PRINTED: 05/19/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
	34G280	B. WING			05	5/14/2019
NAME OF PROVIDER OR SUPPLIER  VOCA-SECOND AVENUE GROU	JP HOME		STREET ADDRES 49 SECOND AVE TAYLORSVILL			
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EAC	ROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD B S-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
This STANDARD is Based on observations governing body and exercise general opticality by failing to equipped with approf 2 clients utilizing (#4 and #6). The fist observations conductive assisted by a state of the construction	y must exercise general policy, ing direction over the facility.  Is not met as evidenced by: tion and interview, the dimanagement failed to be perating direction over the assure the facility van was opriate safety equipment for 2 wheelchairs during transport anding is:  Lucted on 5/14/19 at 8:20 AM is residing in the home were the facility van for each day program. Continued and clients #1, #2, #3 and #5 aff to board the facility van and is which included a lap belt. On-going observations and #6 were loaded onto the even wheelchairs via the staff were then observed to the down hooks to the frame of the owever, no lap belts or ea utilized for clients #4 or #6. It care staff G on 5/14/19 at on lap belts or shoulder straps are van for the use of clients.	W	of Should purchase Stalf w on utiliza Manage diserva used o	RECEIVED  JUN - 3 2019  DHSR NH L & C Black Mountain / WI	3	7/13/15
	e facility's van for at least a			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.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION		E SURVEY IPLETED
		34G280	B. WING			05/44/2040	
	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	05	5/14/2019
VOCA-SE	COND AVENUE GROUP	HOME		Т	TAYLORSVILLE, NC 28681		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	Х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 104	month and possibly for interview further reveal were aware the lap/sh transporting in wheeld missing and had unsurpurchasing replacement documentation available and provision of these PROGRAM IMPLEME CFR(s): 483.440(d)(1). As soon as the interdist formulated a client's interest client must receive treatment program continterventions and servand frequency to supp	or several months. This called facility management coulder belts for clients chairs on the van were accessfully looked into cents. There was no cole related to the purchase as safety mechanisms.  ENTATION  sciplinary team has adividual program plan, we a continuous active		2249	Staff will be insenued training programs ensured all programs as written. It will complete absorbations medication administration of the consure that programmy is a	about village of a molde	7/13/R
	Based on observation interview, the facility far interventions in sufficie to support the achiever self-administration objectives during medic (clients #1, #3 and #5).  A. The facility failed to sufficient number and fachievement of medical objectives for client #1.	ent number and frequency ment of medication ectives for 3 of 3 clients eation administration. The findings are:  a provide interventions in frequency to support the eation self-administration					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X		SURVEY
		34G280	B. WING			05/	14/2019
	ROVIDER OR SUPPLIER  COND AVENUE GROUP I	НОМЕ		STREET ADDRESS, CITY, STATE, ZIP CODE 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		JLD BE		(X5) COMPLETION DATE
	including Proloprim 10 units, three capsules; 600/400 mg.; Esomep 0.526 mg.; Glycopyrol Keppra ER 500 mgtv and Ensure Plus- 1 ca observations conducte administration for clier not prompted by staff (Staff D) or provided w participate in self-adm nor was client #1 prom wash her hands prior t administration. Staff Client #1's medications scan the labels, punch mix the medications w applesauce containing #1 and throw the medi Review of the 12/21/18 medication self-admini with a revised implementation of the staff of the self-admini with a revised implementation of the self-admini with a revised implementation of the self-admini with 40% independent months. Steps included documented client #1 self-admini with a revised implementation card, take in away.  Interview conducted with disabilities professional revealed client #1's medication the tauth this interview further view of the revised interview conducted with the self-adminities professional revealed client #1's medication the tauth this interview further view of the revised interview further view of the tauth this interview further view of the tauth this interview further view fu	and received medications and received medications and mg.; Vitamin D-3 1000 multivitamin; Calcium/D razole 40 mg.; GNP fiber ate 2 mgtwo tablets; vo tablets; Baclofen 20 mg. rton. Continued and during the medication at #1 revealed client #1 was administering medications with the opportunity to inistration of medications, apted or assisted by staff to o medication and was observed to retrieve a from the storage closet, out all the medications, with applesauce, feed the the medications to client cation cup into the trash.  For client #1 revealed an (ISP) dated 12/21/18. ISP revealed a stration program objective antation date of 4/19 stating mate in taking medications are for 3 consecutive d in this objective should wash hands, scan medications and throw cup with the qualified intellectual (QIDP) on 5/14/19 dication self-administration ght at each opportunity.	W:	249 See Pg Z			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		DATE SURVEY COMPLETED
		34G280	B. WING			05/14/2019
	PROVIDER OR SUPPLIER	HOME		STREET ADDRESS, CITY, STATE, ZIP ( 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681	CODE	00.14.2010
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 249	to participate in the adas prescribed in the moself-administration process. The facility failed to sufficient number and achievement of medicobjectives for client #3 Observations conduct revealed client #3 entered administration area are chew 625 mgtwo tab meq.; Lexapro 20 mg. Risperdal 0.5 mg.; Cla 20 mg.; Synthroid 75 mg. and Miralax 17 grobservations conducte administration for clien not prompted by Staff opportunity to participal medications. Client #3 be prompted or assisted hands prior to medications was observed to retrie from the storage close out all the medications applesauce, feed the amedications to client # cup into the trash. State to place the Miralax pocup with a straw contain which client #3 had brownish client #4 had brownish client #4 had brownish cl	dministration of medications nedication ogram objective.  Deprovide interventions in frequency to support the ation self-administration of the medication of	W	See Pg Z		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
		34G280	B. WING		05	/14/2019
70000 700 000 000 000 000 000 000 000 0	ROVIDER OR SUPPLIER  COND AVENUE GROUP	НОМЕ		STREET ADDRESS, CITY, STATE, ZIP CODE 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681	1 00	714/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE
	date of 3/1/18 stating in taking medication we consecutive months. objective documented picture on the QuickM medications, tell what medication card with the pill from the medication cup.  Interview conducted we 10:00 AM revealed clieself-administration object opportunity. This client #3 should have approvided the opportuning administration of medication self-administration of medication self-administration of medication self-administration area and achievement of medication self-administration area and 0.25 mg.; NP Century mg.; Synthroid 50 mcg Lexapro 20 mg.; Trilipt Depakote ER 250 mg. mg Continued observation administration administration administration administration administration administration administration of malso not observed to be staff to wash/sanitize here.	client #3 would participate with 75% independence for 3 Steps included in this I client #3 should tap his lar, state at least two of his the medication is for, scan the scanner and pop out the in card into a medication with the QIDP on 5/14/19 at ent #3's medication ective should be taught at interview further verified been prompted and ity to participate in the cations as prescribed in the istration program objective.  To provide interventions in frequency to support the ation self-administration of received Clonazepam tab.; Calcium/D 600/400 c.; Keppra XR 750 mg.; al 600 mg.; Glyco 2 mg.; al 600 mg.; Client #5 not prompted by Staff D or runity to participate in medications. Client #5 was a prompted or assisted by	W	249 See Pg Z		

	MENT OF DEFICIENCIES AN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		34G280	B. WING		05	5/14/2019
100000000000000000000000000000000000000	COND AVENUE GROUP	HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681		,
(X4) ID PREFIX TAG			ID PREFI; TAG		ULD BE	(X5) COMPLETION DATE
W 249	to retrieve client #5's storage closet, scan to medications, mix the mapplesauce, feed the medications to client #cup in the trash.  Review of the record of 5/14/19, revealed an I included a current me program objective star medications with 50% consecutive months. Objective documented medication basket out sanitize his hands, tap scan medications into the Interview conducted we 10:00 AM revealed client.	medications from the he labels, punch out all the medications with applesauce containing the #5 and place the medication  for client #5, conducted on SP dated 1/28/19 which dication self- administration ting client #5 would take his independence for three Steps included in this client #5 should take his of the storage closet, picture on the QuickMar, with the scanner and popne medication cup.	W2	249 See RGZ		
W 331	each opportunity. This client #5 should have I provided the opportunity administration of his method the medication self-adobjective.  NURSING SERVICES CFR(s): 483.460(c)  The facility must provide services in accordance.  This STANDARD is not Based on observation.	s interview further verified been prompted and lity to participate in the ledications as prescribed in ministration program	W 3	31 SEE (87		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) I IDENTIFICATION NUMBER: A. BL		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G280	B. WING	B. WING		/14/2019	
	COND AVENUE GROUP	НОМЕ		STREET ADDRESS, CITY, STATE, ZIP CODE 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681	·		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
W 331	with the needs of 1 of 2 non-sampled clients training staff in approposition during administration. The find A. The facility failed to accordance with the number of the facility failed to accordance with the number of the facility failed to accordance with the number of the facility failed to accordance with the number of the facility failed to accordance with the number of the facility failed to accordance with the number of the facility failed to accordance with the number of the facility failed to accordance with the number of the failed to accordance with the number of the failed to accordance with the failed to accordance with a failed to the failed to accordance with a failed to the fail	3 sampled clients (#1), and (#3 and #5) relative to oriate hygiene practices and ing medication indings are:  provide nursing services in eeds of client #1.  ed on 5/14/19 at 7:05 AM ered the medication in directived medications in directived medications in medication in medication in medication in medication in medications in medications in medications in medication in medications in medication in medica	W 331	All Staff will be insert and medication education education, of hygiene prechees for and ensurers Main complete observato ensure procedures being hollowed	a appoint le	7/13/19	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G280	B. WING_		05	/14/2019	
	COND AVENUE GROUP	HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681		2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
	7:18 AM revealed staffacility for approximate received training in mupon hire. Continued revealed the staff to si related to medication aprovided by the facility. This interview further at third shift and does not a regular basis.  Interview conducted with disabilities professional 10:00 AM revealed staff medications are expected ands and prompt each their hands prior to paradministration. Contin QIDP revealed staff ar hands any time during administration process contact with a possible interview with the QIDI assist each client to pudirectly from the medication cup without Subsequent interview should provide each client with the opporture medication administration urse was not available.	during the medication s.  with staff D on 5/14/19 at a few part of had been employed by the edy one year and had edication administration interview with staff D tate no further training administration had been a since the initial training. The evealed staff D works on a tradminister medications on the interview with the qualified intellectual and (QIDP) on 5/14/19 at a few part of the client to wash/sanitize their the client to wash/sanitize tricipating in medication used interview with the expected to wash thier the medication of the hands come into a contaminate. Further the revealed staff should anch their medications attonic card into the attouching the medication. With the QIDP verified staff itent with information arpose and possible side ions and provide each antity to participate in the ion process. The facility	W3	331 See Pg 7			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G280	B. WING _		05	/14/2019
VOCA-SE	ROVIDER OR SUPPLIER  COND AVENUE GROUP I			STREET ADDRESS, CITY, STATE, ZIP CODE 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTION  ( (EACH CORRECTIVE ACTION SHOULD &	3E	(X5) COMPLETION DATE
	revealed client #3 enteradministration area and chew 625 mgtwo tab meq.; Lexapro 20 mg. Risperdal 0.5 mg.; Cla 20 mg.; Synthroid 75 mg. and Miralax 17 graphs observations conducted administration for client not provide client #3 with ename, purpose or medications received, the opportunity to partiful of medications. Staff I client #3's medications scan the labels, punch staff D's hand before predication cup, mix the applesauce, feed the amedications to client #cup into the trash. Staff wash or sanitize their higher process.  Interview conducted with 7:18 AM revealed staff facility for approximate received training in me upon hire. Staff D furth training related to medicate medicate in provided by the face in the staff of	e needs of client #3.  ed on 5/14/19 at 7:26 AM ered the medication and received Equalactin lets; Potassium chloride 20; Fibrotherapy 500 mg.; aritan 10 mg.; Furosemide mcg.; Calcium/D 600/400 ams. Continued ed during the medication at #3 revealed staff D did with information related to possible side effects of nor was client #3 offered cipate in self-administration D was observed to retrieve a from the storage closet, out all the medications into allacing medications with applesauce containing the 3 and throw the medication ff D was not observed to mands or client #3's hands redication administration  th staff D on 5/14/19 at had been employed by the ly one year and had dication administration had accility since the initial resubsequently revealed hift and does not	W3	See pg 7		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		TE SURVEY MPLETED
		34G280	B. WING		0:	5/14/2019
	ROVIDER OR SUPPLIER	HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDERICE)	BE	(X5) COMPLETION DATE
	10:00 AM revealed stamedications are experiments and prompt each their hands and prompt each their hands prior to paradministration. Conting QIDP revealed staff stamedication card into the touching the medication medication card into the QIDP verified staff with information regard possible side effects or provide each client with participate in the medication accordance with the process. The facility minterview.  C. The facility failed to in accordance with the Observations conductor revealed client #5 enternation area an 0.25 mg.; NP Century mg.; Synthroid 50 mcg Lexapro 20 mg.; Trilipt Depakote ER 250 mg. mg Continued observation related to the possible side effects of Further observation revealed the opportunity self-administration of mobserved to retrieve clithe storage closet, scale	with the QIDP on 5/14/19 at aff administering cted to wash/sanitize their ch client to wash/sanitize ricipating in medication mued interview with the mould assist each client to as directly from the me medication cup without on. On-going interview with should provide each client ding the name, purpose and if their medications and if their medications and if their medications and if their medication administration curse was not available for one provide nursing services in needs of client #5.  Seed on 5/14/19 at 6:50 AM ared the medication directived Clonazepam tab.; Calcium/D 600/400 c.; Keppra XR 750 mg.; al 600 mg.; Glyco 2 mg.; arthree tablets and Abilify 15 vations conducted during stration for client #5 the provide client #5 with the name, purpose or medications received. Vealed client #5 was not	W 33	see Rg 7		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 24 234124244	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G280	B. WING_			05	/14/2019
	ROVIDER OR SUPPLIER  COND AVENUE GROUP	HOME		STREET ADDRESS, CIT 49 SECOND AVENUE TAYLORSVILLE, NO	SE	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI) TAG	(EACH CC	DER'S PLAN OF CORRECTION DRRECTIVE ACTION SHOULD BE FERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	medications with appl applesauce containing #5 and throw the medication of the Market Power of the Market	nedication cup, mix the esauce, feed the g the medications to client ication cup into the trash. Wed to wash or sanitize their ands prior to or during the tion process.  With staff D on 5/14/19 at a f had been employed by the edy one year and had edication administration interview with staff D ining related to medication en provided by the facility g. This interview distaff D works on third shift er medications on a regular with the QIDP on 5/14/19 at a f administering ted to wash/sanitize their the client to wash/sanitize their chiclient to wash/sanitize their chiclient to wash/sanitize their the client to wash/sanitize their their the client	W		7		
W 371	DRUG ADMINISTRATI	ON	W 37	1		}	

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			34G280	B. WNG			05	/14/2019
		ROVIDER OR SUPPLIER	НОМЕ		49 S	EET ADDRESS, CITY, STATE, ZIP CODE SECOND AVENUE SE (LORSVILLE, NC 28681	1 00	11412010
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
		that clients are taught medications if the interest determines that self-aris an appropriate object does not specify other.  This STANDARD is not assert a self-aris an appropriate object does not specify other.  This STANDARD is not assert a self-aris and self-aris failed to assure 3 of 3 observed during medication self-administration self-administration are and including are:  A. The system for drug assure client #1 was provided teaching related to the side-effects of medication provided teaching related and side-effects of medication and side-effects	dministration must assure to administer their own redisciplinary team dministration of medications ctive, and if the physician wise.  of met as evidenced by: a, record review and for drug administration clients (#1, #3 and #5) cation administration were try to participate in istration or provided name, purpose and tions administered. The gadministration or ted to the name, purpose dications administered.  and on 5/14/19 at 7:05 AM ared the medication of received medications of multivitamin; Calcium/D azole 40 mg.; GNP fiber ate 2 mgtwo tablets; to tablets; Baclofen 20 mg. tron. Continued diduring the medication	W		staff will be retrained drug administration included hollows with harmy from teal consumers about medical and purpose side effects that consumers are infin administery. Management will complete observations are brokensed	dry Drigions to tos blived	7/13/5

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G280	B. WING		05/	/14/2019	
	ROVIDER OR SUPPLIER  COND AVENUE GROUP I	НОМЕ	4	STREET ADDRESS, CITY, STATE, ZIP CODE 19 SECOND AVENUE SE FAYLORSVILLE, NC 28681			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
W 371	purpose or possible si received, nor was clie to participate in self-ad medications. Staff D or client #1's medications scan the labels, punch mix the medications wapplesauce containing #1 and throw the medications wapplesauce conducted ware a client #1's AM revealed staff facility for approximate received training in me upon hire. Further intense further training related administration had been since the initial training subsequently revealed and does not administration basis.  Interview conducted ware disabilities professional 10:00 AM revealed staff medications are expect with information regard possible side effects of provide each client with participate in the medications.  B. The system for drug assure client #3 was proparticipate in medications.	ion related to the name, de effects of medications in #1 offered the opportunity diministration of was observed to retrieve is from the storage closet, in out all the medications, ith applesauce, feed the particular that the medications to client cation cup into the trash.  In this staff D on 5/14/19 at if had been employed by the edy one year and had edication administration enview with staff D revealed the to medication enview with staff D revealed the to medication enview with staff D revealed the to medication on a regular if the qualified intellectual I (QIDP) on 5/14/19 at if administering the to provide each client ling the name, purpose and if their medications and to in the opportunity to eation administration eras needed.  If administration failed to rovided the opportunity to eat and ministration or ead to the name, purpose	W 371	See Polz			

		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULT IDENTIFICATION NUMBER: A. BUILDII		PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		34G280	B. WING _		0!	5/14/2019	
	PROVIDER OR SUPPLIER	HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681			
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
	revealed client #3 entradministration area are chew 625 mgtwo tab meq.; Lexapro 20 mg. Risperdal 0.5 mg.; Cla 20 mg.; Synthroid 75 mg. and Miralax 17 grobservations conducte administration for clier not provide client #3 with ename, purpose or medications received, the opportunity to part of medications. Staff client #3's medications scan the labels, punch mix the medications with applesauce containing #3 and throw the medications with a medication of training in medications. Further intereceived training in medication had been since the initial training subsequently revealed and does not administration had been since the initial training subsequently revealed and does not administration and the second content of the initial training subsequently revealed and does not administration are expect with information regard.	gred on 5/14/19 at 7:26 AM are the medication of received Equalactin of the service of Equalaction of the service of Equalactic of Equa	W 37	See POIZ			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G280	B. WING _		0!	5/14/2019	
	ROVIDER OR SUPPLIER  COND AVENUE GROUP	номе		STREET ADDRESS, CITY, STATE, ZIP CODE 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
W 371	assure client #5 was participate in medication provided teaching related and side-effects of medications conduct revealed client #5 entered administration area are 0.25 mg.; NP Century mg.; Synthroid 50 mcg Lexapro 20 mg.; Trilipi Depakote ER 250 mg. mg Continued observed the medication administration related to the possible side effects of was client #5 offered the storage closet, scathe medications, mix the medications to client #cup into the trash.  Interview conducted w 7:18 AM revealed staff facility for approximate received training in medication had bee since the initial training	ication administration ce as needed.  Ig administration failed to provided the opportunity to on self-administration or ated to the name, purpose edications administered.  It does not be self-administration or ated to the name, purpose edications administered.  It does not be self-administration and received Clonazepam tab.; Calcium/D 600/400 g.; Keppra XR 750 mg.; tal 600 mg.; Glyco 2 mg.; three tablets and Abilify 15 evations conducted during stration for client #5 et provide client #5 with the name, purpose or f medications received, nor the opportunity to participate of medications. Staff D was itent #5's medications from an the labels, punch out all the medications with applesauce containing the 5 and throw the medication with a staff D on 5/14/19 at 5 had been employed by the ly one year and had dication administration at interview with staff D ning related to medication and provided by the facility	W 37	see pg 12			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY PLETED
	-	34G280	B. WING		05	/14/2019
	COND AVENUE GROUP	НОМЕ		STREET ADDRESS, CITY, STATE, ZIP CODE 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
	and does not administ basis.  Interview conducted with 10:00 AM revealed star medications are experiently with information regar possible side effects of provide each client with participate in the mediparticipate in the served in a form considevelopmental level for (#3). The finding is:  Observations conducter revealed client #3 was working on a craft projiphe accessed a whole, ate independently. Statistically support to serve himself casses whole biscuit, which he observations conducters which is the conducter of the serve himself casses whole biscuit, which he observations conducters.	with the QIDP on 5/14/19 at aff administering cted to provide each client ding the name, purpose and of their medications and the the opportunity to cation administration ce as needed.  (iii)  in a form consistent with the fithe client.  of met as evidenced by:  a, record review and ailed to assure food was stent with the right 1 non-sampled client  and on 5/13/19 at 5:20 PM sitting in the dining area ect with staff at which time cunpeeled apple which he aff was observed to ask the apple peeled and client cline. Continued a supper meal on 5/13/19 at at #3 was assisted by staff role, tossed salad and a eate in two bites. Further		371 See pg 12  74 Stoff Will be insense  all einsumers diets ar  consistentiffs their st  be utilized. Managen  complete observations  diets are tollowed ar  in appropriate consisten	rould nent bill to ensure not consume	7/3/P

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		SURVEY PLETED
		34G280	B. WING		05/	/14/2019
	COND AVENUE GROUP	номе		STREET ADDRESS, CITY, STATE, ZIP CODE 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	and placed them in hi observed to ask client he would need during gave one to staff and pocket as he loaded of AM for transportation.  Review of the record of 5/14/19, revealed an idated 7/20/18 which devaluation dated 3/18, exhibited signs of dysta diet of chopped constructions for client of a physician's order date low fat, low cholestero consistency for client of the prescribed a diet of chood provided to client consistency.  MEAL SERVICES  CFR(s): 483.480(b)(2)  This STANDARD is not based on observation interview, the facility faresiding in the home (favore provided with appadaptive equipment to independently as possi	s pockets. Staff was then #3 how many tangerines the day at which time he kept the other two in his into the facility van at 8:20 to the day program.  For client #3, conducted on individual support plan (ISP) contained a communication into stating client #3 chagia, and recommended distency for client #3 revealed ded 4/12/19 prescribing a I diet of chopped #3.  with the facility operations to #3 was currently copped consistency and all #3 should be of chopped  (iv)  with appropriate utensils.  of met as evidenced by: in record review and illed to assure 6 of 6 clients into #3, #4, #5 and #6) coropriate utensils and enable them to eat as		Staff will be inserced an ensury a complete place is an table for all mod . Management will complete of meal times to ensure of the beny hollowed and the Staff de prompts lensuress whelize appropriate veterols		-7/3/19 Lus

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
		34G280	B. WING	-			05	/14/2019
	ROVIDER OR SUPPLIER  COND AVENUE GROUP	HOME		49 SECON	DDRESS, CITY, STATE, ZIP COD ND AVENUE SE SVILLE, NC 28681	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	<	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIA		(X5) COMPLETION DATE
	A. Observations cond PM revealed client #1 table and was assisted the supper meal which casserole, tossed salabeverages. Her place consist of a spoon, place regular cups.  Review of the record of 5/14/19 revealed an indated 12/21/18. Review revealed a Community dated 12/21/18 documutensils as needed with spoon and fork. Interview the operations mashould have been proconsisting of a knife, for supper meal on 5/13/1.  B. Observations cond PM revealed client #2 table and was assisted the supper meal which casserole, tossed salabeverages. Her place consist of a spoon, for a spoon, fork and interview conducted or operations manager versions manager version	ducted on 5/13/19 at 6:15 was seated at the dining d by staff to serve herself in consisted of chicken ad, a biscuit, fruit cup and e setting was observed to ate with plate guard and  for client #1, conducted on advidual support plan (ISP) ew of the 12/21/18 ISP e//Home Life Assessment tenting client #1 uses all the a verbal cue, including a riew conducted on 5/14/19 anager verified client #1 rided with a place setting ork and spoon during the 9.  ucted on 5/13/19 at 6:15 was seated at the dining if by staff to serve herself it consisted of chicken d, a biscuit fruit cup and setting was observed to the and regular cup.  or client #2, conducted on SP dated 4/2/19. Review of d a Community/Home Life /18 documenting client #2 I knife independently.	W	375	2e P917			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDII			(X3) DATE SURVEY COMPLETED	
		34G280	B. WING_			05	/14/2019
	COND AVENUE GROUP I	HOME		49	TREET ADDRESS, CITY, STATE, ZIP CODE 9 SECOND AVENUE SE AYLORSVILLE, NC 28681		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
1	PM revealed client #3 table and was assisted the supper meal which casserole, tossed salabeverages. Client #3' observed to consist of guard and a cup with a observation during the client #3's plate guard of his plate, facing awo observations revealed spoon in his right hand toward the left side of amount of his meal be onto the table.  Review of the record for 5/14/19, revealed an 15 of the 7/20/18 ISP revealed an 15 of the 7/20/18 ISP revealed on 5/14/19 manager verified client provided with a place of sork and spoon during 5/13/19. This interview plate guard should have side of his plate to account to the table and was assisted the supper meal which	ducted on 5/13/19 at 6:15 was seated at the dining d by staff to serve himself in consisted of chicken ad, a biscuit, fruit cup and is place setting was a spoon, plate with plate a lid and straw. Continued a supper meal revealed was positioned on the top ay from him. Further client #3 was utilizing a d to feed himself, scooping his plate resulting in a large ing scooped out of his plate  or client #3, conducted on SP dated 7/20/18. Review ealed a Community/Home menting client #3 uses a indently. Interview with the operations at #3 should have been setting consisting of a knife, the supper meal on or further verified client #3's are been placed on the left commodate his scooping to facilitate the client's with as much independence	W4	175	See PS17		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		34G280	B. WING_		05	/14/2019	
	PROVIDER OR SUPPLIER	НОМЕ		STREET ADDRESS, CITY, STATE, ZIP CODE 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681			
(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 CORRE  ( (EACH CORRECTIVE ACTION SH	OULD BE	(X5) COMPLETION DATE	
W 475	Client #4's place setting of a dycem mat, large scoop dish with plate  Review of the record of 5/14/19, revealed and of the 7/20/18 ISP revolution of the 4-4 knife independently. If 5/14/19 with the operation of the 1/20/19 with the operation of the supper meal which casserole, tossed salar of the supper meal which casserole, tossed salar of the 1/28/19 ISP revolution of the 1/28/19 ISP revolu	ing was observed to consist in handled curved spoon, guard and a handled cup.  for client #4, conducted on ISP dated 7/20/18. Review realed a Community/Home of 7/17/18 which is eating and table manners are range, and further ruses a spoon, fork and interview conducted on ations manager verified been provided with a place knife, fork and spoon all on 5/13/19.  If the consisted of chicken reconsisted of chicken and, a biscuit and beverages, and was observed to consist plate guard and regular or client #5, conducted on ISP dated 1/28/19. Review realed a Community/Home of 1/10/18 documenting and fork independently obysical assistance.	W 4	see py 17			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY PLETED
		34G280	B. WING_		05	/14/2019
200 000 000 000 000 000	COND AVENUE GROUP	HOME		STREET ADDRESS, CITY, STATE, ZIP CODE  49 SECOND AVENUE SE  TAYLORSVILLE, NC 28681		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 478	PM revealed client #6 table and was assiste the supper meal which casserole, a biscuit ar place setting was obsiplate with plate guard Continued observation revealed the client's pon the right side of her observation revealed of spoon in her right han side of her plate causi to be pushed from her Review of the record ff 5/14/19, revealed a Co. Assessment dated 3/1 3/13/19 assessment respoon and fork with very physical assistance. In 5/14/19 with the operaclient #6 should have the setting consisting of a during the supper mean interview further verifies should have been place plate to accommodate left side of her plate in client's ability to eat as MENUS CFR(s): 483.480(c)(1)(1) Menus must provide a meal.	was seated at the dining d by staff to serve herself in consisted of chicken and beverages. Client #6's erved to consist of a spoon, and a regular cup. In during the supper meal late guard was positioned in plate. Subsequent client #6 was utilizing her individual of the second of t		8 Staff will be inscribed an a clients and menu as being it whiten. Management will a meal time dosenvaturs to a Menu is being hollowed	consume. as complete is une	7/3/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	725-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G280	B. WING_			5/14/2019	
	ROVIDER OR SUPPLIER  COND AVENUE GROUP I	НОМЕ		STREET ADDRESS, CITY, STATE, ZIP CODE 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	***	JLD BE	(X5) COMPLETION DATE	
W 478	residing in the home (were offered the varie menu. The finding is:  Observations conduct morning of 5/14/19 reverside and assisted dining area as their meand dressing activities. On-going observations direct care staff G reverside and consisted of a between a consistent with the facility's kitchen of the home rebreakfast items for 5/1 breakfast items for 5/1 include apple juice, oar biscuits with margarine Interview with the qualiprofessional on 5/14/19 should have been offer	ailed to assure 6 of 6 clients #1, #2, #3, #4, #5 and #6) ty of foods listed on the realed each client was d by staff to come to the borning hygiene, grooming were completed. So, verified by interview with realed all 6 clients' breakfast rowl of instant oatmeal and a row with staff G further rual breakfast served to all so menu located in the realed the menu listed 4/19. Review of the 4/19 revealed the menu to the timeal, scrambled eggs, and jelly, milk and coffee. If if if if if it is and interval in the realed intellectual disabilities	W 4	478 See ps 21			