

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2019
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NAME OF PROVIDER OR SUPPLIER WENDOVER HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 631 OLD PARK ROAD MAIDEN, NC 28650
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(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
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W 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained relative to the positioning of adaptive equipment for 1 of 4 sampled clients (#3). The finding is:</p> <p>Observations in the group home on 4/30/19 at 5:40 PM revealed client #3 to participate in the supper meal consisting of baked fish fillet, mashed potatoes and pickled beets. Continued observation revealed client #3 to use a scoop plate and a dycem mat with his meal. Client #3 was further observed to eat his meal while pushing food items off the plate onto the table due to the high side scoop edge of the dish situated on the opposite side of the direction the client pushed his utensil. Subsequent observation revealed staff A to verbally inform client #3 "Don't eat off the table." Staff was observed to make no change to repositioning client #3's plate.</p> <p>Review of records for client #3 on 4/30/19 revealed a person centered plan (PCP) dated 8/21/18. Review of client #3's PCP revealed the client to utilize adaptive equipment consisting of a gait belt, scoop dish, rocker knife, dycem and a small spoon.</p> <p>Interview with staff A and B on 5/1/19 revealed client #3's scoop plate should always be positioned with the high side edge of the plate</p>	W 189		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 189	Continued From page 1 placed closest to the client. Interview with the habilitation specialist on 5/1/19 revealed client #3's adaptive plate should be positioned based on the direction the client is pushing his utensil. Interview with the habilitation specialist further verified client #3 changes the direction he is pushing his utensil and therefore, the position of his plate should be positioned accordingly.	W 189			
W 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) 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 observations, interviews and review of records the team failed to ensure the person centered plan (PCP) for 1 of 4 sampled clients (#5) included objective training to address observed needs relative to privacy. The finding is: Observation on the morning of 5/1/19 in the group home at 7:05 AM revealed client #5 to walk into a back hallway bathroom without knocking and enter although staff C and client #2 were in the same bathroom. Further observation revealed client #5 to leave the bathroom door open, drop his pants, maneuver around client #2's wheelchair and to use the toilet. Staff was further	W 242			

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W 242	Continued From page 2 observed to verbally redirect client #5 until staff decided to exit with client #2 and go to a different bathroom. Review of records for client #5 on 5/1/19 revealed a PCP dated 3/11/19. Review of the PCP revealed objectives relative to remain on task, wash face, dining, oral hygiene and coin identification. Further review of client #5's record revealed an adaptive behavior inventory (3/2019) identifying the client to have no independence with closing the bathroom door for privacy. Interview with staff C at the group home on 5/1/19 verified client #5 will often go into the bathroom on other clients and if staff attempts to redirect client #5 he will have a behavior. Interview with the qualified intellectual disabilities professional (QIDP) verified client #5 has no current privacy training objective. Further interview with the QIDP confirmed client #5 could benefit from privacy training.	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, 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, interviews and review of	W 249			

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W 249	<p>Continued From page 3</p> <p>records the facility failed to ensure sufficient interventions were implemented to assure 2 of 4 sampled clients received continuous active treatment (#4) and that objectives listed on the person centered plans (PCPs) were implemented as prescribed relative to behavior management (#5). The findings are:</p> <p>A. The facility failed to consistently provide active treatment for client #4.</p> <p>Observation in the group home on 5/1/19 at 6:45 AM revealed client #4 to be sitting in the dining room in his wheelchair with no other staff or client present. Client #4 was observed to sit in his wheelchair and sleep until 7:05 AM when Staff A walked by and verbally engaged with the client before walking away to address the morning routine needs of another client. Continued observation revealed client #4 to remain in the kitchen dining area unengaged in any leisure or program activity until 7:50 AM when the breakfast meal was prepared. This is a total of 65 minutes client #4 sat unengaged in any objective training or structured leisure activity.</p> <p>Review of the records for client #4 revealed a PCP dated 2/4/19. Continued review of client #4's PCPs revealed the objectives to address hygiene, oral hygiene, shave face, attend to task and number identification that could have been implemented during the 65 minutes client #4 sat unengaged.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) revealed client #4 should have been engaged in active treatment throughout the morning. Continued interview with the QIDP, verified client #4's training objectives</p>	W 249			

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W 249	<p>Continued From page 4</p> <p>remain current and should have been implemented or leisure activities should have been offered to the client.</p> <p>B. The facility failed to provide prescribed behavior management interventions for client #5.</p> <p>Observation in the group home on 5/1/19 at 7:25 AM revealed client #5 to be sit in the kitchen at the table. Further observation revealed client #5 to pull cotton material from the inside of his chair and toss it into the floor until 7:40 AM when staff B walked by the client to assist another client. Client #5 was observed to sit 15 minutes at the kitchen table awaiting breakfast preparation activity and pulling cotton out of his dining chair with no verbal prompting or activity direction from staff.</p> <p>Review of client #5's record on 5/1/19 revealed a PCP dated 3/11/19. Further review of the PCP revealed a behavior support plan (BSP) that identified target behaviors of property destruction, aggression and self-injurious behavior. Continued review of client #5's BSP revealed reinforcement procedures for target behaviors to include active participation in a full schedule of leisure, social, domestic, vocational activities and habilitation programs.</p> <p>Interview with the QIDP on 5/1/19 verified client #5 to need supervision and active engagement to reduce target behaviors. Further interview with the QIDP and the habilitation specialist verified client #5's BSP was not followed for client #5 to have sufficient time to pull material out of his dining chair.</p>	W 249			

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W 475 W 475	Continued From page 5 MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observation, interviews and review of records, the team failed to ensure adaptive equipment was used for 3 of 4 sampled clients (#1, #3 and #5) and 1 non-sampled client (#2). The findings are: A. The team failed to ensure client #1 was provided the prescribed adaptive equipment and beverage thickener for a community outing. Observation in the group home on 4/30/19 at 4:40 PM revealed client #1 to load the facility van in his wheelchair with staff D appropriately securing the client for transport. Continued observation revealed staff to prepare to leave the facility with client #1 with no adaptive equipment or beverage thickener. Subsequent observation revealed staff D to request staff A's support with accessing client #1's adaptive equipment for dining and the beverage thickener after prompted by this surveyor. Review of the records for client #1 on 4/30/19 revealed a person centered plan (PCP) dated 12/7/18. Review of client #1's PCP revealed prescribed adaptive equipment to include a high side divided dish and a dycem mat. Continued review of the records revealed client #1 to have a prescribed heart healthy diet with nectar thick liquids. Interview with staff D on 4/30/19 verified client #1	W 475 W 475			

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W 475	<p>Continued From page 6</p> <p>should have adaptive dining equipment on community outings when the client is going out to eat. Staff D further revealed she forgot to get the client's adaptive equipment for dining and the client's beverage thickener while preparing the client for the outing.</p> <p>B. The team failed to ensure prescribed adaptive equipment was provided at the breakfast meal for client #1, #2, #3 and #5.</p> <p>Observations of the breakfast meal on 5/1/19 revealed the following adaptive equipment: Client #1: high side divided dish, elevated table and regular utensil Client #2: high sided divided dish and regular utensil Client #3: scoop bowl and regular utensil Client #5: high sided divided dish and metered cup, shirt protector and regular utensil</p> <p>Review of the records for client #1 on 4/30/19 revealed a 12/7/18 PCP. Further review of the 12/7/18 PCP for client #1 revealed adaptive equipment to include a dycem mat and a high side divided dish. Review of the records for client #2 on 5/1/19 revealed an 11/12/18 PCP. Further review of the 11/12/18 PCP for client #2 revealed adaptive equipment to include a dycem mat and a high side divided dish. Review of the records for client #3 on 4/30/19 revealed an 8/21/18 PCP. Further review of the 8/21/18 PCP for client #3 revealed adaptive equipment to include a dycem mat and a scoop dish. Review of the records for client #5 on 5/1/19 revealed a 3/11/19 PCP. Further review of the 3/11/19 PCP for client #5 revealed adaptive equipment to include a dycem mat and a high side divided dish.</p>	W 475			

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W 475	Continued From page 7 Interview with staff A on 5/31/19 verified clients #1, #2, #3 and #5 should have dycem mats with each meal place setting. Further interview with staff A revealed the dycem mats were just forgotten for all clients during the breakfast meal. Interview with the facility qualified intellectual disabilities professional (QIDP) verified each client should be provided the appropriate adaptive equipment with each meal.	W 475			