PRINTED: 04/16/2019 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER. 1		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G260	B. WING_			04/0	2/2019	
	PROVIDER OR SUPPLIER			STREET ADDRESS, 5910 FARMWOOD WILSON, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CC	DER'S PLAN OF CORRECTION DRRECTIVE ACTION SHOUL FERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE	
W 189	CFR(s): 483.430(e) The facility must prinitial and continuing employee to perform efficiently, and come and the second of the se	rovide each employee with a training that enables the rm his or her duties effectively, apetently.  is not met as evidenced by: tions, record reviews and lity failed to ensure staff were regarding the use of client #4's cted 1 of 5 audit clients. The ciciently trained regarding the ait belt.  beservations in the home on Staff B was holding onto client she was walking down the	W 18	treatment production achievement of individual progrecommendate equipment. Of meeting and of client's IPP dewhen/why constaff will be innurse to ensure to be used when to be used to keep Ongoing combe monitored Coordinator winspections a	ill receive a continuous gram to support the of objectives identified gram plan. This will in tions for the use of ada P will have a core teat complete an addendure fining guidelines as to sumer's gait belt is to serviced by the QP are that all staff know vait belt is to be used. When consumer is gett in sumer's unsteady game to assist consumer liner. Gait belt to be used in the recliner. Her gen she wakes up. Gat to restrict consumer the group home, and her from going in to the pliance with this regul by the QP and Hability when they complete Q minimum of 3 times redected.	I in the include aptive am in to o be used and the when/why Gait belt ing on/offait, and in getting is ed in becaus sleep es to slee ait is it is not be it is not be atton will atton A/QI monthly.	e p	
	she was holding or she will steal food.	ate interview, Staff A revealed nto client #4's gait belt because Staff A stated holding onto to prevent her from stealing "plan."			DHSR - Mental H APR 2 9 2019	lealth		
	D was holding onto	ns in the home on 4/2/19, Staff o client #4's gait belt as she			Lic. & Cert. Sect	tion		
LABORATOR	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	NATU <u>R</u> E		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

Any deficiency statement entiring with all asterisk () deficies a deficiency which the institution may be exceed with the institution may be exceed with the first correction in 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:			(X3) DATE SURVEY COMPLETED			
		34G260	B. WING	B. WING		04/0	04/02/2019	
	PROVIDER OR SUPPLIER			5910 FARM	DRESS, CITY, STATE, ZIP CODE IWOOD LOOP ROAD NC 27893			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	•	PROVIDER'S PLAN OF CORRECTIO FACH CORRECTIVE ACTION SHOULD DSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 189	was walking from on hallway into the living an interview.	ut of her room, down the ng room. on 4/2/19, Staff D stated, "It's	W 1	89				
	so she does not fal Review on 4/2/19 o I Can Do Well: Am	hold onto client #4's gait belt l. f client #4's IPP stated, "What bulatory." Further review Gross Motor: I ambulate						
	dated 6/5/18 revea #4] ambulates inde During an interview	on 4/2/19, the qualified						
W 240	confirmed no inser staff regarding trair gait belt.		W 2	40				
		ram plan must describe ons to support the individual nce.						
	Based on observa reviews, the facility clients (#4) individu	is not met as evidenced by: tions, interviews and record failed to ensure 1 of 5 audit al program plan (IPP) included to address the usage of a gait						
	Client #4's IPP did address the usage	not include guidelines to of a gait belt.						

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DEPLAY OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G260	B. WING		04/02/2019		
	PROVIDER OR SUPPLIER LOOP ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5910 FARMWOOD LOOP ROAD WILSON, NC 27893			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
W 240	During afternoon of 4/1/19 at 4:30pm, \$\frac{8}{4}'s gait belt while hallway of the home.  During observation 4/1/19, Staff A was belt while she was her dirty dishes into observations reveal staff A, while Staff her.  During an immediate she was holding on she will steal food. client #4's gait belt food is part of her.  During observation D was holding onto was walking from the living an interview a habit of mine" to so she does not fare Review on 4/2/19 of 1 Can Do Well: An revealed, "Mobility, independently"  Review on 4/2/19 of dated 6/5/18 reveal #4] ambulates index	bservations in the home on Staff B was holding onto client she was walking down the e.  Is after dinner in the home on holding onto client #4's gait walking into the kitchen to put to the dishwasher. Further aled client #4 pulling away from A pulled client #4 back towards ate interview, Staff A revealed nto client #4's gait belt because Staff A stated holding onto to prevent her from stealing "plan."  In sin the home on 4/2/19, Staff or client #4's gait belt as she but of her room, down the ing room.  In on 4/2/19, Staff D stated, "It's hold onto client #4's gait belt II.  In of client #4's IPP stated, "What inbulatory." Further review (Gross Motor: I ambulate of client #4's nursing evaluation aled, "Ambulatory Skills: [Client III.]	W 24	Each client will receive a continuor treatment program to support the achievement of objectives identifie individual program plan. This will recommendations for the use of acequipment. QP will have a core to meeting and complete an addenductient's IPP defining guidelines as when/why consumer's gait belt is to Gait belt will be used when consume unsteady gait, and in the group ho assist consumer getting out of the Gait belt to be used when consume on/off van because consumer gets and goes to sleep while riding van consumer goes to sleep when she recliner. Her gait is unsteady whe wakes up. Gait belt is not to be u restrict consumer's movement in thome, and it is not be used to kee going in to the pantry. Ongoing cowith this regulation will be monitor QP and Habilitation Coordinator we complete QA/QI inspections a min times monthly. Findings will be do in the Inspection App.	ed in the include daptive sam um to to to to to to mer is r's me to recliner. Ser is getting and e sits in the sed to he group p her from pompliance ed by the rhen they imum of 3	mg e	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G260	B. WING			04/0	04/02/2019	
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
MCKEEL	LOOP ROAD HOME				910 FARMWOOD LOOP ROAD /ILSON, NC 27893			
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W 240	Continued From pa	ge 3	W 2	40				
	confirmed there wa client #4's IPP to ac Further interview w did not have any fa ambulating.	es professional (QIDP) s no specific information in ddress the usage of a gait belt. ith the QIDP revealed client #4 lls in the home while					6-2-2019	
W 249	CFR(s): 483.440(d)	)(1)	W 2		W 249 Each client will receive a continuous treatment program to support the		0-2-2019	
	formulated a client' each client must re treatment program interventions and s and frequency to so	erdisciplinary team has a individual program plan, ceive a continuous active consisting of needed ervices in sufficient number apport the achievement of the d in the individual program			achievement of objectives identified individual program plan. This will increcommendations for the use of ada equipment. QP will have a core tear meeting and complete an addendum client's IPP defining guidelines wher consumer's adaptive spoon is to be QP will have a core team meeting ar complete an addendum to client's IP defining guidelines as to the use of consumer's adaptive spoon to be us med administration in addition to me Staff will be in-serviced by the QP ar	clude ptive n to l/why used. d P ed durin altimes.	g	
	Based on observa reviews, the facility received a continuous consisting of neede identified in the ind the areas of self here.	s not met as evidenced by: tion, interviews and record failed to ensure each client bus active treatment plan ed interventions and services ividual program plan (IPP) in elp skills and medication is affected 1 of 5 audit clients is:			nurse to ensure that the adaptive spused during medication administration the adaptive spoon is too large for the pre-packaged pudding/yogurt cups uduring medication administration, pudding/yogurt will be placed in a set o allow consumer to use adaptive suring medication administration. Ocompliance with this regulation will be monitored by the QP and Habilitation Coordinator when they complete QP	oon is on. Sinc ne used nall bow poon ngoing ne		
	Client #4 did not us medication adminis	se her adaptive spoon during stration.			inspections a minimum of 3 times m Findings will be documented in the I App.	onthly.	n	
	client #4 was obse plastic spoon. Dur	ion administration ghout the survey on 4/1 - 2/19, rved consuming her pills with a ing meal time observations vey on 4/1/ - 2/19, client #4						

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W 249	was observed conscurved adaptive sp  During an interview client #4 does not used to medication administ Review on 4/1/19 costated, "I was seen to need the "Good my right hand, curved Review on 4/2/19 coevaluation dated 6/adaptivespoon [Client #4] was gett properly."  During an interview confirmed client #4 adaptive spoon during COMPREHENSIVE CFR(s): 483.460(g)  The facility must entreatment services needed for relief of	suming her meals with an oon.  oon 4/2/19, Staff E stated use her adaptive spoon during stration.  of client #4's IPP dated 6/4/18 by OT on 3/3/18. I continue Grips" style built up spoonfor yed 30 - 35 degrees"  of client #4's habilitation (5/18 revealed, "an were implemented to ensure ting the food on the utensils  of on 4/2/19, the facility's nurse should be using her curved ring medication administration. E DENTAL TREATMENT	W 24	W 356 The facility will ensure that all clients dental treatment in a timely manner, including but not limited to appointm extractions for relief of pain and infe RN will ensure that consumers receitreatment in a timely manner by followith dentist after dental appointment ensure that recommended appointment with dental specialists are scheduled.	ents for ctions. ive dental owing up ts to nents d in a t	9
	Based on record/o the facility failed to dental treatment in	is not met as evidenced by: document review and interview, ensure client #5 received a timely manner for relief of This affected 1 out 3 audited is:		imely manner. An appointment has scheduled for client #5 for May 8, 20 Ongoing compliance with this regula will be monitored by QP after consudental appointments, and as needed monthly QP program reviews.	019. ation mer	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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W 356	timely manner.  Review on 4/2/19 of dentist assessment comment "Extract to "Further review, review dated 10/18/1 tooth #6, tooth unrevealed the tooth 4/2/19  Interview on 4/2/19 phone revealed clie	ige 5 ceive dental treatment in a  If the client's record noted a t form dated 4/10/18 with a coth #6, tooth unrestorable vealed a dental assessment 8 with a comment "Extract estorable," Addition review had not been extracted as of  with the facility's nurse via ent #5 tooth was not extracted as recommended by the	W 356				
W 368	disabilities professifacility did not follow regarding client #5' DRUG ADMINISTE CFR(s): 483.460(k). The system for druthat all drugs are at the physician's order this STANDARD Based on observation interview, the facilit of administrating mimplemented. This (#4) The finding is	RATION (1) g administration must assure dministered in compliance with ers. s not met as evidenced by: tion, record review and by failed to ensure the system redications as ordered was affected 1 of 5 audit clients	W 368	The facility will ensure that all meds administered without error and in corwith physician's orders. Staff will be re-inserviced by the nurse. Addition nurse will post "reminders" for staff in medication administration area. Mederrors will be addressed as defined if facility's policy manual. The QP and Habilitation Coordinator will ensure compliance with this regulation through observing a minimum of 3 medication per month, and a minimum of 3 med monitorings per month. Findings will documented in the Inspection App.	mpliance ally, the the dication the l gh passe ication		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY PLETED	
		34G260	B. WING		04/02/2019	
	PROVIDER OR SUPPLIER  LOOP ROAD HOME		5	TREET ADDRESS, CITY, STATE, ZIP CODE 910 FARMWOOD LOOP ROAD VILSON, NC 27893		
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W 368	ordered.  During medication a	administration observation in	W 368			
	administered client with four other pills.	4/2/19 at 7:03am, Staff E client #4's Omeprazole 20mg along er pills. Further observations at #4 had consumed her breakfast at				
	Review on 4/2/19 of client #4's physician orders signed 2/1/19 stated, "Omeprazole 20mg Take One Capsule by mouthtake on empty stomach 6am."					
W 374	confirmed client #4 Omeprazole 30 mir breakfast.	on 4/2/19, the facility's nurse should have taken her nutes before she ate her	W 374	M 374		6-2-2019
	CFR(s): 483.460(k) The system for drugthat drugs used by	(7) g administration must assure clients while not under the cility are packaged and	W 374 The facility will ensure that drugs packaged and labeled in accorda state law. The RN will ensure the medications for all clients are packaged with the name of the persprescribed the medication, with it on how to administer the medications as to how often to administrations.		e with II ged and uctions , and nister the	
	Based on observate failed to ensure all labeled with the nare the medication, with administer the medication.	s not met as evidenced by: tions and interviews, the facility drugs were packaged and me of the person prescribed in instructions on how to ication and instructions as to ister the medication for 1 of 5 The finding is:		medication. QP and Habilitation Codwill ensure compliance with this regulatorized through observing a minimum of 3 m passes per month, and a minimum of medication monitorings per month. I will be documented on medication moview form and in the inspection ap	ulation nedication of 3 Findings nonitor	n
	Client #3's Iron pill	bottle was not labeled.				

W 374  Continued From page 7  During afternoon observations in the home on 4/1/19 at 4:52pm, Staff B administered client #3 her Iron pill along with 3 other pills.  During an interview on 4/1/19, Staff B revealed client #3's Iron pill bottle should have a label on it.  During an interview on 4/1/19, the qualified intellectual disabilities professional (QIDP) revealed client #3's Iron pill bottle did not have a label on it.  During an interview on 4/1/19, the facility's nurse confirmed client #3's Iron pill bottle should have a label on it.  W 383  DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(I)(2)  Only authorized persons may have access to the keys to the drug storage area.  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure only authorized persons have access to keys to the drug storage area. The finding is:  A key to the facility's drug storage area were accessible to anyone in the home.  During medications observations in the home on 4/1/19 at 5:04pm, Staff A stated the spare medication room key was hanging on the wall, but it is now kept in a black may be accessed to keys to the drug storage area. The finding is:  During medications observations in the home on 4/1/19 at 5:04pm, Staff A stated the spare medication room key was hanging on the wall, but it is now kept in a black may be accessed to key as hanging on the wall, but it is now kept in a black may be accessed to key as hanging on the wall, but it is now kept in a black may be accessed to key as hanging on the wall, but it is now kept in a black may be accessed to key as hanging on the wall, but it is now kept in a black may be accessed to key as hanging on the wall, but it is now kept in a black may be accessed to key as hanging on the wall, but it is now kept in a black may be accessed to key as hanging on the wall, but it is now kept in a black may be accessed to key as hanging on the wall, but it is now kept in a black may be accessed to key as hanging on the wall, but it is now kept i	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
MCKEEL LOOP ROAD HOME    SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE (PACH DOSPRETIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  W 374  Continued From page 7  During affermoon observations in the home on 4/1/19 at 4:520m, Staff B administered client #3 her Iron pill along with 3 other pills.  During an interview on 4/1/19, Staff B revealed client #3's Iron pill bottle should have a label on it.  During an interview on 4/1/19, the qualified intellectual disabilities professional (OIDP) revealed client #3's Iron pill bottle should have a label on it.  W 383  DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(I)(2)  Only authorized persons may have access to the keys to the drug storage area.  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure only authorized persons have access to keys to the drug storage area. The finding is:  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure only authorized persons have access to keys to the original failed to ensure only authorized persons have access to keys to the original failed to ensure only authorized persons have access to keys to the original failed to ensure only authorized persons have access to keys to the original failed to ensure only authorized persons have access to keys to the original failed to ensure only authorized persons have access to keys to the original failed to ensure only authorized persons have access to keys to the original failed to ensure only authorized persons have access to keys to the original failed to ensure only authorized persons have access to keys to the original failed to ensure only authorized persons have access to keys to the original failed to ensure only authorized persons have access to keys to the original failed to en			34G260	B. WING		04/02/2019	
PRÉFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  W 374  Continued From page 7  During afternoon observations in the home on al/1/19 at 4:52pm, Staff B administered client #3 her Iron pill along with 3 other pills.  During an interview on 4/1/19, the qualified intellectual disabilities professional (QIDP) revealed client #3's Iron pill bottle should have a label on it.  During an interview on 4/1/19, the facility's nurse confirmed client #3's Iron pill bottle should have a label on it.  During an interview on 4/1/19, the facility's nurse confirmed client #3's Iron pill bottle should have a label on it.  During an interview on 4/1/19, the facility's nurse confirmed client #3's Iron pill bottle should have a label on it.  During an interview on 4/1/19, the facility's nurse confirmed client #3's Iron pill bottle should have a label on it.  During an interview on 4/1/19, the facility's nurse confirmed client #3's Iron pill bottle should have a label on it.  During an interview on 4/1/19, the facility's nurse confirmed client #3's Iron pill bottle should have a label on it.  W 383  DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(I)(2)  Only authorized persons may have access to the keys to the drug storage area.  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure only authorized persons have access to keys to the drug storage area. The finding is:  A key to the facility's drug storage area were access to keys to the drug storage area were accessible to anyone in the home.  During medications observations in the home on 4/1/19 at 5:04pm, Staff A stated the spare medication room key was hanging on the wall, but it is now kept in a black manner that only authorized persons have access to keys to the drug storage area. The finding is:  During medications observations in the home on 4/1/19 at 5:04pm, Staff A stated the spare medication room key was hanging on the wall, but it is now kept in a black manner that only a thorized persons have access to keys to t					910 FARMWOOD LOOP ROAD		
During afternoon observations in the home on 4/1/19 at 4:52pm, Staff B administered client #3 her Iron pill along with 3 other pills.  During an interview on 4/1/19, Staff B revealed client #3's Iron pill bottle should have a label on it.  During an interview on 4/1/19, the qualified intellectual disabilities professional (QIDP) revealed client #3's Iron pill bottle did not have a label on it.  During an interview on 4/1/19, the facility's nurse confirmed client #3's Iron pill bottle should have a label on it.  W 383 DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)  Only authorized persons may have access to the keys to the drug storage area.  The spare medication room key was happing on the wall, but it is now kept in a paster lock box.  During medications observations in the home on 4/1/19 at 5:04pm, Staff A stated the spare medication room key was hanging on the wall, but it is now kept in a black magnetic box.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	BE	(X5) COMPLETION DATE
was unlocked and kept on the side of a metal file cabinet in the hallway where the medication room		During afternoon of 4/1/19 at 4:52pm, Sher Iron pill along with the Iron pill be During an interview intellectual disabiliting revealed client #3's label on it.  During an interview confirmed client #3's label on it.  DRUG STORAGE ACFR(s): 483.460(l)(c)  Only authorized perkeys to the drug store the Iron pillon its.  This STANDARD is Based on observational failed to ensure only access to keys to the finding is:  A key to the facility's accessible to anyon. During medications 4/1/19 at 5:04pm, Simedication room key but it is now kept in Further observation was unlocked and its services.	oservations in the home on Staff B administered client #3 with 3 other pills.  on 4/1/19, Staff B revealed bottle should have a label on it.  on 4/1/19, the qualified es professional (QIDP) Iron pill bottle did not have a  on 4/1/19, the facility's nurse is Iron pill bottle should have a  AND RECORDKEEPING (2)  rsons may have access to the brage area.  s not met as evidenced by: tions and interviews, the facility y authorized persons have ne drug storage area. The  s drug storage area were ne in the home.  s observations in the home on Staff A stated the spare by was hanging on the wall, a black magnetic box.  servealed the magnetic box sept on the side of a metal file		W 383 The facility will ensure that only auth persons have access to keys to the storage area. The spare medication key, which was kept in an unlocked box on the side of a file cabinet, is not in a master lock box, and the QP and Habilitation Coordinator are the only persons with the code to the master QP and Habilitation Coordinator will compliance with this regulation through observing a minimum of 3 medication per month, and a minimum of 3 med monitorings per month. Findings will documented on medication monitorings	drug room magneti ow kept d authoriz lock box ensure igh n passe ication be	zed k.

	AND DIAM OF CODDECTION I DENTIFICATION NUMBER:		` '	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		34G260	B. WING	B. WING		04/02/2019	
	PROVIDER OR SUPPLIER  LOOP ROAD HOME			59	TREET ADDRESS, CITY, STATE, ZIP CODE 910 FARMWOOD LOOP ROAD VILSON, NC 27893		
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W 383		te interview, Staff A confirmed	W 3	383			
W 455	magnetic box.  During an interview intellectual disabiliti revealed the spare the unlocked black file cabinet and it is home.  INFECTION CONT CFR(s): 483.470(l)()  There must be an a prevention, control, and communicable  This STANDARD is Based on observate failed to ensure that prevention procedu potentially affected. The findings are:  Precautions were inhealth and prevent.  1. Client #5 was no silverware.  During evening obsequences and the silverware.  During evening obsequences are the silverware with the table for dinner the silverware.	active program for the and investigation of infection	W		W 455 The facility will ensure a sanitary environment is provided to avoid tra of possible infection and prevent postoross-contamination. All precaution taken to promote client health. Staff re-inserviced by the QP, Habilitation Coordinator, and the nurse on infect control issues and ways to avoid tra of infection and possible cross-conta Staff will be in-serviced to monitor of closely as mealtime, as well as othe throughout the day, and provide prompting/redirection as needed. The include, and not be limited to, ensuring consumers have clean silverware, econsumers sanitize hands before set themselves, ensuring consumers are clean serving spoons, ensuring consumer warring gloves when handling the ensuring consumers sanitize their hafter handling trash. Ongoing comp with this regulation will be monitored QP and Habilitation Coordinator who complete QA/QI inspections a minimal times monthly. Findings will be docing the Inspection App.	ssible s will be f will be f will be cion nsmissic aminatio onsume r times his will ing nsuring e using sumers rash, and ands liance I by the en they num of 3	on n. rs

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G260	B. WING		04/	04/02/2019	
	PROVIDER OR SUPPLIER  LOOP ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5910 FARMWOOD LOOP ROAD WILSON, NC 27893			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP	D BE	(X5) COMPLETION DATE	
W 455	another client picket to her. Additional ousing the silverware no time was client # silverware.  During an interview client #5 should has silverware.  During an interview intellectual disabilitic client #5 should has silverware.  2. Client #4 was not hands.  During dinner obsectient #4 had finger mouth prior to servit Additional observations reveal spoon to serve hers clients and staff har for the squash. At prompted to sanitiz.  During an interview client #4 should has her hands prior to hid inner.  During an interview client #4 should has her hands prior to hid inner.	d them up and handed it back bservations revealed client #5 e to consume her dinner. At #5 prompted to get clean on 4/1/19, Staff B revealed we been prompted to get clean on 4/1/19, the qualified es professional (QIDP) stated we been prompted to get clean of prompted to get clean of prompted to sanitize her example of both her hands in the general end of the squash and then other hands in the self the squash and then other hands in the self the squash and then other hands hand the same serving spoon to time was client #4 e her hands.  On 4/1/19, Staff B stated we been prompted to sanitize her serving herself during on 4/2/19, the QIDP s hand should have been	W 45	55			

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G260	B. WING	B. WING		04/02/2019	
	PROVIDER OR SUPPLIER  LOOP ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5910 FARMWOOD LOOP ROAD WILSON, NC 27893			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG		OULD BE	(X5) COMPLETION DATE	
W 455	2. During observation approximately 7:52 gloves when she of bathrooms and are Client #3 took trashinto a large trash bathroom trash cand staff #2 helped bathroom trash candirty disposable gloc Client #3 was noted bathroom door and to the kitchen. At ne encouraged to wear During an interview intellectual disabilities.	ons in the home on 4/2/19 at am, client #3 was not wearing otained the trash from the as throughout the home. In from each room and poured ag and handed over to client the big trash bag to the kitchen her with hand sanitizer. The as contained items such as eves, used tissues and etc. If to handle the door knob to the cereal box from the table to time was client #3 r gloves or wash her hands.	W 4				