STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G156	A. BUILDING ______ B. WING ______	05/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YADKIN I	3716 WESTWOOD DRIVE HAMPTONVILLE, NC 27020

(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	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 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 3 of 4 sampled clients (#1, #4, #6) relative to oral hygiene. The findings are: A. The team failed to implement consistent interventions to address the oral hygiene needs for client #1. Observations in the group home on 5/8/19 at 7:35 AM revealed client #1 to participate in the breakfast meal. Further observation of client #1 on the morning of 5/8/19 revealed the client to finish her breakfast meal, take her dishes to the kitchen, go to the medication room and exit at 8:03 AM, go to the living room for leisure activity to include writing on paper and at 8:16 AM to wipe the kitchen table and chairs in preparing to leave the home for the vocational site. Subsequent observation revealed at 8:30 AM for staff to begin verbally prompting all clients to the facility van for transport and all clients to load the	W 249		

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.

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W 249	Continued From page 1 van by 8:40 AM. At no time during morning observations were staff observed to prompt any client regarding oral hygiene needs prior to leaving for the vocational site. Review of records for client #1 on 5/7/19 revealed a PCP dated 8/2/18. Further review of the 8/2/18 PCP revealed training objectives to address mopping, meal preparation, counting money, oral hygiene, medication administration, rate of eating and behavior management. Review of client #1's oral hygiene goal implemented 4/18/18 revealed client #1 will maintain her oral hygiene by swishing with mouthwash, with a verbal prompt 100% of the time for two consecutive review periods. Additional review of the 4/18/18 oral hygiene objective on 5/8/19 revealed staff will train the objective after each meal after client #1's teeth are brushed. B. The team failed to implement consistent interventions to address the oral hygiene needs for client #4. Observation in the group home on 5/8/19 at 6:45 AM revealed client #4 to complete her breakfast meal and begin a walking program through the group home. Further observation of client #4 on the morning of 5/8/19 revealed the client to participate in leisure activity with watching cartoons in her room, to sit in the living room, to go to the medication room with verbal prompting from staff and to walk the halls of the group home. Subsequent observation revealed at 8:30 AM for staff to begin verbally prompting all clients to the facility van for transport and all clients to load the van by 8:40 AM. At no time during morning observations were staff observed to prompt any client regarding oral hygiene needs	W 249		

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W 249	Continued From page 2	W 249		

prior to leaving for the vocational site.

Review of records for client #4 on 5/7/19 revealed a PCP dated 12/20/18. Further review of the 12/20/18 PCP revealed training objectives to address making choices, rate of eating, oral hygiene, wash hair, and communication. Review of client #4's oral hygiene goal implemented 3/10/18 revealed client #4 will apply her toothpaste to her toothbrush with an initial verbal prompt 90% of the time for two consecutive review periods. Additional review of the 12/20/18 oral hygiene objective revealed staff need to train client #4 to brush at the two designated times preferred, in the AM after breakfast and in the PM after dinner.

C. The team failed to implement consistent interventions to address the oral hygiene needs for client #6.

Observation in the group home on 5/8/19 at 7:00 AM revealed client #6 to participate in the breakfast meal. Further observation of client #6 on the morning of 5/8/19 revealed the client to go to the bathroom, participate in leisure activity with sitting in the living room, to go to the medication room with verbal prompting from staff and exit at 8:13 AM. Subsequent observation revealed client #6 to sit in the living room and sleep from 8:15 AM to 8:30 AM. Observation at 8:30 AM revealed staff to begin verbally prompting all clients to the facility van for transport and all clients to load the van by 8:40 AM. At no time during morning observations were staff observed to prompt any client regarding oral hygiene needs prior to leaving for the vocational site.

Review of records for client #6 on 5/8/19 revealed

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W 249	Continued From page 3	W 249		

a PCP dated 2/8/19. Further review of the 2/8/19 PCP revealed an oral hygiene objective implemented 4/9/18. Review of client #6's oral hygiene goal revealed client #6 will attempt toothbrushing with a verbal prompt 100% of the time for two consecutive review periods. Additional review of the 4/9/18 oral hygiene objective revealed objective will be trained on first and third shifts. Additional review of client #6's record revealed a dental consult dated 3/5/19. Review of the dental consult revealed client #6 to have visible plaque along gumline.

Interview with the facility qualified intellectual disabilities professional revealed client's #1, #4 and #6 have oral hygiene programs that remain current. The QIDP further revealed client's #1, #4 and #6 have oral hygiene programs due to a history of poor dental reports reflecting the need for better oral hygiene. Subsequent interview with the QIDP verified client's #1, #4 and #6 should have been prompted by staff to brush their teeth after the breakfast meal and each oral hygiene program should have been implemented as written.