PRINTED: 03/09/2020 FORM APPROVED

STATEMENT OF DEFICIENCIE		WILDIOAID SERVICES		THE RESERVE TO THE RE	OMB NO. 0938-0
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	A BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		34G103	B. WNG		00/00/00
NAME OF PROVIDER OR SU	PPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301	03/03/2020
PREFIX (EACH	DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORE ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOLLID BE COURLET
W 159 QIDP CFR(s): 483	.430(a)		W 1	59	
integrated, of qualified interpression of interviews, it intellectual discoordinated and coordinated and coord	oordinated illectual dis ARD is no oservations are facility faisabilities properties in the finding illustration has approperties are chunky ille was not nis asking it sire for a reference of the conditions are conditions asking it sire for a reference illustrations of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a reference of the conditions asking it sire for a re	atment program must be and monitored by a ability professional. t met as evidenced by: t, record reviews and siled to assure a qualified rofessional (QIDP) regards to 1 of 3 audit is: inate with the hospital to ad occurred and if a riate for client #5. 3/2/2020 and 3/3/2020, as blended to a watery consistency which was allowed bread at any for it. He reached for and equilar textured diet at all			
program plan was hospitaliz and again 1/2 downgraded to "because he d record did not chewing or sw. previous trainin was no justifica texture except no indication if pneumonia.	(IPP) dated ed on 12/16 1/2020 for particles and characteristics ones not characteristics include any allowing about the chew the characteristics and cher for not cheracteristics and cheracteristics.	ient #5's individual I 7/6/2019 revealed he D/2019 for pneumonia oneumonia. He was diet on 1/25/2020 EW' well. The IPP and or information about his illities. There was no or eat slower. There I downgrade in diet wing well. There was onia was aspiration			
		revealed the most			
ficiency statement ending wi	In an astories	TERRESENTATIVE'S SIGNATURE (1) dendes a deficiency which the ins	bilution may be	excused from correcting providing it is determines, the findings stated above are disclosable	3/20/2

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 30ZE11

Facility ID: 944879

If continuation sheet Page 1 of 21

Г			
	W159	This standard will be and has been met as follows:	5-1-2020 ongoing
		The QIDP will	
		 Coordinate with applicable core team members concerning client's care, whether it is external entity and/or personnel, i.e., hospital/MD office, or internal team members, i.e. RN, to gain clarity of clients' outcomes from appointments. Document the meetings with core team members in client's record so that all applicable team members can be current and informed. 	
		Responsible Person(s):	
		QP Manitared by	
		Monitored by: Director	
		How/When:	
		Continuously for compliance	
		continuously for compliance	
V	W192	This standard will be and has been met as follows:	5-1-2020, ongoing
		 Staff Training All staff will be trained in client diets as prescribed by a physician or recommended by a dietician or nutritionist. Staff will receive annual and prn training in clients' diets and signify understanding and receipt of training by signature on in-service form. 	
		Responsible Person(s):	
		Monitored by:	
		Director/QP	
	I	How/When:	
		Prior to the start of a new diet when	
	p	prescribed or recommended for a client.	

W217	This standard will be and has been met as follows:	5-1-2020, ongoing
	Individual Program Plan (as known as Habilitation Plan)	
	 Agency clients will have updated comprehensive functional assessments (CFA) and there will be adjusted as needs change to show all clients current functioning levels. The information will be part of the Habilitation (Hab Plan) as an assessment. 	
	Responsible Person(s): QP	
,	Monitored by: Director How/When: By QP and Home Manager with the next 60 days.	
W218	This standard will be and has been met as follows:	5-1-2020, ongoing
	Individual Program Plan	
	Sensorimotor Development This information will be gathered by the team from parent or guardian and included in Hab Plans.	
	Auxiliary Services 1. Appointments for auxiliary services such as Occupational Therapy (OT), Speech Language Pathology and Physical Therapy (PT) evaluations will be scheduled for clients as needed and results will be implemented per recommendations. 2. Staff will receive annual and prn training and signify understanding and receipt of	

	training by signature on in- service form.	
	Responsible Person(s): QP/RN Monitored by: Director How/When: As soon as possible for scheduling appointments, within the week after agency receipt of recommendation(s) for implementation of formal or informal programs.	
W247	This standard will be and has been met as follows:	5-1-2020 ongoing
	Individual Program Plan	
	 The opportunities for choice will be included in all client Hab Plans and Behavior Plans/Guidelines. Staff will receive annual and prn training and signify understanding and receipt of training by signature on inservice form. 	
	Responsible Person(s): QP Monitored by: Director How/When: Inclusion in all Hab Plans by core team meeting(s) within 60 days	
W288	This STANDARD will be and has been met as follows:	5-1-2020, ongoing
	Mgmt of Inappropriate Client Behavior	
	 Techniques and medications for inappropriate client behavior will be incorporated into Behavior Plans/Guidelines. Active treatment will continue along while working with 	

	clients for inappropriate behaviors based on their plans and medications 3. Staff will receive annual and prn training and signify understanding and receipt of training by signature on in- service form.	
	Responsible Person(s): QP/RN Monitored by: Director	
	How/When: Continuously for compliance	
W356	This standard will be and has been met as follows:	5-1-2020, ongoing
	Comprehensive Dental Treatment	
	 Appointments (regular and follow ups) for dental services will be scheduled for clients as needed and results will be implemented per recommendations. Staff will receive annual and prn training and signify understanding and receipt of training by signature on inservice form. 	
	Responsible Person(s): QP/RN Monitored by: Director How/When: Continuously for compliance	
W368	Continuously for compliance This standard will be and has been met as follows:	5-1-2020. ongoing
	Drug Administration	
	The new system of obtaining physician orders will be: a. Due to physicians' electronic records, the	

will verify getting the order 2. Information will be placed on client's individual MAR. 3. Staff will receive annual and prn training and signify understanding and receipt of training by signature on inservice form. Responsible Person(s): RN/HM Monitored by:	
RN/QP	
This standard will be and has been met as follows:	5-1-2020. ongoing
Drug Administration	
 Follow guidelines as listed in standard W368 for initial documentation on MARs. All clients MARs will be reviewed for accuracy based on current physician orders. Staff will receive annual and prn training on Medication Administration and signify understanding and receipt of training by signature on inservice form. 	
Responsible Person(s):	
RN Monitored by:	
Director	
1	
	pharmacy. b. The pharmacy (small business that knows agency) will then fax or email any orders as they come thru directly to RN/agency. c. RN/Home Manager (HM) will verify getting the order 2. Information will be placed on client's individual MAR. 3. Staff will receive annual and prn training and signify understanding and receipt of training by signature on inservice form. Responsible Person(s): RN/HM Monitored by: RN/QP How/When: Continuously for compliance This standard will be and has been met as follows: Drug Administration 1. Follow guidelines as listed in standard W368 for initial documentation on MARs. 2. All clients MARs will be reviewed for accuracy based on current physician orders. 3. Staff will receive annual and prn training on Medication Administration and signify understanding and receipt of training by signature on inservice form. Responsible Person(s): RN Monitored by:

W371	This standard will be and has been met as follows:	5-1-2020 ongoing
	Drug Administration	
	 Self-medication Assessment will be conducted with all clients. Based on results, a training program will be started for applicable clients. When applicable, a client's physician or therapist will indicate via documentation if client is able to self-medicate When training program is initiated, staff will signify understanding and receipt of training by signature on inservice form. 	
	Responsible Person(s): QP/Applicable Team Member Monitored by: Director How/When: Annually for habilitation planning and within 60 days for compliance	
	This standard will be and has been met as follows:	5-1-2020, ongoing
;	Space and Equipment	
	 Appointments for auxiliary services such as Occupational Therapy (OT), Speech Language Pathology and Physical Therapy (PT) evaluations will be scheduled for clients as needed and results will be implemented per recommendations. Staff will receive annual and prn training and signify understanding and receipt of 	

PRINTED: 05/01/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			O. 0936-039 ATE SURVEY DMPLETED
		34G103	B. WING	3	0.	3/03/2020
MY PLA	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 1050 HOGAN STREET FAYETTEVILLE, NC 28301	CODE	3/03/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
	CFR(s): 483.430(a) Each client's active integrated, coordinated intellectual This STANDARD is Based on observati interviews, the facility intellectual disabilities coordinated services client (#5). The find The QIDP did not condetermine if aspiration pureed diet was appureed diet was appureed diet was appured despite his ask expressed desire for meals observed. Review on 3/3/2020 approgram plan (IPP) diet was hospitalized on and again 1/21/2020 downgraded to a pure because he does no record did not include chewing or swallowin previous training to cleat was no justification for texture except for not no indication if the proneumonia.	treatment program must be ted and monitored by a disability professional. In not met as evidenced by: ons, record reviews and by failed to assure a qualified as professional (QIDP) in regards to 1 of 3 audit ing is: Fordinate with the hospital to on had occurred and if a propriate for client #5. For 3/2/2020 and 3/3/2020, at was blended to a watery nky consistency which was not allowed bread at any ing for it. He reached for and a regular textured diet at all professional in the seed diet on 1/25/2020 at chew' well. The IPP and any information about his gabilities. There was no hew or eat slower. There was eumonia was aspiration	W 1			
	SITT NOVIDEI	SOUTH THE SOUTH THE SOUTH	TUKE	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 program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3	3) DATE SURVEY COMPLETED
		34G103	B. WING			03/03/2020
MY PLAC				STREET ADDRESS, CITY, STATE, ZIP 1050 HOGAN STREET FAYETTEVILLE, NC 28301	CODE	33/33/2023
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		ON SHOULD BE E APPROPRIAT	COMPLETION DATE
	which indicated, "no problems." Additionally, a puree in the record specific that he didn't need to potatoes and puddir all consistencies are and smoothcerea coconuts are NOT to cobbler, pie with one in milk or moist cake soups with soft consistency piecesAvoid chewy, sticky, tough he can have puddings, plain yogu. There was no core to discussing why there note stating if client and revealed client #5 dispneumonia but she with barium swallow study is aspirating and on the Later the QIDP indicates was done by the hos	ed diet description sheet found ed that he could have foods o chew such as mashed ag. It indicated "Pureed diet e pureed so that they are thick is with dried fruits, seeds and to be usedhe can have fruit e crust, soft cookies dunked es with icingcan have sistent size pieces (vegetable thout rice but can have ggs salad without onions or d Nuts, seeds, skins, hulls, and dry foods." It also noted	W 1			
	stated she thinks the The QIDP indicated of diet. She was not su things like cookies dumust be smoothly pu	diet was based upon this. client #5 needed a pureed re why he was allowed some unked in milk but other items reed. She could not state ates silently or on what items				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY
		34G103	B. WING		0:	3/03/2020
MY PLA	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 1050 HOGAN STREET FAYETTEVILLE, NC 28301	CODE	310012020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
	he aspirates. STAFF TRAINING F CFR(s): 483.430(e) For employees who must focus on skills toward clients' healt This STANDARD is Based on observati reviews the facility fa trained to provide the finding is: Staff were not trained diet and food consis program plan (IPP). During lunch, at 12:1 had a pureed diet of mashed potatoes. H with each bite. His g received seconds of mayo on his plate an meal, he drank the g the plate up to his m water then burped at a yogurt with fruit pie 3/2/2020, client #5 re pureed to a watery of mashed potatoes. H and pureed broccoli. toward whole meat o	PROGRAM (2) work with clients, training and competencies directed	W 1			
	what appeared to be into the kitchen and a	gravy. When he was taken assisted in blending another en sat down, said his grace				

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 PROVIDER OR SUPPLIER MY PLACE				STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301		00,2020	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE	(X5) COMPLETION DATE	
	he was told he could diet. At breakfast, or cream of wheat to wit was thinner than gwith banana and striliquid juice. He asked bagels which were could not have it beforead. During this to "God I hate this." Review on 3/3/2020 program plan (IPP) was hospitalized on 1/21/20. He was do 1/25/2020 "because Further review on 3/2 current nutritional as which indicated no coproblems. Additionally, a puree specified that he couneed to chew such a pudding. It indicated consistencies are pud and smoothcereal coconuts are NOT to cobbler, pie with one in milk or moist cake soups with soft consistencies with noodles, tuna and egcelery piecesAvoid cream of which indicates	Client #5 asked for bread and do not have any bread on his on 3/3/2020, client #5 received which cold milk was added and grits. He also received yogurt awberry pieces in it and a thin ed for bread pointing to on the menu but was told he cause they could not puree time 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 assessment 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 as with dried fruits, seeds and to be usedhe can have fruit a crust, soft cookies dunked so with icingcan have gistent size pieces (vegetable hout rice but can have ggs salad without onions or di Nuts, seeds, skins, hulls, and dry foods." It also noted	W 1	92			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1000	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G103	B. WING		03	03/2020	
MY PLA	PROVIDER OR SUPPLIER CE			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301		00/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTI X (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE	
W 192	Continued From pa	ge 4	W 1	92			
	There were no core was a downgrade o aspirated on food.	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 hone staff F stated it "watery" consistency must be pureed to b	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 e smooth and no chunks. ed that he is not allowed to					
W 217	client #5 did in fact he but she was not sure study was done to as on what type of food indicated a study of shospital but there wanot sure what it show based upon this. The needed a pureed die noted that he was all cookies dunked in memothly pureed. Si could pureed bread written in his diet. Si more training on the INDIVIDUAL PROGRECER(s): 483.440(c)(3)	RAM PLAN B)(v) functional assessment must	W 21	7			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	70. 5000		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	34G103	B. WING			03/	03/2020
NAME OF PROVIDER OR SUPPLIER MY PLACE			10	REET ADDRESS, CITY, STATE, ZIP CODE 50 HOGAN STREET AYETTEVILLE, NC 28301		
PRÉFIX (EACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
Based on observation interviews, the facility clients (#5) had a cur to his swallowing ability clients was no evident swallowing/chewing had buring observations and client #5 ate a diet the water substance or a blending (yogurt with not allowed bread at for it. He reached for regular textured diet acoughed some but on Review on 3/3/2020 of program plan (IPP) diet was hospitalized on 1 1/21/2020. He was don 1/25/2020 "because The IPP and record dinformation about his abilities. There was no reat slower. There downgrade in diet tex well. There was no in was aspiration pneum. Further review on 3/3, current nutritional assemblems. Additionally, a pureed.	not met as evidenced by: ons, record reviews and y failed to assure 1 of 3 audit rrent assessment in regards lities. The finding is: nce that client #5's had been assessed. on 3/2/2020 and 3/3/2020, at was blended to either a n chunky substance not fruit pieces in it.) He was any meal despite his asking and expressed desire for a at all meals observed. He everall did fine eating. of client #5's individual ated 7/6/2019 revealed he 12/10/2019 and again downgraded to a pureed diet se he does not chew" well. did not include any additional chewing or swallowing no previous training to chew e was no justification for the ature except for not chewing indication if the pneumonia monia. //2020 revealed the most ressment dated 7/6/2019	W 2	117			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		34G103	B. WING	5	0	3/03/2020	
MY PLA				STREET ADDRESS, CITY, STATE, ZIP COD 1050 HOGAN STREET FAYETTEVILLE, NC 28301		0/00/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE	
W 217	need to chew such a pudding. It indicates consistencies are put and smoothcereal coconuts are NOT to cobbler, pie with one in milk or moist cake soups with soft consistencies with noodles, tuna and excelery piecesAvoic chewy, sticky, tough he can have pudding. There were no core was a downgrade or aspirated on food. Interview on 3/2 and revealed client #5 did pneumonia but she was a down study is aspirating and on value the QIDP indicated of it and she was not stated she thinks the The QIDP indicated diet. She was not suthings like cookies dumust be smoothly pu	as mashed potatoes and d "Pureed diet - all ureed so that they are thick als with dried fruits, seeds and to be usedhe can have fruit e crust, soft cookies dunked as with icingcan have sistent size pieces (vegetable thout rice but can have ggs salad without onions or d Nuts, seeds, skins, hulls, and dry foods." It also noted	W 2	217			
W 218	he aspirates. She con assessment of swalld INDIVIDUAL PROGR CFR(s): 483.440(c)(3	uld not provide a copy of any bwing skills. RAM PLAN	W 21	8			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G103	B. WING			03/	03/2020
MY PLA				1050	EET ADDRESS, CITY, STATE, ZIP CODE HOGAN STREET ETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	K	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 218	Continued From paginclude sensorimoto		W 2	18			
	Based on observati interviews, the facilit assessment of 1 of	onot met as evidenced by: ons, record reviews and sy failed to assure a current audit clients (#1) upper s conducted. The finding is:					-
	Client #1 did not have therapy assessment	ve a current occupational					
	3/3/2020, client #1 wand in his wheelchai	tions on 3/2/2020 and vas periodically on bedrest r when not on bedrest. His peared contracted. During no wear arm splints.					
	program plan (IPP) of has a left hand splint last occupational the 6/15/2011. This eva do passive range of range and that he sh (on two hours and of evaluation has occur	of client #1's individual dated 8/1/2019 revealed he t. Further review revealed the trapy evaluation was done on luation noted that staff should motion to improve client #1's could wear a left hand splint if two hours.) No other tred to measure his range or nor improvement since 2011.					
W 247	Interview on 3/3/2020 intellectual disabilitie revealed there was n #1's upper extremity INDIVIDUAL PROGF CFR(s): 483.440(c)(6)	s professional (QIDP) o other evaluation of client range of motion. RAM PLAN	W 24	7			
	The individual progra opportunities for clier	m plan must include nt choice and					

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CON	NSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G103	B. WING			000	(02/000
MY PLA	PROVIDER OR SUPPLIER			1050 H	TADDRESS, CITY, STATE, ZIP CODE OGAN STREET TEVILLE, NC 28301	1 03/	/03/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RF	(X5) COMPLETION DATE
	Based on observat interviews, the facili individual program proportunities for che (#5). The finding is: Client #5 was not prospecifically at meals During lunch, at 12: had a pureed diet of mashed potatoes. He they had a pureed diet of mashed potatoes. He they had a pureed bite. He they had a pureed bite. He they have any and pour he was not asked be his potatoes. He also pureed broccoli. Cliemeat and kept pointing dish. When he was blending another pied down, said his grace asked for bread and have any bread on his 3/3/2020, client #5 rewhich cold milk was at than grits. He asked that was on the menual have it because they During this time he withis."	s not met as evidenced by: ions record reviews and ty failed to assure the blan (IPP) included bice for 1 of 3 audit clients ovided with choices 10pm, on 3/2/2020, client #5 roast beef with gravy and e ate slurping up his food hen scooped mayo on his asked for bread and was an 3/2/2020, client #5 teak pureed to a watery red over mashed potatoes. Fore pouring the meat over or received applesauce and ant #5 did not think he had ang to the meat in the serving taken in and assisted in the of meat up he then sat and began to eat. Client #5 he was told he could not as diet. At breakfast, on the ceived cream of wheat to added and it was thinner for bread (pointing to bagels a) but was told he could not could not puree bread. as heard to say, "God I hate	W 2	47			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1.000	TIPLE CONSTRUCTION		TE SURVEY MPLETED
		34G103	B. WING		03.	/03/2020
MY PLA				STREET ADDRESS, CITY, STATE, ZIP 1050 HOGAN STREET FAYETTEVILLE, NC 28301	CODE	03/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 247	syndrome. It noted music and dancing Review of his diet di that bread should no Interview with the qui professional (QIDP) #5's IPP should hav	he is responsive and likes and will speak sometimes. id not reveal anything stating	W 2	47		
W 288	he prefers food item MGMT OF INAPPROBEHAVIOR CFR(s): 483.450(b)(Techniques to mana	s put on top of each other. OPRIATE CLIENT 3) ge inappropriate client be used as a substitute for	W 2	88		
	Based on observation interviews, the facility medications used to incorporated into an	not met as evidenced by: ons, record reviews and y failed to assure all address behaviors were active treatment plan. This clients (#5). The finding is:				
		edications for behavior e not incorporated into an				
	During observations received Thorizine 10 Depakote 500mg.	on 3/2/2020, client #5 00 mg, Zyprexa 15mg and				
	plan dated 5/16/18. has behaviors of agg	revealed a behavior support The plan indicated client #5 ression. It also indicated he but no other medications				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG		E SURVEY MPLETED
		34G103	B. WING		03.	/03/2020
MY PLA	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL 1050 HOGAN STREET FAYETTEVILLE, NC 28301	DE	00/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 288	were not incorporate behavior control. Interview on 3/3/202 intellectual disability confirmed that the n for client #5's behavincorporated into an	20, with the qualified professional (QIDP), nedications were being used ior control but were not active treatment plan.	W 28			
W 356	CFR(s): 483.460(g)(The facility must ensitreatment services to needed for relief of p	sure comprehensive dental hat include dental care	W 35	16		
	Based on record rev facility failed to ensu exams were perform and #2). The finding	not met as evidenced by: view and interviews, the re that follow-up dental ned for 2 of 3 audit clients (#1 is: chedule a 6 month check up				u.
	group home manage toothache. Client #2 started on 3/1/2020 wupper teeth. GHM that she would call thopened on 3/3/2020 Record review on 3/3	t2 repeatedly reported to er (GHM) that she had a indicated that the tooth ache while pointing to her right en responded to client #2 the dentist when the office				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	0.0000000000000000000000000000000000000	ILTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		34G103	B. WING	S	0.5	3/03/2020	
MY PLA	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301		310312020	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ULD BE	(X5) COMPLETION DATE	
W 356	An additional review meeting held on 1/3 team members disc complained of physi unfounded when ch Interview on 3/3/202 her tooth pain starte having trouble chew Interview on 3/3/202 disabilities professio was unable to find e exam. B. The facility failed check-up for client # Record review on 3/3 had his last dental exfound to have model gingivitis. The note	es or tooth decay. The ded that client #2 return in 6 h. or on 3/3/2020, noted a team 1/2020 for client #2. The sussed client #2 frequently ical ailments that were ecked. or with client #2 identified that ad yesterday and that she was ring her food. or with qualified intellectual anal (QIDP) revealed that she vidence of a follow up dental to schedule a 6 month 1. 3/2020 revealed that client #1 xam on 7/8/2019 and was rate inflammation and recommended that client #1 or an exam. No other exams	W	356			
W 368	she was unable to findental exam. DRUG ADMINISTRA CFR(s): 483.460(k)(*) The system for drug that all drugs are administrations and the system for drugs are administration.	administration must assure ministered in compliance with	W 36	68			
	the physician's order	S.					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		34G103	B. WING		03	/03/2020	
MY PLA	PROVIDER OR SUPPLIER CE			STREET ADDRESS, CITY, STATE, ZIP COD 1050 HOGAN STREET FAYETTEVILLE, NC 28301		100/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 368	Continued From page	ge 12	W 36	68			
	Based on observati interview, the facility were administered in	not met as evidenced by: on, record review and staff railed to ensure all drugs n accordance with physician's d 1 of 3 of audit clients (#5).					
	Client #5's Omepraz physician's order.	cole was not given as per					
	During medication a 6:25 am, the group to Omeprazole 40 mg	dministration on 3/3/2020 at nome manager gave client #5 with applesauce.					
	orders dated 12/17/2 no current orders for were current orders Review of the blister	of the quarterly physician's 2019 revealed that there were Omeprazole 40mg. There for Omeprazole 20 mg. pack of Omeprazole 40 mg dication had been filled on					
W 369	disabilities profession was not aware that comedication for three order. She also relay faxed in, the nurse reit was shared with the	ation record (MAR). TION	W 36	9			
	The system for drug	administration must assure					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
							WII CETED
NAME OF	PROVIDER OR SUPPLIER	34G103	B. WING			03	3/03/2020
MY PLA				10	TREET ADDRESS, CITY, STATE, ZIP CODE 050 HOGAN STREET AYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 369	that all drugs, includ		W 3	169			
	Based on observati interviews, the facilit medications were gi	ons, record reviews and ty failed to assure all ven without error. This clients (#2 and #5). The					
	A. Client #2 receive there was no physici	d a medication for which ian's order.					
	During the medication at 5:18pm, client #2	on administration on 3/2/2020 received Fanapt 8 mg.					
	Review on 3/3/2020	revealed no order for Fanapt.					
	Interview on 3/3/2020 intellectual disability confirmed there is no	0 with the qualified professional (QIDP) physican's order for Fanapt.					
	B. Client #5 received there were no physic	2 medications for which ian's order.					
	During medication ac client #5 received On Linzess 290 mcg	dministration at 6:25 am, neprazole 40 mg and					
	Review on 3/3/2020 r higher dose of Omep	revealed no orders for the razole or Linzess.					
	Interview on 3/3/2020 manager revealed tha Omeprazole 40 mg o	with the group home at there were no orders for Linzess.			•		
	Interview on 3/3/2020	with the qualified					

T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
	34G103	B. WING _		0.3	/03/2020	
PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 1050 HOGAN STREET FAYETTEVILLE, NC 28301		700/2020	
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION S	HOULD BE	(X5) COMPLETION DATE	
intellectual disability confirmed there was Omeprazole 40 mg DRUG ADMINISTR	professional (QIDP) s no physician's orders for or Linzess. ATION					
The system for drug that clients are taug medications if the in determines that self is an appropriate obdoes not specify oth. This STANDARD is Based on observation interviews, the facilit of no self-medication on an accurate self-affected 2 of 3 audit findings are: Clients #2 and #5 did self-medication adm. During the observation medication pass on 35:10pm, client #2 and opportunity to get ou The clients were ass medications but they name the medication morning observations revealed the same the A. Review of client #5	administration must assure to administer their own terdisciplinary team administration of medications jective, and if the physician erwise. 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 donot participate in training for inistration. Ons of the afternoon 3/2/2020 beginning at defence their own medication bin. isted in punching out their were not asked to identify or is or the side effects. The is beginning at 6:35am ling.					
(IPP) dated 7/6/19 re	vealed no training in					
	PROVIDER OR SUPPLIER CE SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pagintellectual disability confirmed there was Omeprazole 40 mg DRUG ADMINISTR. CFR(s): 483.460(k)(The system for drug that clients are taugi medications if the in determines that self- is an appropriate ob, does not specify oth This STANDARD is Based on observati interviews, the facilit of no self-medication on an accurate self- affected 2 of 3 audit findings are: Clients #2 and #5 did self-medication adm During the observati medication pass on 3 5:10pm, client #2 and opportunity to get ou The clients were ass medications but they name the medication morning observations revealed the same th A. Review of client #8 (IPP) dated 7/6/19 re	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 14 intellectual disability professional (QIDP) confirmed there was no physician's orders for Omeprazole 40 mg or Linzess. DRUG ADMINISTRATION CFR(s): 483.460(k)(4) The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure the decision of no self-medication administration was based on an accurate self-medication assessment. This affected 2 of 3 audit clients (#2 and #5). The	PROVIDER OR SUPPLIER CE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 14 intellectual disability professional (QIDP) confirmed there was no physician's orders for Omeprazole 40 mg or Linzess. DRUG ADMINISTRATION CFR(s): 483.460(k)(4) The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure the decision of no self-medication administration was based on an accurate self-medication assessment. This affected 2 of 3 audit clients (#2 and #5). The findings are: Clients #2 and #5 did not participate in training for self-medication administration. During the observations of the afternoon medication pass on 3/2/2020 beginning at 5:10pm, client #2 and #5 were not offered the opportunity to get out their own medication bin. The clients were assisted in punching out their medications but they were not asked to identify or name the medications or the side effects. The morning observations beginning at 6:35am revealed the same thing. A. Review of client #5's individual program plan (IPP) dated 7/6/19 revealed no training in	PROVIDER OR SUPPLIER CE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 14 intellectual disability professional (QIDP) confirmed there was no physician's orders for Omeprazole 40 mg or Linzess. DRUG ADMINISTRATION CFR(s): 483.460(k)(4) The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure the decision of no self-medication administration was based on an accurate self-medication assessment. This affected 2 of 3 audit clients (#2 and #5). The findings are: Clients #2 and #5 did not participate in training for self-medication administration. During the observations of the afternoon medication pass on 3/2/2020 beginning at 5-10pm, client #2 and #5 were not offered the opportunity to get out their own medication in, The clients were assisted in punching out their medications but they were not asked to identify or name the medications or the side effects. The morning observations beginning at 6:35am revealed the same thing. A. Review of client #5's individual program plan (IPP) dated 7/6/19 revealed no training in	A BUILDING 34G103 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A STATE OF THE STA	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G103	B. WING		03	/03/2020	
MY PLA				STREET ADDRESS, CITY, STATE, ZIP C 1050 HOGAN STREET FAYETTEVILLE, NC 28301			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 436	Continued From pa	ge 17	W 43	36			
	3/19/19 indicated the for near vision. A full progress note from #2 needed readers Interview on 3/3/20 she no longer wore Interview on 3/3/20 client #2 did wear eyethe day program. St	f client #2's visual evaluation at eyeglasses were required ther review on 3/3/20 of a 1/28/20 indicated that client or bendable frames. with client #2 revealed that eyeglasses. with Staff E revealed that /eglasses when she attended aff B went to retrieve a pair of room in good condition.	2				
W 460	Interview on 3/3/20 of disabilities profession should encourage of eyeglasses and she FOOD AND NUTRITICFR(s): 483.480(a)(Each client must red	with qualified intellectual nal (QIDP) revealed that staff ient #2 to wear her has not had any training. FION SERVICES 1) eive a nourishing, cluding modified and	W 46	0			
	Based on observation interviews, the facility appropriate for 1 of 3 finding is: Client #5's diet was approvided as per the I During lunch at 12:10	not met as evidenced by: ons, record reviews and y failed to assure the diet was a audit client (#5). The not consistently modified and PP. Opm on 3/2/2020 client #5 roast beef with gravy and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
34G103		34G103	B. WING				
NAME OF PROVIDER OR SUPPLIER MY PLACE				STREET ADDRESS, CITY, STATE, ZIP COD 1050 HOGAN STREET FAYETTEVILLE, NC 28301		3/03/2020	
(X4) ID PREFIX TAG			ID PREFIX TAG	IX (EACH CORRECTIVE ACTION SH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 371	medication assessn	nent dated 5/4/19 revealed ty to recognize his name and s from package. It noted that	W 3	371		2	
	(IPP) dated 7/1/2019 self-medication. Ad medication assessment that she has the abil	f2's individual program plan Prevealed no training in ditionally, a review of the selfment dated 7/1/2019 revealed ity to recognize her name and s from package. It noted that do any other skill.					
	manager revealed th	0 with the group home at client #2 and #5 did not ram to self administer her					
W 436	all self-medication as	professional (QIDP) revealed seessments needed to be n. She indicated the lack of ed on an accurate	W 43	36			
	and teach clients to use choices about the use hearing and other column and other devices ide	ish, maintain in good repair, use and to make informed e of dentures, eyeglasses, mmunications aids, braces, entified by the as needed by the client.					
	This STANDARD is r	not met as evidenced by:					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION IN MARKET		TIPLE CONSTRUCTION	(X:	(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	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF C X (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIAT	COMPLETION DATE	
	Based on observatinterviews, the facility eyeglasses training a splint. This affect #2). The findings are A. Client #1 was not splint. Throughout observations did he and and arms approbations did he review on 3/3/2020 program plan (IPP) has a left hand splin last occupational the 6/15/2011. This evado passive range of range and tahat he so (on two hours and or Interview on 3/3/202 manager revealed sisplint and the facility client #1. B. Client #2 did not how to care for and was be would make squared.	ions, record review and ty failed to develop an program and failed to provide ed 2 of 3 audit clients (#1 and e: provided with a left hand ations on 3/2/2020 and was periodically on bedrest ir when not on bedrest. His beared contracted. During no wear arm splints. of client #1's individual dated 8/1/2019 revealed he trapy evaluation was done on fluation noted that staff should motion to improve client #1's should wear a left hand splint ff two hours.) O with the group home he had never seen a hand did not have one to provide receive training regarding wear her eyeglasses. at the home from #2 participated in table top aring eyeglasses. Randomly, inting gestures during the not observed to prompt client	W 4	36			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DA	(X3) DATE SURVEY COMPLETED	
34		34G103	B. WING		0.	02/22/22	
NAME OF PROVIDER OR SUPPLIER MY PLACE				STREET ADDRESS, CITY, STATE, ZIP CO 1050 HOGAN STREET FAYETTEVILLE, NC 28301	ODE	3/03/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRICEDULATORY OR LSC IDENTIFYING INFORMATION) TA		X (EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
	mashed potatoes. In 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 pie 3/2/2020, client #5 repureed to a watery of mashed potatoes. In and pureed broccoli. In had meat and kept phe was taken in and piece of meat up he and began to eat. Conceam of wheat to with was thinner than gray with banana and strathink liquid juice. He was on the menu) but it because they could this time he was hear Review on 3/3/2020 of program plan (IPP) discouse he IPP and record did not about his chewing or was no previous train There was no justificated in texture except for its program of the strain the strain there was no justificated in the strain the s	de ate slurping up his food gravy was water and he f gravy. He then scooped and ate it. At the end of the gravy from the plate by tilting nouth. He guzzled a cup of the end of the meal. He had beces in it. At dinner on eccived Salisbury steak consistency and poured over the also received applesauce. Client #5 did not think he pointing to the meat. When assisted in blending another then sat down, said his grace lient #5 asked for bread and not have any bread on his in 3/3/20, client #5 received which cold milk was added and rits. He also received yogurt was told he could not have an asked for bread (bagels that it was told he could not have in not puree bread. During rid to say, "God I hate this." of client #5's individual ated 7/6/2019 revealed he include any information swallowing abilities. There ing to chew or eat slower, ation for the downgrade in riot chewing well. There are pneumonia was aspiration	W 4	60			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
34G103		B. WING		03/03/2020					
NAME OF PROVIDER OR SUPPLIER MY PLACE				10	TREET ADDRESS, CITY, STATE, ZIP CODE 050 HOGAN STREET AYETTEVILLE, NC 28301		10012020		
	(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			Κ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE		
	W 460	Further review on 3	/3/2020 revealed the most ssessment dated 7/6/2019	W 4	60				
		specified that he conneed to chew such a pudding. It indicates consistencies are pudding and smoothcereal coconuts are NOT to cobbler, pie with one in milk or moist cake soups with soft consoup) casseroles with noodles, tuna and excelery piecesAvoi	areed so that they are thick Is with dried fruits, seeds and to be usedhe can have fruit e crust, soft cookies dunked es with icingcan have sistent size pieces (vegetable thout rice but can have ggs salad without onions or d Nuts, seeds, skins, hulls, and dry foods." It also noted						
		was a downgrade or aspirated on food.	teams discussing why there any note stating if client #5						
		revealed client #5 did pneumonia but she was barium swallow studis aspirating and on was Later the QIDP indications was done by the hose of it and she was not stated she thinks the The QIDP indicated of diet. She was not suthings like cookies did	3/3/2020 with the QIDP d in fact have aspiration was not sure if a modified y was done to ascertain if he what type of food or liquid. ated a study of some sort pital but there was no copy sure what it showed but diet was based upon this. client #5 needed a pureed re why he was allowed some unked in milk but other items reed. She could not state						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103				FIPLE CONSTRUCTION NG	(X3) DAT	(X3) DATE SURVEY COMPLETED	
		B. WING		03	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 DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 460	rather client #5 aspi he aspirates. Interview on 3/2 and F revealed that they downgraded in diet been long. They all pureed diet but all h One staff F stated it "watery" consistency must be pureed to b	rates silently or on what items 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 //. All staff indicated all food e smooth and no chunks. ed that he is not allowed to	W 46	60			