STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G149	A. BUILDING _____ B. WING _____	10/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILMINGTON ROAD GROUP HOME	800 WILMINGTON ROAD FAYETTEVILLE, NC 28304

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W 111	CLIENT RECORDS CFR(s): 483.410(c)(1) The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #6's record included accurate information regarding her guardianship. This affected 1 of 4 audit clients. The finding is: Client #6's record did not include her guardianship paperwork. Review on 10/5/20 of client #6's Individual Program Plan (IPP) dated 11/27/19 revealed a family member was her guardian. The person named as her guardian had signed various consent forms including consent for the use of restrictive medications. Additional review of the record indicated the family member had applied for appointment of guardianship for client #6 on 2/7/18. Further review of the record did not include formal documentation of the family member's appointment of guardianship as of the end of the survey on 10/6/20. Interview on 10/6/20 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she was sure the family member had been appointed client #6's guardian by the court; however, the official court document had not been obtained.	W 111		
W 312	DRUG USAGE CFR(s): 483.450(e)(2) Drugs used for control of inappropriate behavior	W 312		

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 312	Continued From page 1 must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure drugs to manage client #6's behavior were only used as an integral part of the client's Individual Program Plan (IPP). This affected 1 of 4 audit clients. The finding is: The use of medications to address client #6's depression was not included in a formal active treatment plan. Review on 10/5/20 of client #6's record revealed behavior guidelines dated 3/4/20. The guidelines identified steps to address client #6's depressive episodes. The guidelines also incorporated the use of Zoloft, Klonopin and Haldol. Use of the restrictive drugs was not included in a formal active treatment program. Interview on 10/6/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6 ingests Zoloft, Klonopin and recently Haldol to address her depression; however, the drugs were not incorporated in a formal program.	W 312		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces,	W 436		

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W 436	Continued From page 2 and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 4 audit clients (#1 and #6) were furnished with the adaptive equipment identified as needed by the interdisciplinary team. The findings are: Clients (#1 and #6) were not provided with their eyeglasses as indicated. During observations throughout the survey on 10/5 - 10/6/20, client #1 and client #6 did not wear eyeglasses. The clients were not prompted or encouraged to wear eyeglasses. Review on 10/6/20 of client #1's Individual Program Plan (IPP) dated 12/13/19 revealed, "He continues to wear glasses." Additional review of the client's vision exam report dated 3/5/19 indicated, "...Myopic OU...Rx corrective lenses full time." Review on 10/6/20 of client #6's IPP dated 11/27/19 revealed, "[Client #6] had an appointment on 1/28/19, severe myopia but stable. Corrective lenses full time." Interview on 10/6/20 with the Qualified Intellectual Disabilities Professional (QIDP) indicated the eyeglasses for both clients had been lost or misplaced and they were in need of new eyeglasses. Additional interview with the facilities' nurse	W 436		

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W 436	Continued From page 3 confirmed client #1 and client #6 were in need of new eyeglasses; however, all doctor's appointments had been suspended back on 3/31/20 until about a week or so ago.	W 436		
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure an active program for the prevention of infection was maintained. This potentially affected all clients residing in the home. The finding is: Techniques for the prevention of the potential spread of infection were not consistently implemented. It should be noted that at the time of this survey on 10/5 - 10/6/20, an active coronavirus (also known COVID-19) pandemic existed throughout the country and the state. The website for the Centers for Disease Control and Prevention (CDC) notes COVID-19 is a contagious respiratory illness transmitted through respiratory droplets. The CDC also notes wearing a mask, hand washing and cleaning/disinfecting frequently touched surfaces such as tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets faucets and sinks are best practice measures for the prevention of COVID-19.	W 455		

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W 455	Continued From page 4 Throughout the observations in the home during the survey on 10/5 -10/6/20, various clients and staff gathered in a living area of the home participating in an art activity, a ball toss game, looking at magazines or other hard cover books, using flash cards for sign language, touching/holding sensory items and playing Connect four at the dining room table. During this time, a fire inspector, maintenance personnel and various direct care staff entered/exited the home touching different items and/or surfaces. During this time, staff were only noted to use a wet cloth to wipe off dining room tables after meals and a lap tray was disinfected. No other areas/items or activities in the home were observed to be cleaned and/or sanitized during the survey. Review on 10/6/20 of a facility memo to "All Employees" dated 3/9/20 revealed, "This communication was developed to assist you with recommended precautions to reduce the transmission of the COVID-19 virus...What you can do to stop the spread of germs:...Clean and disinfect frequently touched surfaces such as door handles and knobs, cabinet and appliance handles, bathroom laboratories, TV remotes..." Interview on 10/6/20 with the Qualified Intellectual Disabilities Professional (QIDP) acknowledged staff should be implementing the identified precautions.	W 455		
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.	W 460		

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W 460	Continued From page 5 This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #3's modified diet was provided as prescribed. This affected 1 of 4 clients. The finding is: Client #3's modified food consistency was consistently followed. During dinner observations in the home on 10/5/20 at 5:53pm, client #3 consumed a shrimp and rice mixture along with a whole roll. Client #3 consumed her food quickly and was not prompted or assisted to cut up her roll. During breakfast observations in the home on 10/6/20 at 7:50am, client #3 consumed oatmeal and a whole sausage patty. Client #3 consumed her food quickly and was not prompted or assisted to cut up her sausage patty. Observation of a diet list (no date) posted inside a cabinet in the kitchen revealed client #3 should consume her food in a "1/4 inch consistency". Interview on 10/6/20 with Staff E revealed the posted list was what they are currently following for each client's diet. Review on 10/5/20 of client #3's physician's orders dated 7/31/20 - 10/31/20 confirmed she should consume her food in a "1/4 inch" consistency. Interview on 10/6/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed a 1/4 inch food consistency for client #3 was current and should be followed.	W 460		

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W 472	MEAL SERVICES CFR(s): 483.480(b)(2)(i) Food must be served in appropriate quantity. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #1 received an appropriate quantity of food. This affected 1 of 4 audit clients. The finding is: Client #1 was not served an appropriate quantity of food. During dinner observations in the home on 10/5/20 at 5:40pm, several clients were assisted to serve and consume all prepared food items including a shrimp and rice mixture, rolls and a fruit cup. At this meal, client #1 consumed a pureed diet which included the shrimp/rice mixture and applesauce. The client was not served a roll at dinner. During breakfast observations in the home on 10/6/20 at 7:50am, several clients consumed all prepared food items including turkey sausage, oatmeal, toast, and a fruit cup. At this meal, client #1 consumed a pureed diet which included oatmeal and applesauce. The client was not served turkey sausage or toast. Review on 10/6/20 of client #1's Individual Program Plan (IPP) dated 12/13/19 indicated he consumes a regular pureed diet. Interview on 10/6/20 with Staff E confirmed client #1 should have been provided with all menu items or a substitution if necessary.	W 472		

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W 472	Continued From page 7 Interview on 10/6/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 consumes a pureed diet and all appropriate food items should be provided or substituted when items are not easily pureed.	W 472		
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all foods were served at an appropriate temperature. This affected all clients in the home, specifically client #1. The findings are: Food was not served at an appropriate temperature. During meal preparation observations in the home on 10/5/20 at 5:10pm, a shrimp and rice mixture was removed from the stove and placed in a bowl. At 5:27pm, beef broth was removed from the refrigerator and added to client #1's food as he was assisted to puree his food in a food processor. At the dinner meal, clients began consuming the shrimp/rice mixture at 5:48pm. The temperature of the shrimp/rice mixture was not taken and the food was not reheated. During meal preparation observations in the home on 10/6/20 at 7:16am turkey sausage patties were removed from the oven and placed in a bowl. At 7:18am, oatmeal was removed from a pot on the stove and poured into a bowl. During additional observations at 7:30am, water from the	W 473		

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W 473	Continued From page 8 kitchen faucet was added to client #1's oatmeal as he was assisted to puree his food using a food processor. At the breakfast meal, clients began consuming the sausage patties and oatmeal at 7:50am. The temperature of the food items was not taken and the food was not reheated. Interviews on 10/6/20 with Staff B and Staff E revealed the home does have devices to take food temperatures. Additional interview indicated the temperature of food should be taken before serving and the temperature should be "between 140 to 155" degrees. Review on 10/6/20 of the menu book located in the home noted, "All hot food and beverages must be held at 140 or higher...Once items taken from heat keeping and/or cold keeping devices they must be served clients within 15 minutes or reheated to 165, then served." Interview on 10/6/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed food temperatures should be taken once removed from the stove and the temperature should be between 140 to 165 degrees. The QIDP acknowledged the temperature of client #1's processed food could be reduced with the addition of cold liquids. Further interview indicated food should also be reheated if necessary.	W 473		