STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G229	A. BUILDING _____ B. WING _____	06/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD	554 RIDGE LANE WILKESBORO, NC 28697

(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 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure 5 of 6 clients in the home (#1, #2, #3, #4, and #5) were provided opportunities for choice and self management relative to breakfast meal preparation. The finding is: Observations on 6/25/19 at 6:15 AM, upon entering the group home, revealed one staff person was in the home and all clients were still in their bedrooms except for client #3 who was in the bathroom. Continued observations in the kitchen area revealed prepared bran muffins covered in a serving bowl, a full pot of coffee and cantaloupe pieces cut into bite size pieces in a plastic container. Review of the breakfast menu for 6/25/19 revealed bran muffins, cantaloupe, orange juice, coffee and milk. Interview with staff B on 6/25/19 confirmed she had prepared all breakfast items. Review of the records for clients #1, #2, #3, #4 and #5 on 6/25/19 revealed all clients had a current person centered plan and adaptive behavior inventories (ABI) completed within the past year. Review of the ABI's for all five clients indicated they were fully independent and/or partially independent with multiple areas related to meal preparation tasks. Interview with the qualified intellectual disabilities professional (QIDP) on 6/25/19 confirmed clients #1, #2, #3, #4 and #5 are all capable of	W 247	W 247 QP will complete in-service with staff on the importance of people supported participating in meal preparation with all meals. The clinical team will complete mealtime assessments two times a week for a period of one month and then on a routine basis. In the future, the QIDP will ensure staff are providing opportunities for choice and independence relative to meal preparation and service.	8-16-2019

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

Lucy Remington — Regional Administrator — 7/8/19

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 247	Continued From page 1 participating with meal preparation tasks with at least partial independence. The QIDP also confirmed that the clients should have been offered the opportunity of choice and self management by assisting with the breakfast meal preparation on 6/25/19.	W 247		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility's system for drug administration failed to assure all drugs were administered without error for 1 of 2 clients observed during drug administration (#1). The finding is: Observations conducted on 6/25/19 at 8:14 AM revealed client #1 to be prompted by staff C to enter the medication administration room where she was assisted by staff C to receive medications including Cogentin 2mg-one tablet, Loestrin 1/35-one tablet, Prozac 40mg-one tablet, Topomax 50mg-one tablet, Geodon 40mg-one tablet and Haldol concentrate liquid (2mg/ml)-.05ml via oral syringe. Review of the record for client #1 on 6/25/19 revealed physicians orders dated 6-6-19. The orders included Haldol concentrate liquid (2mg/ml), give .5ml (1mg) by mouth each morning.	W 369	W 369 The nurse will complete in-service training on the proper way to administer liquid medications which is to use a syringe. The clinical team will monitor medication administration two times a week for one month then on a routine basis. In the future, QIDP will ensure staff are properly trained on medication administration.	8-16-2019

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W 369	Continued From page 2 Interview with the facility nurse on 6/25/19 confirmed client #1 should receive Haldol concentrate liquid (2mg/ml), .5ml (1mg) by mouth during the morning medication administration on 6/25/19 as ordered by the physician.	W 369		