PRINTED: 04/10/2019 FORM APPROVED OMB NO. 0938-0391

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G178	B. WING			04/	09/2019
	PROVIDER OR SUPPLIER			1	TREET ADDRESS, CITY, STATE, ZIP CODE 509 HOLLY STREET GOLDSBORO, NC 27530		
(X4) ID PREFIX TAG			ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 137	CFR(s): 483.420(a) The facility must en Therefore, the facilihave the right to repersonal possession This STANDARD is Based on observative, the facility for clients (#5) had the possessions. The Client #5 did not had During morning observative, at 11:08am, indicated to client #5 did not had During morning observative, at 11:08am, indicated to client #5 did not had been informed medication closet at a razor from a box with took his razor to the himself. Interview on 4/8/19 electric razors have medication closet sup. Staff B indicates which belonged to see Additional review of (signed by client #5 he had been inform use appropriate per clothing" Interview on 4/9/19	asure the rights of all clients. Ity must ensure that clients tain and use appropriate ons and clothing. It is not met as evidenced by: tions, interviews and record ailed to ensure 1 of 4 audit right to access his personal finding is: It is exercised to shave access to his electric razor. It is that he needed to shave. I Staff B who unlocked the and retrieved client #5's electric th his name on it. Client #5 is bathroom and began shaving with Staff B revealed the electric been kept locked in the othe clients won't mix them and clients were using razors	W 1	137			
ABORATORY		DER/SUPPLIER REPRESENTATIVE'S SIGN	JATURE		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.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G178	B. WING		04	/09/2019	
	PROVIDER OR SUPPLIER TREET HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1509 HOLLY STREET GOLDSBORO, NC 27530	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE X (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 137	the medication clos keep up with them. Additional interview home have keys to cannot access it wir STAFF TRAINING CFR(s): 483.430(e) The facility must pre- initial and continuin	Il clients had been locked in et because the clients "don't wellor keep them charged." indicated no clients in the the medication closet and thout staff assistance. PROGRAM	W 1				
	This STANDARD is Based on observative, the facility from the sufficiently trained to environment to avour and prevent possibility findings are: Precaution was not and safe environment to avour and client #1 preparandwiches with to mayonnaise. Clien meal preparation to a surfaces such as cathe refrigerator door repositioning kitche items in the cabinet	s not met as evidenced by: tions, interviews and record ailed to ensure staff were o maintain a sanitary id transmission of infection ole cross-contamination. The					

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
		34G178	B. WING		04	/09/2019
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1509 HOLLY STREET GOLDSBORO, NC 27530		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 189	During this time, St gloves without charnot prompted to revafter initially washir task. b. During lunch ob 4/8/19 at 12:31pm, half of his turkey sa quarter of it remain leave the table and client #1 asked him sandwich. Client #1 sandwich from client #2 sandwich from client #3 sandwich from client #4 sand added it to a put this observation, the pair of latex glove d. During breakfast the home on 4/9/19 D and client #6 work while completing tax coffee, placing froz placing raw bacon tasks, Staff D and completing tax coffee, placing froz placing raw bacon tasks, Staff D and completing tax coffee, placing froz placing raw bacon tasks, Staff D and completing tax coffee, placing froz placing raw bacon tasks, Staff D and completing tax coffee, placing froz placing raw bacon tasks, Staff D and completing tax coffee, placing froz placing raw bacon tasks, Staff D and completing tax coffee, placing froz placing raw bacon tasks, Staff D and completing tax coffee, placing froz placing raw bacon tasks, Staff D and coffee, placing raw bacon tasks, Staff D and cof	taff A wore a single pair of latex nging them and the client was wash or sanitize his hands and them before beginning this discretions in the home on client #5 ate than more than andwich with approximately a sing. As the client prepared to a discard his leftover food, if he was going to finish his for responded, "No, you can then retrieved the half-eaten and #5 and consumed it. The paration observations in the single 4:27pm - 4:48pm, Staff A continued to we and the client did not before both cut up an onion of of boiled potatoes. During the staff was also noted to reuse	W 13	89		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G178	B. WING		04	1/09/2019
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL 1509 HOLLY STREET GOLDSBORO, NC 27530		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 189	Interview on 4/8/19 should be washing the kitchen. Additional review of 4/8/19 had not been told with gloves in the kitche "natural" to wear the revealed clients should during meal preparachanged when finis washed. Review on 4/9/19 on Cross manual for Fills Bloodborne Pathogo instructor's editions pathogens are diserblood and other potentially infloodborne pathogo further noted, "For other potentially infloodstream via the membranes (such a mouth)." Additional review of Cross training man worn whenever the contacting blood or and other potentially infloodstream via the membranes (such a mouth)."	with Staff A revealed clients their hands when working in onal interview indicated the prevent "skin to skin" contact trained to wear them when en. with Staff D indicated they why they needed to wear n; however, it was just em. Additional interview ould also be wearing gloves ation and gloves should be hed and then hands should be hed and then hands should be fithe facility's American Red irst Aid/CPR/AED and ens (participant and 2016) revealed, "Bloodborne ase-causing agents present in tentially infectious materials are human er than blood that can carry enssaliva" The manual infection to occur, blood or ectious materials from an st enter another person's	W 1	89		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G178	B. WING		04	/09/2019
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 1509 HOLLY STREET GOLDSBORO, NC 27530	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
W 189	wearing gloves, try other surfaces with Pathogens from you other items or surfamanual indicated, "most effective way infectionan alcohoused to decontamir water are not readil the manual noted, "to be worn once an or reuse disposable. Interview on 4/9/19 Disabilities Profess not sure if latex globut staff would likel "handling food." Ac staff and clients show while working in the revealed gloves are person leaves the k they have manipula on. The QIDP ackrossibly be contam various items such surface. The QIDP been specifically trakitchen; however, thave encouraged the PROGRAM IMPLE CFR(s): 483.440(d) As soon as the inteformulated a client's each client must retreatment program.	to limit how much you touch your gloved hands. Ur soiled gloves can transfer to ices that you touch" The Hand washing is the single to prevent the spread of ol-based hand sanitizer can be nate the hands if soap and y available." Further review of 'Disposable gloves are meant d then discarded. Never clean e gloves." with the Qualified Intellectual ional (QIDP) revealed she was wes were needed for cooking y need them if they are diditional interview indicated ould be washing their hands exitchen. Further interview e considered contaminated if a citchen with them on or when ited raw meat with the gloves nowledged gloves would inated if worn while touching as knobs, handles and other also indicated staff have not also indicated staff have not also indicated staff have not also practice. MENTATION	W 1			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SLIPPI IEP/CLIA

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	NG	(X3) DATE SURVEY COMPLETED			
		34G178	B. WING			04/	09/2019
	PROVIDER OR SUPPLIER			1509 H	ADDRESS, CITY, STATE, ZIP CODE OLLY STREET SBORO, NC 27530	<u>, , , , , , , , , , , , , , , , , , , </u>	
(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 SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 249	and frequency to su	ge 5 upport the achievement of the I in the individual program	W 2	49			
	Based on observat reviews, the facility clients (#1, #2) rece treatment plan cons as services as iden	s not met as evidenced by: ions, interviews and record failed to ensure 2 of 4 audit eved a continuous active sisting of needed interventions tified in the individual program ea of dining skills. The finding					
	encouraged to use	ompted, assisted or knives at meals.					
	at 5:45pm, clients s whole chicken brea potatoes and rolls. stabilize his chicker using his fork to pul Client #1 picked up hands. At the meal the table and no client	strations in the nome on 4/6/19 erved themselves a 3 - 4 oz st, green beans, stewed Client #2 used his left hand to be breast on his plate while I apart pieces of the chicken. his chicken breast using his no knives were observed on ents were prompted or a knife to cut their chicken.					
	4/9/19 at 7:28am, c whole pancakes, 1 yogurt. Client #2 us the pancakes and c the edge of his fork smaller pieces beformeal, no knives we	oservations in the home on lients served themselves 2 - 3 - 2 slices of turkey bacon, and sed his spoon to break apart consume them. Client #1 used to break the pancakes into the consuming them. At the re observed on the table and mpted or encouraged to use a es.					

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G178	B. WING			04/09/2019
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 1509 HOLLY STREET GOLDSBORO, NC 27530	P CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 249	Continued From pa	ge 6	W 2	49		
	revealed she was "used at the meal. A	with the Home Supervisor not sure why" no knives were Additional interview indicated se knives very well and are				
		f client #1's IPP dated 6/14/18 es various levels of assistance o cut his food.				
	revealed, "[Client #2 independence with	eating with spoon/forkAll equire assistance in the form				
	Disabilities Professis "pretty much index while client #2 "may independently. The have been available meals.	with the Qualified Intellectual ional (QIDP) revealed client #1 ependent" with using a knife or may not" use a knife e QIDP indicated knives should be for each client's use at				
W 383	DRUG STORAGE A CFR(s): 483.460(l)(AND RECORDKEEPING 2)	W 3	83		
	Only authorized per keys to the drug sto	rsons may have access to the brage area.				
	Based on observate review, the facility facility.	s not met as evidenced by: cions, interviews and record ailed to ensure only authorized as to keys to the medication is:				
	Keys to the medica	tion closet were accessible to				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '			(X3) DATE SURVEY COMPLETED	
	34G178	B. WING		04	/09/2019	
			STREET ADDRESS, CITY, STATE, ZIP CODE 1509 HOLLY STREET GOLDSBORO, NC 27530	, ,		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETION DATE	
unauthorized person During evening obs 4/8/19 from 4:40pm medication closet warea of the home. It seated in the area was medication technicis were outside on the medication closet wathe home. Review on 4/9/19 or Administration Class revealed, "ONLY OF ACCESS TO MED THAT PERSON SHAND ASSIGNED TO Interview on 4/9/19 Disabilities Profession medication closet of shift. SPACE AND EQUIFICE CFR(s): 483.470(g) The facility must fur and teach clients to choices about the unhearing and other cand other devices in interdisciplinary tear.	ervations in the home on 1 - 4:55pm, the keys to the vere left on a table in a sitting During this time, a client was vatching television while the an and several other clients back porch. The keys to the vere accessible to anyone in f the facility's Medication is Agenda (dated 7/22/08) NE PERSON CAN HAVE CLOSET DURING SHIFT - HOULD BE MED-CERTIFIED DIGIVE MEDS." with the Qualified Intellectual onal (QIDP) confirmed the an should keep the keys to the in their person during their person during their end of dentures, eyeglasses, ommunications aids, braces, dentified by the im as needed by the client.					
Based on observat	ions, interviews and record					
	Continued From pa unauthorized person During evening obs 4/8/19 from 4:40pm medication closet warea of the home. I seated in the area warea of the home. Review on 4/9/19 or Administration closet wathe home. Review on 4/9/19 or Administration Class revealed, "ONLY OI ACCESS TO MED THAT PERSON SHAND ASSIGNED TO Interview on 4/9/19 Disabilities Profession medication closet of shift. SPACE AND EQUIFICE CFR(s): 483.470(g) The facility must fur and teach clients to choices about the unauthorized person on the control of the cont	TREET HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 7 unauthorized person. During evening observations in the home on 4/8/19 from 4:40pm - 4:55pm, the keys to the medication closet were left on a table in a sitting area of the home. During this time, a client was seated in the area watching television while the medication technician and several other clients were outside on the back porch. The keys to the medication closet were accessible to anyone in the home. Review on 4/9/19 of the facility's Medication Administration Class Agenda (dated 7/22/08) revealed, "ONLY ONE PERSON CAN HAVE ACCESS TO MED CLOSET DURING SHIFT - THAT PERSON SHOULD BE MED-CERTIFIED AND ASSIGNED TO GIVE MEDS." Interview on 4/9/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the medication closet on their person during their	TREET HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 7 unauthorized person. During evening observations in the home on 4/8/19 from 4:40pm - 4:55pm, the keys to the medication closet were left on a table in a sitting area of the home. During this time, a client was seated in the area watching television while the medication closet were accessible to anyone in the home. Review on 4/9/19 of the facility's Medication Administration Class Agenda (dated 7/22/08) revealed, "ONLY ONE PERSON CAN HAVE ACCESS TO MED CLOSET DURING SHIFT - THAT PERSON SHOULD BE MED-CERTIFIED AND ASSIGNED TO GIVE MEDS." Interview on 4/9/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the medication closet on their person during their shift. SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the linterdisciplinary team as needed by the client. This STANDARD is not met as evidenced by:	ROVIDER OR SUPPLIER TREET HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 7 unauthorized person. During evening observations in the home on 4/8/19 from 4:40pm - 4:55pm, the keys to the medication closet were left on a table in a sitting area of the home. During this time, a client was seated in the area watching television while the medication technician and several other clients were outside on the back porch. The keys to the medication closet were accessible to anyone in the home. Review on 4/9/19 of the facility's Medication Administration Class Agenda (dated 7/22/08) revealed, "ONLY ONE PERSON CAN HAVE AND ASSIGNED TO GIVE MEDS." Interview on 4/9/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the medication technician should keep the keys to the medication closet on their person during their shift. SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by:	ROVIDER OR SUPPLIER TREET HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH OBEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 7 (FACH OBERO) During evening observations in the home on 4/8/19 from 4:40pm - 4:55pm, the keys to the medication closet were left on a table in a sitting area of the home. During this time, a client was seated in the area watching television while the medication closet were accessible to anyone in the home. During Preson Cant Have ACCESS TO MED CLOSET DURING SHIFT - THAT PERSON SHOULD BE MED-CERTIFIED AND ASSIGNED TO GIVE MEDS." Interview on 4/9/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the medication closet on their person during their shift. SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G178	B. WING		04	/09/2019
	PROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP C 1509 HOLLY STREET GOLDSBORO, NC 27530		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 436	reviews, the facility clients (#1, #5) wer devices and other is appropriately and in their use. 1. Client #1 was not appropriately. During observation home on 4/8 - 4/9/19 glasses. The client encouraged to weat Review on 4/9/19 of Program Plan (IPP exam:3/1/18 Glathe plan did not inclient #1's inappropriately. Interview on 4/9/19 Disabilities Profess #1 wears eye glass broken about a weindicated the client eye glasses but shor past training to trappropriately. 2. Client #5 was not razor appropriately. During morning observation with the client informed medication closet a razor from a box were deviced in the client informed medication closet a razor from a box were deviced in the client informed medication closet a razor from a box were deviced in the client informed medication closet a razor from a box were deviced in the client informed medication closet a razor from a box were deviced in the client informed medication closet a razor from a box were deviced in the client informed medication closet a razor from a box were deviced in the client informed medication closet a razor from a box were deviced in the client informed medication closet a razor from a box were deviced in the client informed medication closet a razor from a box were deviced in the client informed in the clien	failed to ensure 2 of 4 audit re taught to use assistive necessary devices nake informed choices about of taught to use his eyeglasses as throughout the survey in the 19, client #1 did not wear eye was not prompted or ar eye glasses. If client #1's Individual and tated 6/14/18 revealed, "Eye isses to be worn full time" clude any training to address or iate use of his eye glasses. If with the Qualified Intellectual sional (QIDP) confirmed client res; however, they were ek ago. Additional interview has a history of breaking his e was not aware of any current each him to use his glasses of taught to use his electric		36		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		34G178	B. WING		04/	/09/2019
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COE 1509 HOLLY STREET GOLDSBORO, NC 27530		30.2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 436	electric razors have medication closet s	with Staff B revealed the been kept locked in the othe clients won't mix them ad clients were using razors	W 4	36		
	revealed the client 'personal belonging and store them inde of client #5's "Bill of and expiring 7/9/19	f client #5's IPP dated 1/10/19 "understands the concept of s/possessions and can identify ependently." Additional review f Rights" (signed by client #5) noted he had been informed and use appropriate and clothing"				
W 454	electric razors for a the medication clos keep up with them Additional interview	ROL	W 4	54		
		ovide a sanitary environment ad transmission of infections.				
	Based on observative review, the facility from the environment was profinection and to procontamination. This	s not met as evidenced by: tions, interviews and record ailed to ensure a sanitary rovided to avoid transmission prevent possible cross- s potentially affected all clients e. The findings are:				

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G178	B. WING _		04	/09/2019	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP OF 1509 HOLLY STREET GOLDSBORO, NC 27530			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
W 454	Continued From pa	ge 10	W 45	54			
	and safe environme cross-contamination						
	home on 4/8/19 fro and client #1 prepa sandwiches with to mayonnaise. Clien	paration observations in the m 11:42am - 12:17pm, Staff A red sliced turkey and cheese matoes, lettuce and t #1 and Staff A continued with asks while touching various					
	surfaces such as c the refrigerator doc repositioning kitche items in the cabine	abinet/drawer knobs, opening r, touching the faucet handle, en chairs, manipulating various ts and refrigerator as well as					
	During this time, St gloves without chain not prompted to rev	other kitchen surfaces. aff A wore a single pair of latex nging them and the client was wash or sanitize his hands ng them before beginning this					
	4/8/19 at 12:31pm, his turkey sandwich of it remaining. As the table and disca asked him if he wa Client #5 responde	servations in the home on client #5 ate more than half of a with approximately a quarter the client prepared to leave rd his leftover food, client #1 s going to finish his sandwich. d, "No, you can have it." Client he half-eaten sandwich from amed it.					
	home on 4/8/19 fro wore a single pair of bare hands to was! After completing th wear the same glov	reparation observations in the m 4:27pm - 4:48pm, Staff A of gloves and client #1 used his n raw chicken at the sink. is task, Staff A continued to yes and the client did not perfore both cut up an onion					

	ETATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		34G178	B. WING		04	/09/2019	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 1509 HOLLY STREET GOLDSBORO, NC 27530		700/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 454	this observation, St a pair of latex glove d. During breakfas the home on 4/9/19 D and client #6 wor while completing ta coffee, placing froz placing raw bacon of tasks, Staff D and of various items such refrigerator door hamanipulated items refrigerator and oth this time, Staff D dictient #6 was not provided by the stichen. Additing gloves are worn to and they had been working in the kitchen working in the kitchen in the	of of boiled potatoes. During aff A was also noted to reuse as. It preparation observations in a from 6:30am - 6:55am, Staff as a single pair of latex gloves sks such as making a pot of en pancakes on a pan, and on a pan. Throughout the client #6 consistently touched as cabinet/drawer knobs, andle, faucet handle, or from cabinets and/or the er kitchen surfaces. During d not change the gloves and compted to change his gloves. with Staff A revealed clients their hands when working in onal interview indicated the prevent "skin to skin" contact trained to wear them when	W 4	1.54			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		34G178	B. WING _		04	/09/2019	
NAME OF PROVIDER OR SUPPLIER HOLLY STREET HOME				STREET ADDRESS, CITY, STATE, ZIP CO 1509 HOLLY STREET GOLDSBORO, NC 27530	•		
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE COMPLETION		
W 454	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		W 4!	54			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG	(X3) DAT COM	(X3) DATE SURVEY COMPLETED 04/09/2019	
		34G178	B. WING		04/		
NAME OF PROVIDER OR SUPPLIER HOLLY STREET HOME				STREET ADDRESS, CITY, STATE, ZIP O 1509 HOLLY STREET GOLDSBORO, NC 27530			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	((EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 454	on. The QIDP ackr	ge 13 nowledged gloves would inated if worn while touching as knobs, handles and other	W 4	54			