STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G294	A. BUILDING _____ B. WING _____	07/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KONNOAK GROUP HOME	2901 KONNOAK DRIVE WINSTON SALEM, NC 27127

(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 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to assure privacy was maintained for 1 non-sampled client (#4). The finding is: Observations in the group home throughout the survey period 7/15/19 to 7/16/19 revealed client #4's bedroom window to have no window covering. Observation conducted inside and outside the group home on 7/15/19 with the qualified intellectual disabilities professional (QIDP), substantiated a clear, unobstructed view of the inside of client #4's bedroom from the outside. Interview with staff H on 7/15/19 at 5:35 PM revealed client #4 to have a behavior of "tearing down" his bedroom window covering. Staff H further verified cleint #4's bedroom window covering had been off for a long while. Interview with the QIDP confirmed client #4 to have a behavior of removing/tearing down his bedroom window coverings. Further interview with the QIDP confirmed all clients including client #4 should have window coverings on their bedroom window(s) to ensure privacy.	W 130		
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment	W 227		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 227	Continued From page 1 required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the individual support plan (ISP) for 1 sampled client (#6) included sufficient training objectives and activities relative to educational and self-help skills. The finding is: Observations on 7/15/19 in the group home from 5:20 PM to 5:40 PM revealed client #6 to remain in his room, self-engaged in video/computer game activities, until the supper meal. Review on 7/16/19 of client #6's ISP dated 3/28/19 revealed current programs to include communication, personal care, a personnel needs list, leisure activity/personal goal, appropriate manners, physical therapy exercises, safety awareness/emergency numbers/addresses, and medication administration. Further review of client #6's ISP revealed identified needs to include educational skills to "focus on tasks" and "follow instructions." Continued review revealed identified self-help needs to include laundry sorting, meal preparation, clearing away dishes from place setting and putting dishes into the dishwasher. Interview on 7/16/19 with client #6 at 7:00 AM during his morning medication administration revealed he is verbal and can read. Further interview with client #6 revealed his group home activities to mostly consist of sleeping, watching TV, going to the bathroom, playing video games, and eating. Continued interview revealed client	W 227		

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W 227	Continued From page 2 #6's day program activities to consist of reading and tests about what he reads. Interview on 7/16/19 with staff D at 7:06 AM during morning medication administration revealed client #6 can read the labels on his medication packets although the client has "trouble" doing so. Interview on 7/16/19 with the qualified intellectual disabilities professional (QIDP) revealed client #6 has made improvements in his abilities since admission to the facility last year. Further interview with the QIDP confirmed client #6 needs additional training objectives with relevant activities formulated for each goal to promote the accomplishment of client #6's assessed educational and self-help skills.	W 227		
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on interview and review of records, the team failed to ensure data for objectives and goals listed in the individual support plan (ISP) for 1 sampled client (#2) was collected as prescribed. The finding is: Afternoon observations on 7/15/19 at 1:50 PM at the day program revealed client #2 to be sitting at a table engaged in table top activities. Interview on 7/15/19 at the day program with staff	W 252		

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W 252	Continued From page 3	W 252		

A and B revealed the day program had no identified data documentation pertaining to the progression of Konnoak group home (GH) clients' programs or goals. Further interview with staff A and B revealed a process for day program staff who are unfamiliar with Konnoak GH clients to receive verbal instructions pertaining to clients programs from day program staff who are familiar with Konnoak GH clients. Continued interview revealed the day program had no documentation system for staff to record data on Konnoak GH clients' program or goal progressions.

Interview on 7/15/19 with the day program qualified intellectual disabilities professional (QIDP) revealed each Konnoak GH client has two programs/goals consisting of activities established by the day program. Further interview revealed the two vocational programs/goals for clients of Konnoak GH are kept in a large notebook in the QIDP's day program office. Continued interview confirmed the day program does not maintain a documentation system for staff to record data for Konnoak GH clients' programs/goals. Subsequent interview revealed the day program QIDP and day program staff meet to verbally identify each Konnoak GH clients' progression in the established programs/goals at the day program. Additional interview revealed the day program QIDP and day program staff conduct these meetings to determine clients' quarterly progression documentation and to prepare for clients' annual ISP meetings.

Review on 7/16/19 of client #2's ISP dated 3/8/19 revealed, "...he has had some issues with toileting accidents, it was recommended by the QP at the group home to simultaneously run

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W 252	Continued From page 4 formal toileting programming in the home and at the Day Program as well as make sure [Client #2] is consistent with his toileting needs." Further review of the 3/8/19 ISP revealed client #2's programs to include safety awareness/emergency numbers/address, leisure activity/personal goal, medication administration, personal space, toileting, and chores. Interview with the day program QIDP on 7/15/19 revealed no documentation of a toileting program/goal or data pertaining to a toileting program/goal for client #2. Interview with the GH QIDP on 7/15/19 and 7/16/19 confirmed all clients' program/goal progression data including client #2's toileting program should be documented as prescribed. Further interview confirmed the GH QIDP did not have written documentation of Konnoak clients' programs/goals or data from the day program. Additional interview with the GH QIDP confirmed the day program should have written documentation and data for client #2's toileting program as well as written documentation and data for all Konnoak GH clients who attend the day program.	W 252		
W 448	EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv) The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on review of records and interview, the facility failed to investigate all problems with fire drills including the reason for the extended time needed for home evacuation. This affected all	W 448		

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W 448	Continued From page 5 clients (#1, #2, #3, #4, #5, and #6) residing in the home. The finding is: Review of internal fire drill reports on 7/15/19 revealed during the 6/2018 to 5/2019 time period for third shift, staff had documented extended times to evacuate clients in the home. Further review revealed for 9 of 11 third shift fire drills (7/21/18, 10/28/18, 11/22/18, 1/25/18, 1/12/19, 2/9/19, 3/31/19, 4/29/19, and 5/20/19) the documented extended evacuation times to range from 4 to 6 minutes. Continued review of fire drill reports for third shift revealed for one third shift fire drill (8/27/18) an evacuation time of 1.47 minutes was documented. Subsequent review revealed no evacuation time for one third shift fire drill (6/28/18). Interview with the qualified intellectual disabilities professional (QIDP) on 7/15/19 confirmed third shift fire drill evacuations require extended evacuation times due to limited staffing on shift. Further interview revealed the facility has one direct care staff assigned on third shift for the group home. Continued interview revealed no written documentation regarding a plan of action for the extended third shift fire drill evacuation times. The QIDP confirmed the need to investigate and to develop a plan of action to remedy extended fire drill evacuation times in order to ensure all clients living in the home remain safe.	W 448		