STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G085	A. BUILDING _____ B. WING _____	12/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKDALE GROUP HOME	436 MOCKSVILLE HWY STATESVILLE, NC 28625

(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 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews the person-centered plan (PCP) for 1 sampled client (#5) failed to include objective training to address identified needs relative to wiping his mouth and beard during meals. The finding is: Observations in the group home on 12/10/19 at 5:30 PM at the dinner meal revealed client #5 to receive a fish stir fry with rice and vegetables, bread butter, apple cinnamon crunch, jello salad, and drinks of water and tea. Continued observations revealed client #5 to eat quickly accumulating food in his beard and around his mouth. Further observations at 5:40 PM revealed client #5 to leave the dinner table with food in his beard around his mouth without staff prompting him to wipe his mouth or beard. Observations of the breakfast meal in the group home on 12/11/19 at 8:00 AM revealed client #5 was served a bowl of oatmeal for breakfast along with milk and water. Continued observations revealed client #5 to eat hastily resulting in spillage in his beard and around his mouth.	W 242		

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 242	Continued From page 1 Further observations revealed client #5 to exit the dining room to the living room and interact with staff for 15 minutes with oatmeal remaining around his mouth and in his beard. Subsequent observation revealed staff to assist client #5 to the bathroom at 8:15 AM, however client #5 returned to the living room with oatmeal remaining in his beard and around his mouth area. Interview with Staff D at 8:15 AM revealed "client #5's mouth and beard remained soiled because does not like to wipe his mouth or others to assist him." Record review for client #5 on 12/11/19 revealed a person-centered plan (PCP) dated 5/23/19 with programs to attend to tasks, to set his place at the table, to pack his lunch, and to tolerate his routine. Continued review revealed an adaptive behavioral inventory dated 4/23/19 which stated client #5 needs verbal prompts to wipe his mouth at the table during meals. Interview with the facility qualified intellectual disabilities professional (QIDP) on 12/11/19 confirmed client #5 needs programming to address cleaning his beard of food and wiping his mouth during meals, and needs to be propmted by staff to assist him to do so.	W 242		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observation, record review and	W 460		

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	34G085	A. BUILDING _____ B. WING _____	12/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKDALE GROUP HOME	436 MOCKSVILLE HWY STATESVILLE, NC 28625

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W 460	Continued From page 2	W 460		

interview, the facility failed to provide specially prescribed diets to 2 of 3 sampled clients (#5) and (#6). The findings are:

A. The facility failed to provide a special prescribed diet for client #5.

Observations in the group home on 12/11/19 of the breakfast meal at 8:00AM revealed client #5 was served 1 serving of oatmeal along with milk and juice. Continued observations revealed client #5 completed his breakfast meal in 3 minutes and returned to the living room area. Further observations of the breakfast menu for the home revealed clients were to be served toast with cream cheese, eggs, juice and milk. Interview with Staff B revealed client #5 only receives oatmeal each morning for breakfast per physician orders and does not receive other breakfast items.

Record review for client #5 on 12/11/19 revealed a person centered plan (PCP) which contained physician orders stating client #5 is prescribed a weight gain diet with ground meats, offer oatmeal along with breakfast items each day, due to increase in triglycerides. Continue record review revealed an annual nutritional evaluation recommending a low cholesterol low fat mechanical diet with seconds of foods encouraged for weight gain.

Interview with the qualified intellectual disabilities professional (QIDP) on 12/11/19 confirmed client #5 should be receiving all foods items on the menu, seconds on food items offer at each meal for weight gain, and oatmeal offered in addition to regular menu items for breakfast each morning.

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W 460	Continued From page 3 B. The facility failed to provide a special prescribed diet for client #6. Observations in the group home of the breakfast meal on 12/11/19 at 8:00 AM revealed client #6 to receive a whole piece of toast, scrambled eggs, cream cheese, and milk and juice. Continued observations of the breakfast meal revelaed client #6 to pick up his toast and pulled off 2 inch pieces and proceeded to eat them. Further observation of the meal revealed staff did not prompt client #6 to eat smaller pieces of his toast, nor did staff assist client #6 to cut his toast into the prescribed 1/2-1 inch pieces. Record review on 12/11/19 for client #6 revealed an OT exam dated 4/25/19 with recommendation for use of a rocker knife to cut his food items to 1/2-1 inch pieces. Interview with the (QIDP) on 12/11/19 confirmed client #6 should have been assisted to cut his food items to a consistency of 1/2 inch to 1 inch in size per physician orders.	W 460		