STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G125	A. BUILDING ______ B. WING ______	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER ROAD	342 CHANDLER ROAD DURHAM, NC 27707

(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 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained to use a glucometer for audit client #5 and staff demonstrated the skills to implement client #1's behavior support program (BSP) consistently. The findings are: 1. Staff were not able to demonstrate skills to use a glucometer to check client #5's blood sugar as prescribed by the physician. During observations of medication administration on 2/18/19 at 4:25pm staff asked client #5 to come into the medication room to get his blood sugar checked. Client #5 sat down, staff wiped off his 3rd finger on his right hand and pricked his finger. She turned on the glucometer, took out the test strip and put the test strip next to client #5's finger to get a blood sample. She then took the test strip and inserted it into the glucometer. Immediately the reading on the glucometer gave an error message. Staff then proceeded to take client #5's left hand, wiped off his 3rd finger on his left hand and pricked his finger. She turned on the glucometer, took out the test strip and put the test strip next to client #5's finger to get a blood sample. She then took the test strip and stuck it into the glucometer. Again, the reading on the glucometer gave an error message.	W 189		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G125	A. BUILDING ______ B. WING ______	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER ROAD	342 CHANDLER ROAD DURHAM, NC 27707

(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 189	Continued From page 1 Immediately the surveyor asked staff if she had been trained to use the glucometer. She stated all glucometers are different. She contacted the facility nurse and made arrangements for another glucometer to be delivered. After the 2nd glucometer arrived, observation revealed staff again attempted to take client #5's blood sugar. Staff wiped off his 3rd finger on his right hand and pricked his finger. She turned on the glucometer, took out the test strip and put the test strip next to client #5's finger to get a blood sample. She then took the test strip and stuck it into the glucometer. Immediately the reading on the glucometer gave an error message. Staff then asked another staff to attempt the blood sugar check. At 5:04pm, the second staff retrieved the glucometer, stuck the test strip in it. Then she wiped off client #5's left 4th finger and stuck him with the needle. When she got a blood return she put his finger to the test strip inside the glucometer. She immediately received a reading that his blood sugar was 80. Staff contacted the nurse for instructions as the clients were preparing to go on an outing. Interview on 2/18/19 with the second staff revealed she was instructed to use the glucometer in this manner during medication administration classes. Interview on 2/19/19 with the facility nurse revealed she has instructed staff to use the glucometer. She stated the first staff may need additional training on this technique. 2. Staff failed to demonstrate the skills and	W 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G125	A. BUILDING ______ B. WING ______	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER ROAD	342 CHANDLER ROAD DURHAM, NC 27707

(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 189	Continued From page 2	W 189		

techniques needed to implement client #1's BSP as written.

Review on 2/18/19 of client's #1's physician's order revealed that Bactroban PRN (as needed) BID (twice a day) for excoriations x 5 days was prescribed to treat client #1's skin infections.

During observations on 2/18/19 at 11:30am at the vocational center, client #1 was in a classroom with 4 of the other clients from his facility with 2 staff. Several scars could be seen on both forearms and on his wrists. During observations, he became agitated, bit his arms several times and then banged his head several times forcefully into the cabinet of the classroom. Staff verbally told him to stop. He continued to bang his head against the cabinet and against the wall. Staff took him out of the classroom and he came back with a soft drink. At 12:20pm, he became agitated again banging his head against the wall in the classroom. He remained in the classroom as client #6 brought plates in to begin preparing for lunch.

During evening observations on 2/18/19 at 3pm, client #1 became agitated, took another client #5's bowl of chips from the table and ate a few of these snacks. He was verbally redirected and staff removed these from his possession. He then walked over to the television and threw it on the floor of the activity room. Staff told him, "you must be hungry". Staff then reached in the closet and gave him a bag of chips.

Review on 2/19/19 of client #1's BSP dated 11/30/18 revealed an objective statement that [client #1] will exhibit 5 or fewer episodes of physical aggression, property damage and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G125	A. BUILDING ______ B. WING ______	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER ROAD	342 CHANDLER ROAD DURHAM, NC 27707

(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 189	Continued From page 3 self-injury for a period of 6 consecutive months. The target behaviors are listed as: physical aggression, property damage, Pica and self-injury. Strategies include: provide choices whenever possible. Whenever [client #1] is agitated remind him he can remove himself to a quieter area. The intervention for self injury was listed as: " If he attempts to bite himself, staff should hold down his arms as he attempts to bring them toward his mouth." [client #1] should be encouraged to engage in a preferred activity." The response for episodes of physical aggression was listed as, " Staff should readjust his/her position to keep him from being injured and attempt to redirect [client #1] back to the programming task. If [Client #1's] aggressive behavior poses harm, and the intensity is likely to result in injury to others and/or damage significant property, then staff should employ the least restrictive restraint techniques necessary from the NCI(NC Interventions) curriculum or its replacement to ensure the safety of [client #1] and the people and significant property in his environment." Interview on 2/18/19 with staff revealed client #1 has very challenging behaviors and he responds better when fewer demands are placed on him until he is calm. Interview on 2/19/19 with both the behavioral analyst and the qualified intellectual disabilities professional (QIDP) revealed client #1's BSP is current and should be consistently followed. Additional interview revealed direct care staff had been inserviced on client #1's BSP.	W 189		
W 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)	W 242		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G125	A. BUILDING ______ B. WING ______	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER ROAD	**342 CHANDLER ROAD** **DURHAM, NC 27707**

(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 242	Continued From page 4	W 242		

The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.

This STANDARD is not met as evidenced by:
Based on observation, record review and interview, the facility failed to ensure the individual program plan (IPP) for 1 of 3 audit clients (#6), included training relative to privacy. The finding is:

Staff did not provide training to client #6 in the area of privacy.

During afternoon observations on 2/18/19 at the facility at 2:40pm, client #6 walked to the bathroom and began toileting with the bathroom door open. There were painters working in the living room and another client walked down the hallway past the bathroom. At 2:50pm staff walked down the hallway to check on client #6 and closed the bathroom door.

During observations at the facility on 2/18/19 at 5:10pm, client #6 was toileting in the bathroom with the bathroom door open. Two clients walked by the bathroom and there were several painters working in the living room of the facility. At 5:15pm, staff walked by and closed the bathroom door.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G125	A. BUILDING ______ B. WING ______	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER ROAD	**342 CHANDLER ROAD DURHAM, NC 27707**

(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 242	Continued From page 5 During morning observations in the facility on 6/19/19 at 6am, client #6 walked out of his bedroom in a t-shirt without pants in front of staff and client #2 on his way to the bathroom. Staff walked down the hallway and redirected him to go into the bathroom and close the door. During morning observations at the facility on 6/19/19 at 6:50am, client #6 went to the bathroom door and attempted to open the bathroom door where client #5 was toileting inside. Staff walked by and redirected client #6 to another bathroom in the hallway. Client #6 refused to leave and twice attempted to open the door to the bathroom while client #5 was still inside. Client #5 exited the bathroom and client #6 went into the bathroom and was verbally cued to shut the door. Review on 2/19/19 of client #6's IPP dated 8/16/18 revealed three current objectives to correctly match coins with 75% accuracy for 2 consecutive months, to hang his shirts in the closet with no verbal prompts 80% time for 2 consecutive review periods and to shave his face without verbal prompts 80% time for 2 consecutive review periods. There was no training assigned in the area of learning to observe privacy. Interview on 2/19/19 with the qualified intellectual disabilities professional (QIDP) revealed there was not training in the area of privacy for client #6.	W 242		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan,	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G125	A. BUILDING ______ B. WING ______	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER ROAD	342 CHANDLER ROAD DURHAM, NC 27707

(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	Continued From page 6 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: Based on observations, record reviews and interviews, the facility failed to assure a pattern of interactions that supported the individual program plans (IPP) in the areas of toothbrushing, implementing behavior support programs (BSP), providing dietary supplements, following dining guidelines and promoting independent skills with meal preparation. This affected 2 of 3 audit clients (#1,#6). The findings are: 1. Staff did not consistently implement client #1's BSP. Review on 2/18/19 of client's #1's physician's order revealed that Bactroban PRN (as needed) BID (twice a day) for excoriations x 5 days was prescribed to treat client #1's skin infections. During observations on 2/18/19 at 11:30am, at the vocational center, client #1 was in a classroom with 4 of the other clients from his facility with 2 staff. Several scars could be seen on both forearms and on his wrists. During observations, he became agitated, bit his arms several times and then banged his head several times forcefully into the cabinet of the classroom. Staff verbally told him to stop. He continued to bang his head against the cabinet and against the	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G125	A. BUILDING ______ B. WING ______	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER ROAD	342 CHANDLER ROAD DURHAM, NC 27707

(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	Continued From page 7	W 249		

wall. Staff took him out of the classroom and he came back with a soft drink. At 12:20pm, he became agitated again banging his head against the wall in the classroom. He remained in the classroom as client #6 brought plates in to begin preparing for lunch.

During evening observations on 2/18/19 at 3pm, client #1 became agitated, took another client #5's bowl of chips from the table and ate a few of these snacks. He was verbally redirected and staff removed these from his possession. He then walked over to the television and threw it on the floor of the activity room. DCS told him, "you must be hungry". Staff then reached in the closet and gave him a bag of chips.

Review on 2/19/19 of client #1's BSP dated 11/30/18 revealed an objective statement that [client #1] will exhibit 5 or fewer episodes of physical aggression, property damage and self-injury for a period of 6 consecutive months. The target behaviors are listed as: physical aggression, property damage, Pica and self-injury. Strategies include: provide choices whenever possible. Whenever [client #1] is agitated remind him he can remove himself to a quieter area. The intervention for self injury was listed as: " If he attempts to bite himself, staff should hold down his arms as he attempts to bring them toward his mouth." [Client #1] should be encouraged to engage in a preferred activity." The response for episodes of physical aggression was listed as, " Staff should readjust his/her position to keep him from being injured and attempt to redirect [client #1] back to the programming task. If [Client #1's] aggressive behavior poses harm, and the intensity is likely to result in injury to others and/or damage significant

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G125	A. BUILDING ______ B. WING ______	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER ROAD	342 CHANDLER ROAD DURHAM, NC 27707

(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	Continued From page 8 property, then staff should employ the least restrictive restraint techniques necessary from the NCI(NC Interventions) curriculum or its replacement to ensure the safety of [client #1] and the people and significant property in his environment." Interview on 2/18/19 with DCS revealed client #1 has very challenging behaviors and he responds better when fewer demands are placed on him until he is calm. Interview on 2/19/19 with both the behavioral analyst and the qualified intellectual disabilities professional (QIDP) revealed client #1's BSP is current and should be consistently followed. Additional interview revealed direct care staff had been inserviced on client #1's BSP. 2. Staff did not ensure client #1 received his Resource supplement as prescribed during morning observations. During morning observations in the facility between 6:00am-8:15am, client #1 did not receive his Resource supplement. During the morning medication pass at 8:15am he did not receive Resource when he received his am medications. During observations of breakfast at 8:55am-9:05am, he did not receive his Resource supplement. Review on 2/19/19 of his physician orders dated 1/28/19 revealed, " Supplement of choice four times daily." Interview on 2/19/19 with the QIDP revealed this order is still current and should be followed consistently.	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G125	A. BUILDING ______ B. WING ______	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER ROAD	342 CHANDLER ROAD DURHAM, NC 27707

(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	Continued From page 9	W 249		

3. Staff did not implement client #6's toothbrushing guidelines as written.

During observations on 2/19/19 at 9:02am, client #6 got his toothbrush, toothpaste and walked to the hallway bathroom to brush his teeth. He put toothpaste from 2 different tubes of toothpaste on his toothbrush and put the toothbrush in his mouth. He briefly brushed the upper surface of his teeth for 30 seconds and then reapplied toothpaste. He licked the toothpaste off the toothbrush and then rinsed the toothbrush in the sink. Staff were not present in the bathroom. Client #6 took his toothbrushing supplies, put them in his kit and put them on the shelf of the hallway closet and closed the closet door.

Review on 2/19/19 of client #6's IPP dated 8/16/18 revealed toothbrushing guidelines. The guidelines were dated 3/9/17. Further review revealed the following: "[Client #6] has completed a program for brushing his teeth. He will continue to brush for 2 minutes. He will allow staff to thoroughly rebrush his teeth after he has brushed. Staff will ensure his teeth are cleaned thoroughly each time he brushes his teeth. .."

Additional review of the IPP revealed client #6 completed an objective to dip a swab in mouthwash 75% time for 2 consecutive review periods on 10/18/17.

Interview with the QIDP on 2/19/19 revealed staff should be assisting client #6 with toothbrushing to ensure he does a thorough job.

4. Staff failed to follow client #6's dining guidelines during snack at the vocational

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G125	A. BUILDING ______ B. WING ______	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER ROAD	342 CHANDLER ROAD DURHAM, NC 27707

(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		W 249		

Continued From page 10
program.

During observations at the vocational program on 2/18/19 at 11:03am, client #6 chose peanut butter cheese crackers and sat down to eat at his table to eat. He put the entire cracker into his mouth and then added additional crackers before chewing up the food he had in his mouth. He began to cough and spit out part of the food he had in his mouth. Staff walked over to him and asked him if he needed help. When client #6 continued to cough, staff looked for something for him to drink and patted him on his back.

Review on 2/19/19 of client #6's IPP dated 8//16/18 revealed Diet: Regular diet with regular consistency, seconds allowed. No concentrated sweets. Protein with meal and snacks. Must be monitored closely to prevent overstuffing of mouth.

Interview on 2/19/19 with the QIDP revealed client #6 should be monitored very closely at meals and snacks to ensure he does not overstuff his mouth.
5. Staff failed to promote client #6's meal preparation skills.

On 2/19/19 at 7:25 am, client #6 was in the kitchen with staff to prepare blue berry muffins and grits for the clients breakfast. Staff assisted client #6 place disposable gloves on his washed hands, then instructed client #6 to not touch anything. Staff then removed a mixing bowl, muffin fan, spatula and mixing bowl from the cabinet, without client #6 participating in the retrieval. Staff took a container of water from the refrigerator, without client #6's participation. Staff took the empty pot to the sink and filled it with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G125	A. BUILDING ______ B. WING ______	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER ROAD	342 CHANDLER ROAD DURHAM, NC 27707

(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	Continued From page 11	W 249		

water and returned it to the stove top and turned on the stove, without client #6's participation. Staff tore open the packet of powdered milk, poured the contents into the mixing bowl, without client #6's participation.

During these observations, client #6, stood in place, with his hands by his side, until 7:43 am, when client #6 was prompted to pour the water into the mixing bowl and stir the contents. Client #6 was assisted with stirring the blueberry mix in the bowl, to keep the contents from splattering out, then was assisted with spraying the muffin pan, with a can of spray oil that staff also retrieved. Client #6 was prompted to take the baked muffins out of the pan, once they cooled and carried the bowl of cooked grits and muffins to the dining room table.

At 8:05am, the DCS was interviewed about meal prep. The DCS stated that only 2 out of 6 clients in the home, had the skills to participate in meal prep and client #6 was one of those clients. The DCS stated that client #6 was not asked to retrieve any of the pots, pans, bowls or water for the meal, because client #6 was wearing gloves and didn't want to risk cross contamination. DCS also shared that client #6 could have been asked to retrieve the items before putting on gloves, but that client #6 tended to lose focus easily when performing tasks so that DCS decided to retrieve the items without his participation but then encouraged his participation with meal prep.

Interview on 2/19/19 with the residential manager and the QIDP confirmed that client #6's had many skills which included: assisting with pouring, stirring and getting items out of cabinets. Further interview confirmed his meal preparation skills

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G125	A. BUILDING ______ B. WING ______	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER ROAD	342 CHANDLER ROAD DURHAM, NC 27707

(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	Continued From page 12 should be promoted whenever possible.	W 249		
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations and interview precautions were not taken to promote client/staff health/safety and prevent possible cross-contamination. This affected 3 of 3 audit clients (#1, #5, #6). The findings are: 1. Staff did not redirect clients from eating off the floor of the facility. During observations on 2/18/19 at 3:08pm client #6 picked up a chip off the floor of the activity room and ate it. Two staff were in the activity room with four clients. Client #6 was not redirected. During observations in the facility at 3:05pm client #1 ate chips from the seat of his chair in the activity room. He was not redirected by staff. During observations in the facility on 2/19/19 at 8:55am client #1 ate snacks off of the floor as he was cleaning up at the table. He was not redirected by staff. Interview on 2/19/19 with the qualified intellectual disabilities professional (QIDP) revealed clients should be redirected from eating off surfaces other than their plates during dining.	W 454		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G125	A. BUILDING ______ B. WING ______	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER ROAD	**342 CHANDLER ROAD** **DURHAM, NC 27707**

(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 454	Continued From page 13 2. Staff did not clean furniture surfaces after client toileting accidents. During observations in the facility on 2/18/19 at 4:30pm client #5 had a wet spot on the upper back section of his pants extending down the back pant leg. He sat in a rocking chair in the living room, on the living room couch and a dining room chair during this time. At 4:40pm staff told a second staff that client #5 needed to get changed because of a toileting accident. She took client #5 to the bathroom to change his clothing, however these surfaces were never cleaned and several other clients sat on these surfaces following the toileting accident. Interview on 2/18/19 with staff revealed there are several cleaning agents that are available to wipe down furniture surfaces as needed following toileting accidents. She walked over to to a closet near the kitchen and pointed to the numerous cleaning supplies. Interview on 2/19/19 with the QIDP confirmed these surfaces should be cleaned following toileting accidents.	W 454		