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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
34G327		B. WING		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	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC  (EACH CORRECTIVE ACTION SHOULI  CROSS-REFERENCED TO THE APPROF  DEFICIENCY)	BE COMP	X5) PLETION ATE
W 227	CFR(s): 483.440(c)  The individual progrobjectives necessar as identified by the		W 2			
				RECEIVED		
	Based on observation interview, the facility program plan (IPP) address identified not a sampled clients (#Observations in the 8:10 AM revealed clienting table eating by whole slice of chees Continued observation meal revealed the high plating the food item toast in half. Clienting the food item toast in half. Clienting the food item toast in half. Clienting the food item to a strength of the facility of the food item to a strength of the facility of the fac	group home from 7:35 AM to ient #3 to be seated at the breakfast which consisted of a se toast and oatmeal. If the breakfast ome manager to assist with the sand folding the cheese #3 was then observed to		SEP 1 1 2019  DHSR NH L & C Black Mountain / W	₹0	
	revealed the client to cheese toast, by tak finished the cheese. The home manager verbally prompting of she did not take a diprompted the client. Review of the record revealed an IPP date current adaptive behof the assessment remoderately independently and drinking from the control of the second revealed and prompted the assessment remoderately independently indep	d for client #3 on 8/13/19 ed 4/11/19 which contained a navior assessment. Review		TITLE	(X6) DAT	

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

Event ID: B52R11

program participation.

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G327	B. WING		08/	/13/2019
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		BE	(X5) COMPLETION DATE
W 227	with both. The IPP program objectives Further review of the orders dated 7/24/1 1500 calorie, low che Continued review of diet had been ordered. Interview with the hear evealed client #3 wassisted with cutting because she likes to the client needs free during meals. Interview intellectual disabilities 8/13/19, confirmed the prompting to allow a and confirmed then take drinks during medient #3 did not have related to dining. INDIVIDUAL PROGICFR(s): 483.440(c)()  The individual progra opportunities for clies elf-management. This STANDARD is Based on observation interview, the facility program plans (IPPs (#1) included opportunity and management regard administration. The	did not contain any current related to dining needs. e IPP revealed physician 9 which included orders for a colesterol, bite size diet. It he IPP revealed the bite size ed to prevent choking.  Image: The IPP revealed the bite size ed to prevent choking.  Image: The IPP revealed the bite size ed to prevent choking.  Image: The IPP revealed the bite size ed to prevent choking.  Image: The IPP revealed the bite size ed to prevent choking.  Image: The IPP revealed the bite size ed to prevent choking.  Image: The IPP revealed the bite size ed to prevent precess of eat it uncut, and confirmed quent prompting to take drinks with the qualified es professional (QIDP) on the client needs frequent sistance with cutting food ed for frequent prompting to the ed for frequent prompting to the eds. The QIDP confirmed es current program objectives  IPP revealed physician  IPP revealed the bite size ed to prevent edit.  IPP revealed the include of the include of the prevent edit.  IPP revealed the include o	W 24			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G327	B. WING	;	0.8	/13/2019	
NAME OF PROVIDER OR SUPPLIER  ELLENDALE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP COI 4165 NC HWY 127 TAYLORSVILLE, NC 28681	DE	10/2013		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETION DATE	
W 247	administration by structure pushing Prilosec 40 8.6/50mg two tabs, of bubble packs into client assistance. So mix the medications feed to client #1.  Further observations revealed client #1 be medication room with administration by staprompting client #1 to find the bubble packs and the medications included bubble packs and the medications included Seroquel 25 mg, 1 ta 40mg, 1 tab; cranber Colace 100mg 2 tabs Flomax .4mg, 1 tab; tabs; and mi-acid 80	aff (A). Staff A was observed mg, 1 tab, Senekot -S and mi-acid 80mg, 1 tab out a medication cup without taff A was then observed to in pudding and then spoon so on 8/13/19 at 6:53 AM	W 2	247			
	revealed an IPP date adaptive behavior as client #1 is capable of tasks at a moderate interview with the quaprofessional on 8/13/capable of assisting vadministration and in always be allowed the	sessment which indicated of assisting with multiple independence level. alified intellectual disabilities 19 confirmed that client #1 is with medication dicated the client should	W 47	74			

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		34G327	B. WING			8/13/2019	
	PROVIDER OR SUPPLIER  DALE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP COD 4165 NC HWY 127 TAYLORSVILLE, NC 28681		6/13/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE X (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
	CFR(s): 483.480(b) Food must be served developmental level This STANDARD is Based on observation interview, the facility served in a form correvel for 1 of 4 samplis:  Observations in the 8:10 AM revealed clidining table eating be whole slice of chees Continued observation meal revealed the hoplating the food item toast in half. Client state "No, don't cut it revealed the client to cheese toast, by taking Review of the individing revealed physician of included orders for a cholesterol, bite size the IPP revealed the ordered to prevent of home manager on 8/frequently refuse to be into bite size pieces be uncut. Interview with disabilities profession confirmed the client reallow assistance with	d in a form consistent with the of the client.  Inot met as evidenced by: on, record review and failed to assure all food was asistent with developmental pled clients (#3). The finding group home from 7:35 AM to ent #3 to be seated at the reakfast which consisted of a e toast and oatmeal. Ons during the breakfast ome manager to assist with seand folding the cheese #3 was then observed to ".". Further observations of eat the folded piece of the small bites.  ual program plan (IPP) reders dated 7/24/19 which	W 4	7.74			

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W 474	,	ge 4 size as the client is at risk for	W 4'		

W227 10-12-19

All individuals will be assessed annually or as needed to address appropriate diet consistencies. Client #3 will be assessed by the Occupational Therapist as well as by the Speech and Language Pathologist for a feeding assessment. Based on assessment and recommendations the Interdisciplinary team will determine if a formal objective is needed for client #3 related to dining. Staff will be inserviced on any changes or recommendations. These changes and recommendations will be monitored by the QP and or designee through direct observation at least weekly and through quarterly progress notes conducted by the Occupational Therapist as well as by the SLP though monthly progress reviews.

W247 10-12-19

All staff will be inserviced on individual #1 and all clients self medication administration. The inservice will take place at the next scheduled house meeting. The QP and or designee will monitor medication administration for individual #1at least weekly through direct observation to ensure independence and self-management with medication administration.

W474 10-12-19

All individuals will be assessed annually or as needed to address appropriate diet consistencies. Client #3 will be assessed by the Occupational Therapist as well as by the Speech and Language Pathologist for a feeding assessment. Based on assessment and recommendations the Interdisciplinary team will determine if a formal objective is needed for client #3 related to dining. Staff will be inserviced on any changes or recommendations. These changes and recommendations will be monitored by the QP and or designee through direct observation at least weekly and through quarterly progress notes conducted by the Occupational Therapist as well as by the SLP though monthly progress reviews.

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Auth Berry, 1500

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