity is next." Continued review of client #2's record revealed a Psychological Evaluation dated 11/5/18 with recommendations to 1) " continue to use picture ring or a "picture schedule" as visually based cues to teach information about client #2's structured schedule and to ease transitions, 2) work to help client #2 to stay engaged in meaningful activities using visual cues, 3) pair instructions with one visual
cue for each activity."

Afternoon observations in the group home on 1/31/19 from 3:30 Pm to 5:30 PM revealed client #2 to pace back and forth in the living area for 65 minutes of the 120 minutes of observation time. Other activities during this time frame included eating a snack for 5 minutes, eating dinner and cleaning up his plate for 10 minutes, using a computer for 20 minutes and watching TV for 10 minutes, washing his hands and toileting for 5minutes and talking to staff for 5 minutes. Continued morning observations from 5:45 AM to 7:00 AM on 2/1/19 revealed client #2 to pace around the group home for 55 minutes hollering at his twin brother and other clients and staff. Other activities of client #2 were eating his

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G324	A. BUILDING _____ B. WING _____	01/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT GILEAD CHILDREN'S HOME	205 EAST INGRAM AVENUE MOUNT GILEAD, NC 27306

(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 227	Continued From page 3 breakfast meal of pancakes for 5 minutes, loading his dishes in the dishwasher and taking his morning medications for 10 minutes for a total of 20 minutes. At no time was a communication board or picture schedule evident in the group home or utilized with client #2 to offer activities, or to let client #2 know " what was expected of him" and to " keep client # 2 engaged in activities". Interview with the facility Qualified Intellectual Disabilities Professional revealed that she was unaware of the recommendations for a picture board of activities and schedule as recommended in the clients current IPP and the Psychological recommendations dated 11/5/18. Continued interview with the QIDP and Home manager confirmed client #2 should be utilizing a picture schedule to provide structure, enhance his communication skills and reduce disruptive behaviors.	W 227		
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on facility records and interviews, the facility failed to assure evacuation drills for the third shift of personnel were conducted at varied times. The finding is: Review of the facility's fire drill reports for the past year was conducted on 2/1/19. These records reveal fire drills for the third shift of personnel were held at 5:49 AM on 12/19/18 , at 5:44 AM on 9/26/18, at 6 5:42 AM on 6/15/18	W 440		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G324	A. BUILDING _____ B. WING _____	01/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT GILEAD CHILDREN'S HOME	205 EAST INGRAM AVENUE MOUNT GILEAD, NC 27306

(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 440	Continued From page 4 and at 5:40 AM on 3/21/18. All of these times are within the 5:00AM hour and are conducted when the clients are awake in the home. Review of the facility fire drills reports revealed no 3rd shift fire drills have been conducted during sleeping hours or at varied times during the 3rd shift of personnel. to allow training for staff and clients on how to conduct and respond to fire drills during sleeping hours. Interview with the qualified intellectual disabilities professional (QIDP) confirmed that fire drills had not been conducted at varied times during the 3rd shift of personnel to allow training for staff and clients on how to respond to fire drills during sleeping hours. Continued interview with QIDP revealed 3rd shift fire drills should be conducted at varied hours and times during sleeping hours.	W 440		