STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G081	A. BUILDING _____ B. WING _____	04/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FANJOY HOME #2	450 TWIN OAKS ROAD STATESVILLE, NC 28625

(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: Based on observations, review of records and interview the team failed to ensure the person centered plan (PCP) for 1 of 3 sampled clients (#6) included objective training to address needs relative to dining. The finding is: Observation in the group home on 4/8/19 at 5:25 PM revealed client #6 to sit at the dining table in preparation for the dinner meal. Client #6 was observed to participate in hand over hand assistance from staff with pouring his beverage and placing food items on his dish. Further observation revealed the dinner meal to consist of a pasta dish, green beans and cookies. Subsequent observation revealed client #6 to self-feed utilizing a spoon at times while also putting his hand in his dish multiple times and grabbing green beans that the client ate by hand. Staff was observed to redirect the client to use his spoon while the client continued to eat his dinner meal rotating between the use of his spoon and using his left hand to feed himself. Observation on 4/9/19 at 7:30 AM revealed client #6 to sit at the dining table with his breakfast dish that included waffles and scrambled eggs. Continued observation revealed staff to sit beside client #6 while the client ate his breakfast using a spoon and his left hand. Client #6 was observed	W 227		

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

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W 227	Continued From page 1 to put his hand in his dish multiple times and grab the scrambled eggs that the client then put in his mouth with no redirection from staff. Review of records for client #6 on 4/8/19 revealed a PCP dated 2/11/19. Review of the 2/11/19 PCP revealed no training objectives relative to self-feeding. Review of the adaptive behavior inventory (ABI) for client #6 dated 1/17/19 revealed the client to have partial independence eating with a fork and spoon with a need for support. Further ABI review for client #6 revealed the client to have no independence in the use of utilizing the appropriate utensil for different foods and a need for support with this skill. Interview with the qualified intellectual disabilities professional (QIDP) revealed client #6 will put his hands in his dish at times to feel the texture of foods although she was unaware the client was eating with his hands. Additional interview with the QIDP verified client #6 is capable of self-feeding and staff should have redirected the client to use his dining utensil when the client was observed to eat with his hands. The QIDP further verified there were currently no formal training objectives for client #6 to address dining skills relative to self- feeding.	W 227		
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	W 249		

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W 249	Continued From page 2	W 249		

plan.

This STANDARD is not met as evidenced by:
Based on observation, record review and interview, the interdisciplinary team failed to assure consistent interventions and services to support the needs identified in the person centered plan (PCP) for 1 of 3 sampled clients (#6) relative to communication and ambulation. The findings are:

A. The team failed to implement consistent interventions to address the ambulation needs for client #6.

Observations in the group home during the 4/8-9/2019 survey revealed client #6 to ambulate at various times with staff assistance. Client #6 was observed to hold onto staff and walk while staff provided verbal prompting. Continued observation on 4/8/19 at 5:35 PM revealed staff to assist client #6 from the dining room table to a rocking chair in the living room. Staff was then observed to return to the dining room with other clients. Subsequent observation revealed client #6 to stand up independently from the rocking chair and to walk around the living room making loud vocalizations while bumping into furniture until staff assisted the client with walking to his room.

Observations in the group home on 4/9/19 at 8:05 AM revealed client #6 to walk into the living room with staff assistance and to sit in a rocking chair. Staff was observed to leave the living room and client #6 was then observed to stand independently and begin walking slowly around

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the living room. Further observation revealed client #6 to hit his head on the corner of a wall and make a loud vocalization while putting his hand up to his head. Staff were observed to return to the living room and to assist client #6 with sitting down in the living room rocking chair.

Review of records for client #6 on 4/8/19 revealed a diagnosis that included profound intellectual disability and blindness. Continued review of records for client #6 on 4/9/19 revealed a risk for falls screening dated 2/12/18 that identified the client to need 1:1 assistance with ambulating due to being blind. Further record review revealed no ambulation guidelines to support 1:1 assistance for client #6.

Interview with staff A on 4/9/19 in the group home revealed client #6 should have assistance from staff when ambulating although the client will get up and walk independently at times. Continued interview with staff A revealed she was unaware of any specific guidelines relative to client #6's need for support with ambulation. Interview with nursing verified client #6 should have 1:1 support when ambulating at all times due to vision deficits. Interview with the qualified intellectual disabilities professional (QIDP) revealed client #6 should have assistance from staff with ambulating at all times. Further interview with the QIDP verified there were no formal ambulation guidelines for client #6 although the client and staff could benefit from more formal training relative to the client's ambulation needs.

B. The team failed to implement a communication objective relative to transitions for client #6.

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Observations in the group home throughout the survey on 4/8-9/19 revealed client #6 to have vision deficits and to ambulate throughout the group home at various times with staff assistance while making loud vocalizations at times. Continued observations in the group home on 4/8 and 4/9/19 revealed client #6 to transition multiple times to go to the restroom, go to the medication room, participate in meals and to leave the group home for transport to the vocational program with verbal prompting and physical assistance by staff. Observation of transitions for client #6 at no time revealed the use of a physical object by staff to support a transition for the client.

Review of records for client #6 on 4/8/19 revealed a PCP dated 2/11/19 that identified a diagnosis that included profound intellectual disability and blindness. Review of the 2/11/19 PCP revealed a communication program implemented 9/5/18. Review of the communication program revealed the use of an object schedule to address transitions for the client that included a cup for meals and drinks, a toothbrush for oral hygiene and a toilet paper roll for toileting. Additional review of the object schedule training objective revealed client #6 will go to the designated activity or location in his schedule when presented with specific objects and a verbal prompt with 80% accuracy for 2 consecutive months. Review of the procedure steps for the communication program revealed the program should be implemented into the client's daily routine in the group home and vocational center. Continued review revealed staff will present objects representing the designated activities to cue the client for events in his schedule.

Interview with the qualified intellectual disabilities

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W 249	Continued From page 5 professional verified client #6's communication program involving an object schedule was current. Further interview with the QIDP revealed staff should have supported client #6 with transitions using physical object cues due to the client's vision deficits and verbal prompting. Therefore, as physical objects were not observed to be used in transitioning client #6 throughout the 4/8-9/19 survey observations, the client's communication program was not implemented as prescribed.	W 249		