

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G341	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/04/2019
NAME OF PROVIDER OR SUPPLIER WOODING PLACE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 112 WOODING PLACE KINGS MOUNTAIN, NC 28086		
(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 340	<p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on observation and record review, nursing services failed to provide training related to appropriate hygiene practices for 4 of 6 sampled clients (#1,#2, #4,and #5). The findings are:</p> <p>Observations at the group home on 9/3/19 at 4:00 PM revealed all clients to exit the van parked in the driveway and enter a side door. After one to two minutes, the survey team rang the front door bell and client #2 answered the door. Further observations upon entering the home revealed client #1, #2, #4 and #5 were not prompted by staff to wash their hands prior to sitting at the table to eat their choice of snack and drink. Client #2 was also observed retrieving cups from the kitchen cabinet, setting the table and choosing her snack and drink.</p> <p>Review of the record for client #1 on 9/4/2019 revealed an ISP dated 1/25/19. Further review of the ISP revealed a current life skills assessment which indicated client #1 is capable of handwashing with physical assistance. Review of the record for client #2 revealed an ISP dated 6/14/19. Further review of the ISP revealed a current life skill assessment which indicated client #2 is capable of handwashing with verbal cues. Review of the record for client #4 revealed an ISP</p>	W 340			

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 340	Continued From page 1 dated 8/15/19. Further review of the ISP revealed a current life skill assessment which indicated client #4 is capable of handwashing with verbal cues. Review of the record for client #5 revealed an ISP dated 12/13/18. Further review of the ISP revealed a current life skill assessment which indicated client #5 is capable of handwashing with physical assistance. Intrview with the qualified intellectual disabilities professional and home manager on 9/4/19 indicated client #2 did wash her hands between getting off the van and answering the front door. Further interview with the facility nurse confirmed staff should prompt all clients to appropriately wash their hands before all meals to assure adequate health and hygiene.	W 340			
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure 3 of 5 sampled clients (#1, #2, and #4) were provided with appropriate utensils to enable them to eat as independently as possible. The findings are: A. The facility failed to assure client #1 was provided appropriate utensils during the breakfast meal on 9/4/19. For example: Observations in the group home on 9/4/19 at 7:20 AM revealed client #1 to be seated at the dining table for the breakfast meal which consisted of a biscuit, a banana, and a sausage patty. The only	W 475			

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W 475	<p>Continued From page 2</p> <p>utensil at the place setting was a spoon. Further observations revealed client #1 to slice off bite size pieces of the banana with a spoon, and was then observed attempting to cut the sausage with a spoon. Continued observations revealed staff (B) to assist client #1 with cutting the sausage with the spoon, and the client then ate the pieces of sausage with the spoon.</p> <p>Review of the record for client #1 on 9/4/19 revealed an individual service plan (ISP) dated 1/25/19, which indicated in the activities of daily living section, that client #1 is capable of eating independently. Further review of the ISP revealed a life skills assessment dated 1/25/19 which indicated client #1 is capable of using a fork, knife and a spoon with a verbal cue.</p> <p>B. The facility failed to assure client #2 was provided appropriate utensils during the breakfast meal on 9/4/19. For example:</p> <p>Observations in the group home on 9/4/19 at 6:45 AM revealed client #2 to be seated at the dining table for the breakfast meal which consisted of scrambled eggs, sausage patty, banana and a biscuit. The only utensil at the place setting was a fork. Further observations revealed client #2 attempting to cut the sausage patty with a fork. Continued observations revealed staff (A) to notice the client struggling to cut the sausage, so she assisted with cutting the patty with the fork only.</p> <p>Review of the record for client #2 on 9/4/19 revealed an ISP dated 6/14/19, which included a current life skills assessment. The life skills assessment indicated the client is capable of total independence with a spoon, fork and knife.</p>	W 475			

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W 475	<p>Continued From page 3</p> <p>C. The facility failed to assure client #4 was provided appropriate utensils during the breakfast meal on 9/4/19. For example:</p> <p>Observations in the group home on 9/4/19 at 7:15 AM revealed client #4 to be seated at the dining table for the breakfast meal which consisted of scrambled eggs, a sausage patty, a biscuit and a banana. The only utensil at the place setting was a spoon. Further observations revealed the home manager to hand staff B a rocker knife from the kitchen which she used to assist the client with cutting all items into bite size pieces. Continued observations revealed the client to eat all items with a spoon.</p> <p>Review of the record for client #4 on 9/4/19 revealed an ISP dated 8/15/19. The ISP indicated the client did not have any adaptive equipment. Further review of the ISP revealed a current life skills assessment which indicated client #4 is capable of using a fork, spoon and a knife with physical assistance.</p> <p>Continued observations in the kitchen area on 9/4/19 revealed spoons and forks were available in a drawer, 2 steak knives were in the dishwasher and one steak knife was available in a drawer. No butter knives were available in the kitchen. Interview with the home manager during the observation confirmed no other knives were available at that time.</p> <p>Interview with the qualified intellectual disabilities professional and the home manager on 9/4/19 confirmed clients #1, #2 and #4 are all capable of using all utensils with a minimum of physical assistance and confirmed a full place setting</p>	W 475			

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

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W 475	Continued From page 4 including all appropriate utensils should have been made available to the clients during the breakfast meal on 9/4/19.	W 475			