STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G120	A. BUILDING _____ B. WING _____	C 02/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEWIS FORK HOMES I AND II	1358 & 1388 LEWIS FORK BAPTIST CHURCH RD FERGUSON, NC 28624

(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 000	INITIAL COMMENTS Intake #NC00160269	W 000		
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure each employee was provided with continuing training to enable the effective, efficient and competent performance of job duties for 2 of 6 clients (#2 and #5). The findings is: Observations in Lewis Fork I on 2/5/2020 between 8:15 AM and 8:40 AM revealed client #2 to sleep in his room with the door open. Observation at 8:35 AM revealed client #5 to enter a hallway bathroom, stand directly at the commode and to use the bathroom without turning on the light or closing the door. Continued observation of client #5 revealed the client to exit the bathroom without washing his hands. Subsequent observation revealed client #5 to walk to the kitchen, remove lunch items from the refrigerator and place the items in a cooler. Observation at 8:50 AM revealed client #2 to exit his room and walk to the bathroom. Continued observation revealed client #2 to complete his shower and hygiene routine in the bathroom with staff with the door partially open. Further observation revealed throughout client #2's	W 189		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 189	Continued From page 1	W 189		

hygiene activities, the bathroom door remained partially open as clients and surveyors walked by.

Review of internal documentation on 2/5/2020 revealed interaction assessments completed on 1/21/2020 at 11:00 AM and 11:40 AM. Further review of the 1/21/20 assessments revealed observations that documented staff did not perform skills satisfactorily relative to: creating opportunities to instruct people on their rights such as privacy, the integration of formal objectives from each client's person centered plan, ensuring activities are organized, goal oriented and choices are given and that staff encouraged independence in all activities, asking permission before providing help if needed while providing the least amount of assistance that was required.

Interview on 2/5/2020 with staff A revealed that although she had worked in the home before, she was unfamiliar with current programs of clients in the group home. Interview staff C revealed that he was helping out because of shortage of staff in the group home. Staff C also confirmed he had not been trained on current behavioral or active treatment needs of client's in the group home.

Interview with the qualified intellectual development professional (QIDP) on 2/5/20 revealed the 1/21/20 observation assessments in the group home had not been followed up on to address identified training needs of staff. Continued interview with the QIDP confirmed the bathroom door for client #2 should have been closed during shower and hygiene activity. The QIDP further confirmed client #5 should have been monitored for privacy with toileting and to ensure handwashing after toileting. Additional

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	34G120	A. BUILDING _____ B. WING _____	C 02/05/2020

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W 189	Continued From page 2 interview with the QIDP verified training on client programs and needs should have been provided to all staff who were new to working in the home.	W 189		