

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/15/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G327	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/13/2019
NAME OF PROVIDER OR SUPPLIER ELLENDALE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4165 NC HWY 127 TAYLORSVILLE, NC 28681		
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to assure the individual program plan (IPP) included objective training to address identified needs related to dining for 1 of 4 sampled clients (#3). The finding is:</p> <p>Observations in the group home from 7:35 AM to 8:10 AM revealed client #3 to be seated at the dining table eating breakfast which consisted of a whole slice of cheese toast and oatmeal. Continued observations during the breakfast meal revealed the home manager to assist with plating the food items and folding the cheese toast in half. Client #3 was then observed to state "No, don't cut it". Further observations revealed the client to eat the folded piece of cheese toast, by taking small bites. Client #3 finished the cheese toast without taking a drink. The home manager and staff (F) were observed verbally prompting client #3 to take a drink, but she did not take a drink until staff (F) physically prompted the client to pick up the cup.</p> <p>Review of the record for client #3 on 8/13/19 revealed an IPP dated 4/11/19 which contained a current adaptive behavior assessment. Review of the assessment revealed the client is moderately independent with cutting food with a knife and drinking from a cup, requiring prompting</p>	W 227			

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

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.

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W 227	Continued From page 1 with both. The IPP did not contain any current program objectives related to dining needs. Further review of the IPP revealed physician orders dated 7/24/19 which included orders for a 1500 calorie, low cholesterol, bite size diet. Continued review of the IPP revealed the bite size diet had been ordered to prevent choking. Interview with the home manager on 8/13/19 revealed client #3 will frequently refuse to be assisted with cutting toast into bite size pieces because she likes to eat it uncut, and confirmed the client needs frequent prompting to take drinks during meals. Interview with the qualified intellectual disabilities professional (QIDP) on 8/13/19, confirmed the client needs frequent prompting to allow assistance with cutting food and confirmed the need for frequent prompting to take drinks during meals. The QIDP confirmed client #3 did not have current program objectives related to dining.	W 227			
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 observations, record review and staff interview, the facility failed to assure the individual program plans (IPPs) for 1 of 4 sampled clients (#1) included opportunities for choice and self management regarding medication administration. The finding is: Observations in the group home on 8/12/19 at 4:43 PM revealed client #1 being assisted in the medication room with afternoon medication	W 247			

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W 247	Continued From page 2 administration by staff (A). Staff A was observed pushing Prilosec 40mg, 1 tab, Senekot -S 8.6/50mg two tabs, and mi-acid 80mg, 1 tab out of bubble packs into a medication cup without client assistance. Staff A was then observed to mix the medications in pudding and then spoon feed to client #1. Further observations on 8/13/19 at 6:53 AM revealed client #1 being assisted in the medication room with morning medication administration by staff (D). Staff D was observed prompting client #1 to push the medications out of the bubble packs. Client #1 was observed to at least partially push the medications out of the bubble packs and then staff D finished pushing the medications into a medication cup. The medications included: aspirin 81mg, 1 tab; Seroquel 25 mg, 1 tab; vitamin D3, 1 tab; Prilosec 40mg, 1 tab; cranberry extract 250mg, two tabs; Colace 100mg 2 tabs; ibuprofen 400mg, 1 tab; Flomax .4mg, 1 tab; Senekot-S 8.6/50mg, two tabs; and mi-acid 80mg, 1 tab. Staff D was then observed to mix the tablets in pudding and spoon feed to client #1. Review of the record for client #1 on 8/13/19 revealed an IPP dated revealed a current adaptive behavior assessment which indicated client #1 is capable of assisting with multiple tasks at a moderate independence level. Interview with the qualified intellectual disabilities professional on 8/13/19 confirmed that client #1 is capable of assisting with medication administration and indicated the client should always be allowed the opportunity for self management during medication administration.	W 247			
W 474	MEAL SERVICES	W 474			

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W 474	<p>Continued From page 3 CFR(s): 483.480(b)(2)(iii)</p> <p>Food must be served in a form consistent with the developmental level of the client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all food was served in a form consistent with developmental level for 1 of 4 sampled clients (#3). The finding is:</p> <p>Observations in the group home from 7:35 AM to 8:10 AM revealed client #3 to be seated at the dining table eating breakfast which consisted of a whole slice of cheese toast and oatmeal. Continued observations during the breakfast meal revealed the home manager to assist with plating the food items and folding the cheese toast in half. Client #3 was then observed to state "No, don't cut it". Further observations revealed the client to eat the folded piece of cheese toast, by taking small bites.</p> <p>Review of the individual program plan (IPP) revealed physician orders dated 7/24/19 which included orders for a 1500 calorie, low cholesterol, bite size diet. Continued review of the IPP revealed the bite size diet had been ordered to prevent choking. Interview with the home manager on 8/13/19 revealed client #3 will frequently refuse to be assisted with cutting toast into bite size pieces because she likes to eat it uncut. Interview with the qualified intellectual disabilities professional (QIDP) on 8/13/19, confirmed the client needs frequent prompting to allow assistance with cutting food and confirmed client #3 has a current diet order which includes</p>	W 474			

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W 474	Continued From page 4 all items being bite size as the client is at risk for choking.	W 474			