PRINTED: 03/09/2020 FORM APPROVED OMB NO. 0938-0391

	TEMENT OF DEFICIENCIES OPLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
		34G103	B. WING _	B. WING		03/03/2020	
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1050 HOGAN STREET FAYETTEVILLE, NC 28301	DDE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	(EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		5) ETION TE
W 159	CFR(s): 483.430(a)  Each client's active traintegrated, coordinated qualified intellectual of This STANDARD is rapidly as a sased on observation interviews, the facility intellectual disabilities coordinated services client (#5). The finding the QIDP did not coordinated services client (#5). The finding the QIDP did not coordinated services client (#5). The finding the QIDP did not coordinated services client (#5) as a spiration pureed diet was appropriated to a pure meal despite his asking expressed desire for a meals observed.  Review on 3/3/2020 of program plan (IPP) days hospitalized on 1 and again 1/21/2020 downgraded to a pure "because he does not record did not included chewing or swallowing previous training to chew as no justification for texture except for not no indication if the proposuments.	not met as evidenced by: ns, record reviews and failed to assure a qualified professional (QIDP) in regards to 1 of 3 audit ig is: ordinate with the hospital to n had occurred and if a opriate for client #5. on 3/2/2020 and 3/3/2020, was blended to a watery ordinate with the hospital to n had occurred and if a opriate for client #5. on 3/2/2020 and 3/3/2020, was blended to a watery ordinate with the hospital to n had occurred and if a opriate for client #5. on 3/2/2020 and 3/3/2020, was blended to a watery ordinate with the hospital to n had occurred and if a opriate for client #5. ordinate with the hospital to n had occurred and if a opriate for client #5. ordinate with the hospital to n had occurred and if a opriate for client #5. ordinate with the hospital to n had occurred and if a opriate for client #5. ordinate with the hospital to n had occurred and if a opriate for client #5. ordinate with the hospital to n had occurred and if a opriate for client #5. ordinate with the hospital to n had occurred and if a opriate for client #5. ordinate with the hospital to n had occurred and if a opriate for client #5. ordinate with the hospital to n had occurred and if a opriate for client #5. ordinate with the hospital to n had occurred and if a opriate for client #5.	W 1	59			

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.

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING			(X3) DATE SURVEY COMPLETED	
		34G103	B. WING _			03/	/03/2020	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  1050 HOGAN STREET  FAYETTEVILLE, NC 28301				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE	
W 159	which indicated, "no problems."  Additionally, a pureer in the record specifie that he didn't need to potatoes and pudding all consistencies are and smoothcereals coconuts are NOT to cobbler, pie with one in milk or moist cakes soups with soft consisoup) casseroles with noodles, tuna and egcelery piecesAvoic chewy, sticky, tough he can have puddings, plain yogu.  There was no core to discussing why there note stating if client #5 dic pneumonia but she we barium swallow study is aspirating and on valuer the QIDP indicated of it and she was not stated she thinks the The QIDP indicated of diet. She was not suthings like cookies do must be smoothly pu	d diet description sheet found d that he could have foods ochew such as mashed g. It indicated "Pureed diet pureed so that they are thick swith dried fruits, seeds and be usedhe can have fruit crust, soft cookies dunked swith icingcan have stent size pieces (vegetable hout rice but can have gs salad without onions or d Nuts, seeds, skins, hulls, and dry foods." It also noted rts."	W 1	59				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G103	B. WING	····	03/03/2020	
NAME OF PI	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301	·	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETION	
W 159	Continued From page 2		W 15	59		
W 192	he aspirates. STAFF TRAINING F CFR(s): 483.430(e)(		W 19	02		
		work with clients, training and competencies directed h needs.				
	Based on observati reviews the facility fa	not met as evidenced by: ons, interviews and record ailed to assure all staff were e diet for client #5. The				
		d to provide client #5 with a tency as per his individual				
	had a pureed diet of mashed potatoes. He with each bite. His greceived seconds of mayo on his plate a meal, he drank the gethe plate up to his mater then burped a a yogurt with fruit pict 3/2/2020, client #5 repureed to a watery of mashed potatoes. He and pureed broccoli toward whole meat dempty place beside what appeared to be into the kitchen and	10pm, on 3/2/2020, client #5 if roast beef with gravy and le ate slurping up his food gravy was watery and he if gravy. He then scooped and ate it. At the end of the gravy from the plate by tilting routh. He guzzled a cup of at the end of the meal. He had beces in it. At dinner on eceived Salisbury steak consistency and poured over the also received applesauce. Client #5 kept gesturing on the platter and his plate's the mashed potatoes with the gravy. When he was taken assisted in blending another nen sat down, said his grace				

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		34G103	B. WING _	····		03/03/2020
NAME OF PI	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP 1050 HOGAN STREET FAYETTEVILLE, NC 28301	CODE	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFII TAG	PROVIDER'S PLAN C X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 192	and began to eat. Ohe was told he could diet. At breakfast, o cream of wheat to wit was thinner than gwith banana and straliquid juice. He aske bagels which were could not have it becomed. During this ti "God I hate this."  Review on 3/3/2020 program plan (IPP) owas hospitalized on 1/21/20. He was do 1/25/2020 "because Further review on 3/current nutritional as which indicated no oproblems.  Additionally, a pure specified that he couneed to chew such a pudding. It indicated consistencies are puand smoothcereal coconuts are NOT to cobbler, pie with one in milk or moist cake soups with soft consisoup) casseroles with nodles, tuna and excelery piecesAvoi	lient #5 asked for bread and not have any bread on his in 3/3/2020, client #5 received hich cold milk was added and rits. He also received yogurt awberry pieces in it and a thin ad for bread pointing to on the menu but was told he cause they could not puree me he was heard to say,  of client #5's individual dated 7/6/2019 revealed he 12/10/2019 and again wingraded to a pureed diet on he does not chew" well.  3/2020 revealed the most sessment dated 7/6/2019 hewing /swallowing  d diet description sheet all have foods that he didn't as mashed potatoes and a "Pureed diet - all areed so that they are thick is with dried fruits, seeds and to be usedhe can have fruit as crust, soft cookies dunked is with icingcan have istent size pieces (vegetable hout rice but can have ggs salad without onions or do Nuts, seeds, skins, hulls, and dry foods." It also noted	W	192		

AND DUAN OF CORRECTION IDENTIFICATION NUMBER.		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		34G103	B. WING _			3/03/2020
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 1050 HOGAN STREET FAYETTEVILLE, NC 28301	DE	
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 192	Continued From pa	ge 4	W 1	92		
		teams discussing why there rany note stating if client #5				
	F revealed that they downgraded in diet been long. They all pureed diet but all! One staff F stated it "watery" consistence must be pureed to be	d 3/3/2020 with staff C. E and were not sure why he was consistency but it had not indicated he hated the his food had to be pureed. should be blended to a y. All staff indicated all food be smooth and no chunks.				
W 217	client #5 did in fact but she was not sur study was done to a on what type of food indicated a study of hospital but there w not sure what it sho based upon this. T needed a pureed di noted that he was a cookies dunked in r smoothly pureed. Sould pureed bread written in his diet. Somore training on the INDIVIDUAL PROGETR(s): 483.440(c)	RAM PLAN (3)(v) functional assessment must	W 2	17		
	include nutritional s	iatus.				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION		ATE SURVEY OMPLETED
		34G103	B. WING _			03/03/2020
NAME OF PI	ROVIDER OR SUPPLIER	•	1	STREET ADDRESS, CITY, STATE, ZIP C 1050 HOGAN STREET FAYETTEVILLE, NC 28301	•	
(X4) ID PREFIX TAG			ID PREFI) TAG	PROVIDER'S PLAN OF  (EACH CORRECTIVE ACT  CROSS-REFERENCED TO 1  DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 217	Continued From pa	ge 5	W 2	217		
	Based on observation interviews, the facilical clients (#5) had a control to his swallowing at the his swallowing at the his swallowing/chewing. There was no evided swallowing/chewing. During observations client #5 ate a diet to water substance or blending (yogurt with not allowed bread at for it. He reached for regular textured diecoughed some but the coughed some some coughed some but the coughed some some coughed some cough	g had been assessed.  s on 3/2/2020 and 3/3/2020, that was blended to either a a chunky substance not the fruit pieces in it.) He was at any meal despite his asking or and expressed desire for a at at all meals observed. He overall did fine eating.  Of client #5's individual dated 7/6/2019 revealed he a 12/10/2019 and again downgraded to a pureed diet use he does not chew" well. It did not include any additional is chewing or swallowing a no previous training to chew re was no justification for the exture except for not chewing indication if the pneumonia				
		ed diet description sheet uld have foods that he didn't				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		34G103	B. WING _		03	3/03/2020
MY PLACE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 1050 HOGAN STREET FAYETTEVILLE, NC 28301	CODE	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PROVIDER'S PLAN OF A CEACH CORRECTIVE ACCORDS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 217	pudding. It indicated consistencies are pur and smoothcereals coconuts are NOT to cobbler, pie with one in milk or moist cakes soups with soft consists soup) casseroles with noodles, tuna and egcelery piecesAvoid chewy, sticky, tough a he can have puddings.  There were no core to was a downgrade or a aspirated on food.  Interview on 3/2 and revealed client #5 did pneumonia but she was a pirating and on we Later the QIDP indicated was done by the hosp of it and she was not	s mashed potatoes and "Pureed diet - all eed so that they are thick with dried fruits, seeds and be usedhe can have fruit crust, soft cookies dunked with icingcan have stent size pieces (vegetable tout rice but can have gs salad without onions or Nuts, seeds, skins, hulls, and dry foods." It also noted	W2	217		
W 218	The QIDP indicated of diet. She was not suithings like cookies du must be smoothly pur rather client #5 aspirathe aspirates. She coursessment of swallor INDIVIDUAL PROGR CFR(s): 483.440(c)(3)	lient #5 needed a pureed re why he was allowed some nked in milk but other items reed. She could not state attes silently or on what items alld not provide a copy of any wing skills.  AM PLAN	W 2	218		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRU		(X3) DATE SURVEY COMPLETED			
		34G103	B. WING		03/03/2020
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W 218	Continued From page include sensorimotor		W 21	8	
	Based on observation interviews, the facility assessment of 1 of 3	not met as evidenced by: ns, record reviews and failed to assure a current audit clients (#1) upper conducted. The finding is:			
	Client #1 did not have therapy assessment.	a current occupational			
	Throughout observations on 3/2/2020 and 3/3/2020, client #1 was periodically on bedrest and in his wheelchair when not on bedrest. His hands and arms appeared contracted. During no observations did he wear arm splints.				
	program plan (IPP) da has a left hand splint. last occupational ther 6/15/2011. This evalu do passive range of n range and that he sho (on two hours and off evaluation has occurr	of client #1's individual ated 8/1/2019 revealed he Further review revealed the apy evaluation was done on uation noted that staff should notion to improve client #1's buld wear a left hand splint two hours.) No other ed to measure his range or or improvement since 2011.			
W 247	#1's upper extremity r	s professional (QIDP) o other evaluation of client range of motion. AM PLAN )(vi) m plan must include	W 24	7	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED					
		34G103	B. WING _		<del></del>	03.	/03/2020
NAME OF PI	ROVIDER OR SUPPLIER		,	105	REET ADDRESS, CITY, STATE, ZIP CODE 50 HOGAN STREET YETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 247	Based on observatinterviews, the facili individual program proportunities for che (#5). The finding is:  Client #5 was not proportion of the finding is:  Client #5 was not proportion of the finding is:  Client #5 was not proportion of the finding is:  Client #5 was not proportion of the finding is:  Client #5 was not proportion of the finding is:  Client #5 was not proportion of the finding is:  During lunch, at 12:  had a pureed diet of mashed potatoes. He also plate and ate it. He denied it. At dinner received Salisbury stonsistency and pool He was not asked this potatoes. He also pureed broccoli. Climeat and kept point dish. When he was blending another pid down, said his grace asked for bread and have any bread on a 3/3/2020, client #5 is which cold milk was than grits. He aske that was on the men have it because the During this time he this."	s not met as evidenced by: ions record reviews and ty failed to assure the olan (IPP) included oice for 1 of 3 audit clients  rovided with choices s.  10pm, on 3/2/2020, client #5 if roast beef with gravy and de ate slurping up his food then scooped mayo on his asked for bread and was on 3/2/2020, client #5 steak pureed to a watery ured over mashed potatoes. refore pouring the meat over refore received applesauce and ent #5 did not think he had cing to the meat in the serving taken in and assisted in rece of meat up he then sat the and began to eat. Client #5 the was told he could not his diet. At breakfast, on received cream of wheat to the added and it was thinner d for bread (pointing to bagels hu) but was told he could not by could not puree bread. was heard to say, "God I hate	W	247			
	7/6/2019 revealed h	of client #5's IPP dated he has a diagnosis of tardation and down's					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION  A. BUILDING  ———————————————————————————————————		(X3) DATE SURVEY COMPLETED			
		34G103	B. WING		03/03/2020
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  1050 HOGAN STREET  FAYETTEVILLE, NC 28301	, 30.00.2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETION
W 247	music and dancing a Review of his diet did that bread should not linterview with the quaprofessional (QIDP) of #5's IPP should have consistent with his dine prefers food items MGMT OF INAPPROBEHAVIOR CFR(s): 483.450(b)(3).  Techniques to manage behavior must never an active treatment pure an active treatment pure interviews, the facility medications used to incorporated into an affected 1 of 3 audit of Client #5 received medicative treatment plant.  During observations received Thorizine 10 Depakote 500mg.	the is responsive and likes and will speak sometimes. If not reveal anything stating to be eaten.  Alified intellectual disabilities on 3/3/2020 confirmed client included choices that are set and he should be asked if so put on top of each other.  APRIATE CLIENT  By the inappropriate client be used as a substitute for program.  The incomposition of the incompositi	W 24		
	has behaviors of agg	ression. It also indicated he but no other medications			

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
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W 288	for client #5's behavior incorporated into an a COMPREHENSIVE I CFR(s): 483.460(g)(2). The facility must ensure treatment services the needed for relief of page 1.50 for the facility must ensure t	d into the plan for his  ), with the qualified professional (QIDP), edications were being used or control but were not active treatment plan.  DENTAL TREATMENT  (1)  ure comprehensive dental at include dental care	W 2				
	Based on record revision facility failed to ensure exams were performed and #2). The finding in A. Facility failed to so for client #2.  During observations in 3/2-3/3/2020, client #2 in the group home managestoothache. Client #2 in the started on 3/1/2020 we will will be upper teeth. GHM the started on 3/3/2020 and Record review on 3/3/2020 and Record review on 3/3/2020 and #2020 an	n the facility from 2 repeatedly reported to (GHM) that she had a ndicated that the tooth ache while pointing to her right en responded to client #2 e dentist when the office					

AND DIAN OF CORRECTION INDENTIFICATION NUMBER		` '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
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W 368	found with no cavities provider recommender months for an exam.  An additional review of meeting held on 1/31, team members discuss complained of physic unfounded when check of the tooth pain started having trouble chewing trouble chewing trouble to find evexam.  B. The facility failed to check-up for client #1  Record review on 3/3 had his last dental exam, the found to have moderagingivitis. The note return in 6 months for were found in the recommendation of the months for were found in the recommendation.  DRUG ADMINISTRA CFR(s): 483.460(k)(1)	or tooth decay. The ed that client #2 return in 6 on 3/3/2020, noted a team /2020 for client #2. The seed client #2 frequently al ailments that were cked.  with client #2 identified that yesterday and that she was ag her food.  with qualified intellectual al (QIDP) revealed that she idence of a follow up dental or schedule a 6 month or schedule a 6 m	W 3			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	PLE CONSTRUCTION  3	(X3) DATE SURVEY COMPLETED		
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W 368	Continued From page	e 12	W 36	68		
	Based on observatio interview, the facility f were administered in	not met as evidenced by: n, record review and staff failed to ensure all drugs accordance with physician's 1 of 3 of audit clients (#5).				
	Client #5's Omeprazo physician's order.	le was not given as per				
		ministration on 3/3/2020 at one manager gave client #5 ith applesauce.				
	orders dated 12/17/20 no current orders for were current orders for Review of the blister	of the quarterly physician's 019 revealed that there were Omeprazole 40mg. There or Omeprazole 20 mg. oack of Omeprazole 40 mg lication had been filled on				
W 200	disabilities profession was not aware that cl medication for three r order. She also relays faxed in, the nurse re it was shared with the nurse or the group ho responsibility of gettir medication administration.	nonths without a doctor's ed that when new orders are ceived the prescription and pharmacist. Either the me manager had the g the order on the ation record (MAR).	was			
W 369	CFR(s): 483.460(k)(2		W 36	99 		

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W 369	Continued From page that all drugs, include self-administered, a		w a	369			
	Based on observat interviews, the facili medications were g affected 2 of 3 audit findings are:	s not met as evidenced by: ions, record reviews and ty failed to assure all iven without error. This clients (#2 and #5). The					
	at 5:18pm, client #2	on administration on 3/2/2020 received Fanapt 8 mg.					
	Interview on 3/3/202 intellectual disability	revealed no order for Fanapt.  20 with the qualified professional (QIDP) o physican's order for Fanapt.					
	B. Client #5 receive there were no physi	d 2 medications for which cian's order.					
		ndministration at 6:25 am, Imeprazole 40 mg and					
	Review on 3/3/2020 higher dose of Ome	revealed no orders for the prazole or Linzess.					
		20 with the group home hat there were no orders for or Linzess.					
	Interview on 3/3/2020 with the qualified						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G103	B. WING		03/03/2020		
NAME OF PROVIDER OR SUPPLIER  MY PLACE				STREET ADDRESS, CITY, STATE, ZIP CODE  1050 HOGAN STREET  FAYETTEVILLE, NC 28301	·		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION		
W 369 W 371	Continued From pag intellectual disability confirmed there was Omeprazole 40 mg of DRUG ADMINISTRA	professional (QIDP) no physician's orders for or Linzess.	W 36				
	CFR(s): 483.460(k)(a) The system for drug that clients are taugh medications if the integration of the control	administration must assure at to administer their own terdisciplinary team administration of medications ective, and if the physician					
	Based on observation interviews, the facility of no self-medication on an accurate self-research.	not met as evidenced by: ons, record reviews and y failed to assure the decision administration was based medication assessment. This clients (#2 and #5). The					
	During the observation medication pass on 35:10pm, client #2 an opportunity to get out The clients were assimedications but they name the medication morning observation revealed the same the A. Review of client # (IPP) dated 7/6/19 reservation reversel to the same the medication revealed the same th	ons of the afternoon 3/2/2020 beginning at d #5 were not offered the it their own medication bin. isted in punching out their were not asked to identify or as or the side effects. The s beginning at 6:35am					

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W 371	that he has the ability	ent dated 5/4/19 revealed to recognize his name and from package. It noted that	W3	371			
	(IPP) dated 7/1/2019 self-medication. Add medication assessme that she has the abilit to remove medicines she was not able to d Interview on 3/3/2020 manager revealed that	e's individual program plan revealed no training in itionally, a review of the self ent dated 7/1/2019 revealed y to recognize her name and from package. It noted that o any other skill.  I with the group home at client #2 and #5 did not arm to self administer her					
W 436	all self-medication as re-done in her opinior training was not base assessment.	orofessional (QIDP) revealed sessments needed to be n. She indicated the lack of d on an accurate	W 4	136			
	and teach clients to u choices about the use hearing and other cor and other devices ide	sh, maintain in good repair, se and to make informed e of dentures, eyeglasses, mmunications aids, braces, ntified by the as needed by the client.					
	This STANDARD is r	not met as evidenced by:					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
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W 436	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 16  Based on observations, record review and interviews, the facility failed to develop an eyeglasses training program and failed to provide a splint. This affected 2 of 3 audit clients (#1 and #2). The findings are:  A. Client #1 was not provided with a left hand splint  . Throughout observations on 3/2/2020 and 3/3/2020, client #1 was periodically on bedrest and in his wheelchair when not on bedrest. His hands and arms appeared contracted. During no observations did he wear arm splints.  Review on 3/3/2020 of client #1's individual program plan (IPP) dated 8/1/2019 revealed he has a left hand splint. Further review revealed the last occupational therapy evaluation was done on 6/15/2011. This evaluation noted that staff should do passive range of motion to improve client #1's range and tahat he should wear a left hand splint (on two hours and off two hours.)  Interview on 3/3/2020 with the group home manager revealed she had never seen a hand splint and the facility did not have one to provide client #1.  B. Client #2 did not receive training regarding how to care for and wear her eyeglasses.  During observations at the home from 3/2/20-3/3/20, client #2 participated in table top activities without wearing eyeglasses. Randomly, she would make squinting gestures during the activities. Staff were not observed to prompt client		W 43	36			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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W 436	Continued From page	e 17	w.	436			
W 460	3/19/19 indicated that for near vision. A furth progress note from 1/#2 needed readers or Interview on 3/3/20 w she no longer wore endinger wore end interview on 3/3/20 w client #2 did wear eye the day program. Star eyeglasses from her interview on 3/3/20 w disabilities profession should encourage clie eyeglasses and she in FOOD AND NUTRITI CFR(s): 483.480(a)(1). Each client must receivell-balanced diet independent of the specially-prescribed of the special spec	Continued From page 17  Review on 3/2/20 of client #2's visual evaluation 3/19/19 indicated that eyeglasses were required for near vision. A further review on 3/3/20 of a progress note from 1/28/20 indicated that client #2 needed readers or bendable frames.  Interview on 3/3/20 with client #2 revealed that she no longer wore eyeglasses.  Interview on 3/3/20 with Staff E revealed that client #2 did wear eyeglasses when she attended the day program. Staff B went to retrieve a pair of eyeglasses from her room in good condition.  Interview on 3/3/20 with qualified intellectual disabilities professional (QIDP) revealed that staff should encourage client #2 to wear her eyeglasses and she has not had any training. 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 observations, record reviews and interviews, the facility failed to assure the diet was appropriate for 1 of 3 audit client (#5). The		460			

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W 460	with each bite. His greeeived seconds of gmayo on his plate and meal, he drank the gree the plate up to his modern water then burped at a yogurt with fruit piece of your ed to a watery comashed potatoes. He and pureed broccolic had meat and kept potential had meat and kept potent was taken in and a piece of meat up he thank and began to eat. Click he was told he could diet. At breakfast, on cream of wheat to whit was thinner than griwith banana and strawthink liquid juice. He was on the menu) but it because they could this time he was heart Review on 3/3/2020 of program plan (IPP) downshospitalized on 11/21/20. He was down 1/25/20 "because he IPP and record did not about his chewing or was no previous train There was no justificatiet texture except for	ate slurping up his food ravy was water and he gravy. He then scooped d ate it. At the end of the avy from the plate by tilting buth. He guzzled a cup of the end of the meal. He had bees in it. At dinner on ceived Salisbury steak consistency and poured over e also received applesauce Client #5 did not think he conting to the meat. When assisted in blending another then sat down, said his grace ent #5 asked for bread and not have any bread on his 3/3/20, client #5 received ich cold milk was added and ts. He also received yogurt weberry pieces in it and a asked for bread (bagels that it was told he could not have not puree bread. During d to say, "God I hate this."	w	460			

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W 460	Continued From pag	ge 19	W 4	60		
	current nutritional as which indicated no oproblems.  Additionally, a pured specified that he coneed to chew such	ed diet description sheet uld have foods that he didn't as mashed potatoes and				
	and smoothcerea coconuts are NOT t cobbler, pie with on- in milk or moist cake soups with soft cons	ureed so that they are thick Is with dried fruits, seeds and to be usedhe can have fruit the crust, soft cookies dunked the swith icingcan have sistent size pieces (vegetable				
	noodles, tuna and e celery piecesAvo	thout rice but can have ggs salad without onions or id Nuts, seeds, skins, hulls, and dry foods." It also noted				
		teams discussing why there r any note stating if client #5				
Interview on 3/2 and 3/3/2020 with the QIDP revealed client #5 did in fact have aspiration pneumonia but she was not sure if a modified barium swallow study was done to ascertain if he is aspirating and on what type of food or liquid. Later the QIDP indicated a study of some sort was done by the hospital but there was no copy of it and she was not sure what it showed but stated she thinks the diet was based upon this. The QIDP indicated client #5 needed a pureed diet. She was not sure why he was allowed some things like cookies dunked in milk but other items must be smoothly pureed. She could not state						

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W 460	rather client #5 aspirathe aspirates.  Interview on 3/2 and 3 F revealed that they was downgraded in diet could be long. They all in pureed diet but all his One staff F stated it s "watery" consistency, must be pureed to be	tes silently or on what items  3/3/2020 with staff C, E and were not sure why he was onsistency but it had not	W 4	60		