CENTER	S FOR MEDICARE &	MEDICAID SERVICES					0. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE COMF	SURVEY PLETED
		34G264	B. WING			06/	12/2019
NAME OF PROVIDER OR SUPPLIER HARTLAND GROUP HOME			·	2	STREET ADDRESS, CITY, STATE, ZIP CODE 2307 HARTLAND ROAD MORGANTON, NC 28655		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	VE ACTION SHOULD BE ED TO THE APPROPRIATE	
W 249	PROGRAM IMPLEMI CFR(s): 483.440(d)(1 As soon as the interdi formulated a client's in each client must rece treatment program co interventions and serv and frequency to supp objectives identified in plan. This STANDARD is n Based on observation interviews the facility contained in the Indiv 1of 3 sampled clients prescribed related to is: Observations on 6/12 home revealed client chair making the man Continued observation verbally prompt client for morning medication revealed client #2 to m medication room and the dining room tables.	ENTATION) isciplinary team has individual program plan, ive a continuous active insisting of needed vices in sufficient number port the achievement of the in the individual program not met as evidenced by: ins, record review and staff failed to ensure an objective idual Program Plan (IPP) for (#2) was implemented as communication. The finding /19 at 7:15 AM in the group #2 sitting in a living room inal sign for "eat." ins revealed staff D to #2 to the medication room ons. Further observations resist walking to the instead the client walked to . Subsequent observation rbally and physically prompt the dining room table to the		249	DEFICIENCY)		
	client #2 sitting in the breakfast meal. Cont staff E to ask client #2	AM on 6/12/19 revealed living room after her inued observations revealed 2 to go to the bathroom to SUPPLIER REPRESENTATIVE'S SIGNATUR	F		TITLE		(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DEPARTMENT OF HEALTH AND HUMAN SERVICES.

(X6) DATE

PRINTED: 06/26/2019

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.

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			E CONSTRUCTION		OMB NO. 0938-039 (X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	. ,		· · /	COMPLETED		
	34G264		B. WING		06/12/2019			
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
HARTLAND GROUP HOME				2307 HARTLAND ROAD MORGANTON, NC 28655				
(X4) ID PREFIX TAG	(EACH DEFICIENC		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
W 249	refused. Further obs revealed staff E to ag the bathroom for toile refused to accompan Subsequent observa staff E to verbally and to load the van for tra which the client comp observations describ a model nor any man member. Record review on 6/1 an (IPP) dated 9/4/18 which stated "produce expressive communi and "when given a m the manual sign for to the staff member with Interview with the fac disabilities profession #2 should have been cue for the manual sign	At and to brush her teeth to which the client sed. Further observations at 8:25 AM ealed staff E to again ask client #2 to walk to bathroom for toileting. Client #2 again sed to accompany staff D to the bathroom. sequent observations at 8:45 AM revealed if E to verbally and physically prompt client #2 out the van for transport to day program of ch the client complied. During all of the ervations described, client #2 was not offered odel nor any manual signs from any staff nber. ord review on 6/12/19 for client #2 revealed IPP) dated 9/4/18 containing an objective ch stated "produce the target sign to increase ressive communication for the targeted task" "when given a model and a verbal cue with manual sign for toileting client #2 will imitate staff member with 80% accuracy by 8/30/19.						
W 460	for transport. FOOD AND NUTRIT CFR(s): 483.480(a)(7	ION SERVICES	W 460					
	Each client must reco well-balanced diet in specially-prescribed	cluding modified and						
	Based on observation	not met as evidenced by: on, interview and record led to assure that 1 of 3						

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FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING 34G264 B. WING 06/12/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2307 HARTLAND ROAD HARTLAND GROUP HOME MORGANTON, NC 28655 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 460 Continued From page 2 W 460 sampled clients (#2) in the home received a nourishing, well balanced modified diet as prescribed. The finding is: Evening observations on 6/11/19 at 5:35 PM revealed client #2 to receive her dinner meal of chicken casserole, green vegetable, a whole slice of bread, beverages and an ice cream sandwich for dessert. Continued observations of the dinner meal revealed staff B to utilize a 2-ounce serving ladle to serve client #2 one 2-ounce serving of chicken casserole, and one 2-ounce serving of the green vegetable and 1 piece of bread. Further observations revealed staff B to ask staff A (who had prepared the meal), if client #2 should receive another ladle of the food items. Staff A answered "no." Continued review of the dinner meal revealed client #2 to pick up her whole piece of bread, eating large pieces at times. Further observations revealed client #2 to complete her entire dinner meal and dessert within 6 minutes and sign "eat" requesting additional food. Staff A stated "she can't have anything else." Client #2 was prompted to take her dinner plate to the kitchen sink by staff B. Client #2 was observed to refuse direction from staff B and signed "eat" several additional minutes while reaching for other client's food. No additional food was offered to client #2. Client #2 left the table at 6:00 PM with staff B, and sat in the living room continuing to sign "eat." Interview with staff B stated client #2 appears hungry often and signs for additional food after each meal. Interview with staff A who was working in the kitchen at 6:00 PM stated "client #2 only gets 1/2 portions because the client has cholesterol problems, that is all she can have." Continued interview with staff A revealed client #2 has been

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	-	D HUMAN SERVICES MEDICAID SERVICES					FORM	2: 06/26/2019 1 APPROVED 2: 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
34G264		34G264	B. WING			-	06/12/2019		
NAME OF PF	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STA	ATE, ZIP CODE			
HARTLAN	D GROUP HOME				2307 HARTLAND ROAD	F			
					MORGANTON, NC 2865				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX (EACH CORRECTIVE A TAG CROSS-REFERENCED TO		PLAN OF CORRECTION TIVE ACTION SHOULD BI CED TO THE APPROPRIA EFICIENCY)	CTION SHOULD BE COMPLET THE APPROPRIATE DATE		
W 460	the group home 5-6 w staff B who assisted of to the group home an diet plan." Staff C loo plan in the kitchen an have been served a c diet, with regular size on second helpings." home manager at 6:1 known client #2 for 6 f familiar with her diet p probably misinterprete Morning observations meal on 6/12/19 reve scrambled egg whites inch pieces, 1 piece of a 1/2 inch pieces, and observed to eat her b she requested additio Again staff did not offe food. Client #2 was p and refused. Client # continue to ask for ad given additional milk, nor any additional foo Client #2 was led to a continuing to sign "ea manager offered a pie informed by this surve offered at the breakfa breakfast menu at 7:3 revealed all clients we	of food since she arrived at veeks ago." Interview with client #2 stated she is "new d did not know the client's ated client #2's written food ad stated "client #2 should hopped, low cholesterol portions, with no restrictions Interview with the group 0 PM stated "staff have only weeks and no one was olan, low cholesterol was ed as low calorie." of client #2's breakfast caled client #2 received 2 s, 1 slice of toast cut in 2 f breakfast ham cut in 1 and	w	460					
	Record review for clie an Individual Program	nt #2 on 6/12/19 revealed Plan (IPP)							

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		ID HUMAN SERVICES MEDICAID SERVICES					FORM): 06/26/2019 / APPROVED). 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
34G264		B. WING			_	06/12/2019		
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
HARTLAN	D GROUP HOME				307 HARTLAND ROAD	55		
					1			0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	EPLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 460	Continued From page	2 4	w	460				
	containing a nutritiona Review of the 9/6/18	al evaluation dated 9/6/18. nutritional evaluation						
		s a good appetite, she						
		wishes known, she can						
		aluation further revealed						
		intain her present weight she receives a chopped						
	low cholesterol diet w							
		on 6/12/19 at 7:45 AM who						
	assisted client #2 with	n her breakfast meal rgotten to give client #2						
		offered a piece of regular						
	-	rview with Staff A revealed						
	the staff was not awa	re of client #2's need for a						
		ew with the group home						
	-	revealed staff are new and						
		mportance of reading and client menus in reference to						
	menu items and cons							
		ility qualified intellectual						
	disabilities profession							
		nould have been served a						
	chopped diet (1/4-1/2							
		been offered, and seconds ued interview with the QIDP						
	· · · ·	t of free foods in the home						
		n offered to client #2 as well						
	such as jello, rice cak	es, and other food items if						
		for additional food at meals						
		er interview with the QIDP						
	• •	ager confirmed training for enus for clients is planned to						
	begin immediately as							
	identified in this surve							

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