

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G104	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/21/2019
NAME OF PROVIDER OR SUPPLIER GREENVILLE LOOP GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 6100 GREENVILLE LOOP ROAD WILMINGTON, NC 28409		
(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 record review and confirmed by interviews with staff, the facility failed to develop training to address 1 of 3 audit clients (#1) defensiveness to toothbrushing and dental care which affected his oral hygiene. The finding is:</p> <p>Client #1's team failed to develop desensitization training for him in the area providing oral care.</p> <p>Review on 8/20/19 of client #1's record revealed he was seen by the Dentist on 1/22/19 for a dental cleaning and received a poor hygiene rating. He was seen again by the Dentist on 6/10/19 and received a fair oral oral hygiene rating.</p> <p>Review on 8/20/19 of client #1's physician orders revealed the following: 1/22/19 Client #1 was ordered Valium 10 mg. by mouth to be given 1 hour prior to his dental appointment. 6/10/19: Client #1 was ordered Valium 10 mg. by mouth to be given 1 hour prior to his dental appointment.</p> <p>Review on 8/20/19 of a nursing note dated 1/22/19 following client #1's dental visit on 1/22/19 indicated, "Very intolerant of toothbrushing."</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G104	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/21/2019
NAME OF PROVIDER OR SUPPLIER GREENVILLE LOOP GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 6100 GREENVILLE LOOP ROAD WILMINGTON, NC 28409		
(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>Continued From page 1</p> <p>Review on 8/20/19 of client #1's individual program plan (IPP) revealed he has target behaviors of physical aggression, severe disruption, non-compliance and stealing videos. These behaviors are addressed by a behavior support program (BSP) dated 5/11/19. This BSP also incorporates the use of psychotropic medication, exclusionary time out and the use of his physician ordered Valium prior to dental visits.</p> <p>Further review on 8/20/19 of client #1's IPP revealed a service objective #23/18 that client #1 will be provided supervision and physical assistance with toothbrushing to ensure thoroughness. This service objective was implemented 4/2018.</p> <p>Interview on 8/20/19 with the facility nurse revealed the service objective for client #1 has been in place for several months and that client #1 continues to be very resistive to opening his mouth for oral hygiene care and during dental visits. She further confirmed the team has not considered formal training to decrease client #1's resistiveness to dental care.</p> <p>Interview on 8/20/19 with the qualified intellectual disabilities professional (QIDP) confirmed client #1 has a BSP to address target behaviors of physical aggression, severe disruption, non-compliance and stealing videos. She further confirmed this BSP also incorporates the use of psychotropic medication, exclusionary time out and the use of his physician ordered Valium prior to dental visits. The QIDP stated despite the ongoing service objective for client #1 to brush his teeth, client #1 continues to be very defensive about staff assisting him with oral hygiene care.</p>	W 227			

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

PRINTED: 08/21/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G104	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/21/2019
NAME OF PROVIDER OR SUPPLIER GREENVILLE LOOP GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 6100 GREENVILLE LOOP ROAD WILMINGTON, NC 28409		
(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	Continued From page 2 Additional interview confirmed the team had not considered revising this service objective or developing training to desensitize client #1 to dental care despite his most recent dental visits which suggested staff work on improving his oral hygiene care.	W 227		