

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G233	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/07/2019
NAME OF PROVIDER OR SUPPLIER WEBSTER GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 103 LITTLE SAVANNAH RD WEBSTER, NC 28788		
(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 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to provide, maintain, and teach the client to use prescribed eyeglasses for 1 non-sampled client (#2). The finding is:</p> <p>Observations at the group home throughout the recertification survey conducted on 5/6/19 and 5/7/19 revealed client #2 to participate in various activities including: checking a written daily schedule; observing staff use American Sign Language (ASL); folding towels; assisting with meal preparation; playing outside; setting the dining table; dining; assisting with medication administration and brushing teeth. The client was not observed wearing eyeglasses or being prompted to wear eyeglasses at anytime.</p> <p>Further observations on 5/7/19 at 10:30 AM at the day program revealed client #2 practicing folding towels and other activities. The client was not observed wearing eyeglasses. Interview with direct care staff member B on 5/7/19 at 10:34 AM revealed the client had eyeglasses, and the staff person was observed retrieving the glasses from her personal handbag and giving them to client #2. The client was observed to put the eyeglasses on, take them off, and with prompting</p>	W 436			

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 436	<p>Continued From page 1</p> <p>put them back on. Continued interview with staff B at that time revealed the client does not like to wear the eyeglasses and will frequently take them off. Staff B also indicated the client's eyeglasses had been left at the day program on Friday May 3, 2019, and client #2 had not used them since that time.</p> <p>Review of client #2's record on 5/7/19 revealed an individual habilitation plan (IHP) dated 9/26/18. The IHP indicated the client wears eyeglasses and his vision is "normal with glasses", and relies on glasses to see clearly. Continued review of the IHP did not reveal any current or past program objectives to assist with teaching the client to care for and/or wear the eyeglasses as prescribed. Further review of the IHP revealed an eye exam dated 3/5/19 which indicated client #2 has hyperopia in both eyes and a prescription for eyeglass lenses was provided that day.</p> <p>Interview with the qualified intellectual disabilities professional on 5/7/19 confirmed client currently has eyeglasses to correct vision deficits and confirmed client #2 had no current or previous training for the care and/or use of the prescribed eyeglasses.</p>	W 436			