PRINTED: 09/26/2019 FORM APPROVED OMB NO. 0938-0391

` ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G236	B. WING			09/	25/2019
	PROVIDER OR SUPPLIER E LEE GROUP HON	1E		18	TREET ADDRESS, CITY, STATE, ZIP CODE 519 ROBERT E LEE DRIVE /ILMINGTON, NC 28412	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 229	This STANDARD is Based on record refacility failed to ensility failed to ensilients (#1, #4) were behavioral outcome. Client's (#1, #4) objectives of a single between as Review on 9/24/Program Plan (IPP following objectives behavioral outcome. "When provided material will stand in line when making a pur sessions." "When provided wit [Client #1] will wipe 100% independence." When provided material will wipe 100% independence. "When provided material will clean and cours with 100% getween 100%	ne individual program plan parately, in terms of a single es. s not met as evidenced by: eviews and interview, the ure objectives for 2 of 4 audit re written in terms of a single es. The findings are: jectives were not written in ehavioral outcome. 19 of client #1's Individual odated 2/19/19 revealed the sewere not written with single es: esterials and instruction, [Client et and move up appropriately richase for 5 consecutive et and move up appropriately richase for 5 consecutive et and instructions, atable and countertops with the for 5 consecutive sessions." 219 of client #4's IPP dated et following objectives were not behavioral outcomes:	W 2	229			
LABORATOR\	' DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE		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.

Facility ID: 921588

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G236	B. WING			09/:	25/2019
NAME OF PROVIDER OR SUPPLIER ROBERT E LEE GROUP HOME			151	REET ADDRESS, CITY, STATE, ZIP CODE 9 ROBERT E LEE DRIVE LMINGTON, NC 28412	,		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 229	[Client #4] will read 1) worksheet with 1 sessions." "When provided ma #4] will name side of learn names with 10 consecutive session "When provided ma [Client #4] will make combinations with 10 consecutive session Interview on 9/25/10 Disabilities Profess objectives were not outcomes. MGMT OF INAPPE BEHAVIOR CFR(s): 483.450(b) Techniques to man behavior must neve an active treatment This STANDARD in Based on observat review, the facility for manage client #2's included in a forma affected 1 of 4 audi	th materials and instructions, and complete the labeling (pt. 00% independence for 5 aterials and instruction, [Client effects of his medications and 00% independence for 10 ns." aterials and instructions, a standard coins and bills 100% independence for 5 ns." 9 with the Qualified Intellectual ional (QIDP) confirmed the written with single behavioral ROPRIATE CLIENT 10(3) age inappropriate client er be used as a substitute for	W 2				
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	I OF CORRECTION IDENTIFICATION NUMBER: (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED		
		34G236	B. WING	· · · · · · · · · · · · · · · · · · ·	09	/25/2019
	PROVIDER OR SUPPLIER E LEE GROUP HON	1E		STREET ADDRESS, CITY, STATE, ZIP CO 1519 ROBERT E LEE DRIVE WILMINGTON, NC 28412		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ACTION DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 288	9/25/19 at 6:18am, would like to look a client stated, "Yes" unlock a closet in a retrieved a magazin Interview on 9/25/1 #2's magazines are because another clif they are kept in hold Interview on 9/25/1 Disabilities Profess a client in the home other client's bedromagazines were not Additional interview contains various recandy, bubble gum #2 when she has g	servations in the home on Staff G asked client #2 if she t one of her magazines. The The staff proceeded to back office of the home, he and gave it to the client. 9 with Staff G revealed client e kept in the locked closet ient in the home will take them	W 2	88		
	Plan (BSP) dated 1 to have no more the month for 9 out of addressed physical verbal aggression areview of the plan is reinforcers for the abehaviors. Further include a technique reinforcers. Further interview of confirmed client #2	of client #2's Behavior Support /28/19 revealed an objective an 2 instances of agitation per 12 months. The plan I aggression, non-compliance, and destruction. Additional indicated client #2 receives absence of identified review of the plan did not e of locking away the client's in 9/25/19 with the QIDP is current BSP does not cers should be kept locked.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION NG		TE SURVEY MPLETED	
		34G236	B. WING		09	/25/2019
	PROVIDER OR SUPPLIER E LEE GROUP HON	E		STREET ADDRESS, CITY, STATE, ZIP 1519 ROBERT E LEE DRIVE WILMINGTON, NC 28412		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 460	This STANDARD is Based on observative, the facility for received a modified affected 1 of 4 audice Client #5's modified followed as ordered During dinner obse 9/24/19 at 6:07pm, barbeque pork chop mashed potatoes in each food item. Chithe food while in the the mashed potatoes	ceive a nourishing, including modified and didets. Is not met as evidenced by: cions, interviews and record ailed to ensure client #5 I diet as prescribed. This it clients. The finding is: I diet consistency was not I. It diet consistency was not II. It diet consistency was not II.	W 4			
	#5 receives a pure look like "soup". In	9 with Staff D revealed client ed diet and his food should terview on 9/25/19 with Staff B is food should be "smooth" and d".				
	orders dated 5/22/1 order for a "Pureed Interview on 9/25/1 confirmed client #5	of client #5's physician's 9 and 7/1/19 revealed an diet, with thin liquids." 9 with the facility's nurse should receive a pureed diet od items should be like "baby				

AND DUAN OF CORDECTION IDENTIFICATION NUMBER.			TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		34G236	B. WING _	· · · · · · · · · · · · · · · · · · ·	09/	25/2019
	PROVIDER OR SUPPLIER E LEE GROUP HON	IE		STREET ADDRESS, CITY, STATE, ZIP COD 1519 ROBERT E LEE DRIVE WILMINGTON, NC 28412		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 460	food". Additional in trained on preparat consistency. The r client's meal should	terview indicated all staff were ion of the client's pureed diet turse acknowledged the dinot have visible bites of food he appropriate consistency.	W 46	60		

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		34G236	B. WING			09/	25/2019	
	PROVIDER OR SUPPLIER E LEE GROUP HON	1E		151	EET ADDRESS, CITY, STATE, ZIP CODE 9 ROBERT E LEE DRIVE LMINGTON, NC 28412	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 229	must be stated sep behavioral outcome This STANDARD is Based on record refacility failed to ensicients (#1, #4) were behavioral outcome Client's (#1, #4) obsterms of a single beta as Review on 9/24/Program Plan (IPP following objectives behavioral outcome "When provided massessions." "When provided wire [Client #1] will stand in line when making a pur sessions." "When provided wire [Client #1] will wipe 100% independence with 100% geta be Review on 9/24/7/9/19 revealed the	ne individual program plan parately, in terms of a single e. s not met as evidenced by: eviews and interview, the ure objectives for 2 of 4 audit e written in terms of a single e. The findings are: jectives were not written in ehavioral outcome. 19 of client #1's Individual dated 2/19/19 revealed the swere not written with single	W 2	229				
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NAME OF PROVIDER OR SUPPLIER ROBERT E LEE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1519 ROBERT E LEE DRIVE WILMINGTON, NC 28412	,		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
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	PROVIDER OR SUPPLIER	NE		STREET ADDRESS, CITY, STATE, ZIP CODE 1519 ROBERT E LEE DRIVE WILMINGTON, NC 28412	•		
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W 288	During morning obs 9/25/19 at 6:18am, would like to look a client stated, "Yes" unlock a closet in a retrieved a magazine linterview on 9/25/1 #2's magazines are because another client a client in the home other client shedromagazines were not additional interview contains various recandy, bubble gum #2 when she has gonoted this was also behavior plan. Review on 9/25/19 Plan (BSP) dated 1 to have no more the month for 9 out of addressed physical verbal aggression are view of the plan in reinforcers for the abehaviors. Further include a technique reinforcers. Further interview of confirmed client #2	servations in the home on Staff G asked client #2 if she it one of her magazines. The The staff proceeded to back office of the home, he and gave it to the client. 9 with Staff G revealed client e kept in the locked closet lient in the home will take them	W 28				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	RIPLE CONSTRUCTION NG		TE SURVEY MPLETED
		34G236	B. WING		09	/25/2019
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W 460	This STANDARD is Based on observat review, the facility for received a modified affected 1 of 4 audit Client #5's modified followed as ordered During dinner obset 9/24/19 at 6:07pm, barbeque pork chopmashed potatoes in each food item. Chit the food while in the the mashed potatoe resembled soup who with bites of meat the Interview on 9/24/19 #5 receives a pure look like "soup". Intindicated the client's resemble "baby food Review on 9/25/19 orders dated 5/22/1	ceive a nourishing, ncluding modified and diets. Is not met as evidenced by: ions, interviews and record ailed to ensure client #5 diet as prescribed. This ticlients. The finding is: diet consistency was not l. It diet consistency was not lead to pieces, green beans and lead a small chopper and ground lead to be processor. Once completed, less and green beans liet the pork chop was loose bear oughout. It with Staff D revealed client led diet and his food should lerview on 9/25/19 with Staff B is food should be "smooth" and		60		
	confirmed client #5	9 with the facility's nurse should receive a pureed diet od items should be like "baby				

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		34G236	B. WING _	 	09	0/25/2019	
	PROVIDER OR SUPPLIER E LEE GROUP HOM	IE		STREET ADDRESS, CITY, STATE, ZIP COL 1519 ROBERT E LEE DRIVE WILMINGTON, NC 28412			
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W 460	trained on preparat consistency. The n client's meal should	ge 4 terview indicated all staff were ion of the client's pureed diet urse acknowledged the I not have visible bites of food ie appropriate consistency.	W 46	60			