

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G117</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/11/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>MEADOWVIEW HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2723 BOBWHITE CIRCLE WINGATE, NC 28174</b>		
(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><b>INDIVIDUAL PROGRAM PLAN</b> 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 observation, record review, and interviews, the person-centered plan (PCP) failed to include training objectives to address identified needs relative to non-compliance behaviors for 1 of 3 sampled clients (#1). The finding is:</p> <p>Observations on the morning of 12/11/19 at 8:45 AM revealed client #1 loading onto the facility van to prepare for transport to the day program. Further observations revealed client #1 to sit in his seat on the van and wear a lap belt across his waist with the shoulder strap placed behind his back. Further observations revealed staff to prompt client #1 several times to place the shoulder strap across his chest in which he refused.</p> <p>Review of records for client #1 on 12/11/19 revealed a person-centered plan (PCP) dated 5/1/19. Further review of the PCP revealed behavioral guidelines dated 8/2019, which identified target behaviors to include activity refusal, yelling, and physical aggression. Continued review of the behavioral guidelines revealed no interventions to address client #1's non-compliance or refusal to wear the seat belt shoulder strap during van transport.</p> <p>Interview with staff on 12/11/19 revealed client #1</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:  <b>34G117</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/11/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>MEADOWVIEW HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2723 BOBWHITE CIRCLE WINGATE, NC 28174</b>		
(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 1 often refuses to utilize the seat belt shoulder strap after multiple staff prompts. Interview with the qualified intellectual disabilities professional (QIDP) verified that she was not aware that client #1 was refusing to wear the shoulder strap on a continuous basis. The QIDP further verified that client #1's refusal to wear a seatbelt appropriately is a safety concern that should be addressed with a program.	W 227			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure program objectives listed in the person-centered plan (PCP) were implemented as prescribed relative to meal participation skills for 1 of 3 sampled clients (#1). The finding is:  Observations in the afternoon of 12/10/19 at 4:40 PM revealed client #1 to sit in his room watching television until he was prompted by staff to come to the dining area for the dinner meal. Further observations from 5:10 PM to 5:37 PM revealed client #1 to sit at the dining table participating in the dinner meal. Further observation of the dinner	W 249			

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

PRINTED: 12/13/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G117</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/11/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>MEADOWVIEW HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2723 BOBWHITE CIRCLE WINGATE, NC 28174</b>		
(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 249	<p>Continued From page 2</p> <p>meal revealed staff to ask client #1 what he wanted to drink with his dinner. Client #1 was offered the following drink choices: orange juice, tea, red juice drink, and water. At no point before or during the dinner meal was client #1 observed to make his own drink.</p> <p>Review of records for client #1 on 12/11/19 revealed a PCP dated 5/1/19. Review of the PCP included a current program objective for client #1 regarding preparing his drink during supper given two or less prompts in order to increase meal participation skills. Further review of the meal participation program revealed client #1 should obtain drink ingredients, pour ingredients in a mixing jar, obtain the required amount of water, pour the water into the jar, and mix until the ingredients dissolve. Continued review of the meal participation program revealed that client #1 should be offered the opportunity to make his own drink daily on second shift.</p> <p>Interview with staff A on 12/10/19 verified client #1 did not make his own drink prior to the dinner meal. Interview with the qualified intellectual disabilities professional (QIDP) verified the meal participation objective for client #1 was a current training objective. Further interview with the QIDP on 12/11/19 verified client #1 should have been offered the opportunity to make his own drink according to his current meal participation program.</p>	W 249			