STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL096-109	A. BUILDING: _____ B. WING _____	11/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAYLOR HOME	802 SOUTH TAYLOR STREET GOLDSBORO, NC 27533

(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) COMPLETE DATE
V 000	INITIAL COMMENTS An annual survey was completed on November 20, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure disaster drills were held quarterly and repeated on each shift. The findings are: During interview on 11/14/19 the Director of Developmental Care stated the facility had three shifts: 1st 8:00 am - 4:00 pm, 2nd 4:00 pm - 12:00 midnight, and 3rd 12:00 midnight - 8:00 am.	V 114		

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V 114	Continued From page 1 Review on 11/15/19 of facility records revealed: - Disaster drills included hurricane/tornado, bomb threat, violence in the workplace, utility failure, medical emergency, and "other." - No disaster drill exercises documented for 2nd shift during the first quarter (January - March) 2019, or the 3rd shift for the first quarter (January - March) 2019; staff documented discussions with clients about what to do in the event of utility failure. During interview on 11/15/19 client #6 stated she could not recall having participated in a fire or disaster drill. She would go outside if there was a fire and she would go into the bathroom if there was a tornado. During interview on 11/15/19 the House Lead stated staff showed clients where flash lights were kept during utility failure drills. During interview on 11/20/19 the President stated she felt like staff completed drills as required, but did not always document the drills in a manner that reflected an actual drill exercise. Other regulatory bodies suggested the use of workplace violence, utility failure, medical emergency, and bomb threats in drills.	V 114		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's	V 291		

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V 291	Continued From page 2 licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to maintain coordination between the facility operator and the professionals responsible for the clients' treatment affecting 1 of 3 audited clients (#2). The findings are: Review on 11/15/19 of client #2's record revealed: - 37 year old female admitted 8/28/08. - Diagnoses included severe Traumatic Brain Injury, Mood Disorder, and Dementia due to head trauma. - Physician's order signed 3/12/19 for Thick-It (used to thicken liquids for people who have	V 291		

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V 291	Continued From page 3	V 291		

difficulty swallowing) 1 teaspoon in 8 ounces of liquid as needed.
- "Physician's Orders Current as of 17-Oct [October]-2019 . . . " included ". . . Diet: Liquids: nectar thick (Tomoato Juice consistency) by teaspoonful only (no cups or straws); carbonated beverages (sodas, sparkling water) - small sips cup or straw (not continuous drawing on a straw, no regular liquids; diet mechanical soft (chopped) puree meats, no nuts, corn soup, jello, ice cream, sherbert, fruit that has juice or cereal. No red meats whole. . . Thick-It . . 1 teaspoonful in 8 oz [ounces] of liquid as directed . . . "
- "Swallow Precautions per Speech Pathologist" dated 9/10/19 included "Current Diet: Regular consistency with thin liquids via spoon . . . Swallow Safety Strategies: . . . 2 swallows per Bite/sip . . . "
- Progress note by the Speech Therapist dated 9/10/19 included ". . . Reason for Referral: FEES [Fiberoptic Endoscopic Evaluation of Swallowing] . . . Patient currently consuming puree foods/honey thickened liquids at facility, she and her mother hope for her to be advanced from this modified diet to regular diet/thin liquids or at least less restrictive diet . . . It is recommended that patient consume a regular diet with thin liquids via tsp. [teaspoon] All parties present in agreement and expressed understanding and appreciation with all information provided."
- No documentation of coordination of diet changes with client #2's physician.

Review on 11/15/19 of client #2's Medication Administration Records (MARs) for September - November 2019 revealed:
- Transcription for Thick It, 1 teaspoonful in 8 ounces of liquid as directed; staff initials denoting use of thick it daily.
- "Informational Orders . . . Liquids: nectar thick

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V 291	Continued From page 4 (tomoato juice consistency) by teaspoonful only (no cups or straws) . . . no regular liquids . . . Diet: mechanical soft (chopped) puree meats . . . " During interview on 11/15/19 client #2 stated she was not on thickened liquids and was on a regular diet. She got all her liquids via spoon. During interview on 11/15/19 the House Lead stated client #2 received all liquids by the spoonful and she was on a regular diet. During interview on 11/20/19 the Medication Coordinator stated the Speech Therapist wrote the order for client #2's diet change and it was not necessary to communicate the change with the physician. The diet as listed on the MAR was not up to date; client #2 no longer used Thick It. During interview on 11/20/19 the President stated she was not sure why client #2's updated diet was not reflected on the MAR.	V 291		