

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/15/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G233	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OR SUPPLIER WEBSTER GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 103 LITTLE SAVANNAH RD WEBSTER, NC 28788		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 242	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: The facility failed to ensure the individual habilitation program (IHP) for 1 of 3 sampled clients (#6) included training in personal skills essential for independence in self-feeding as evidenced by observation, interview and record verification. The finding is:</p> <p>Evening observations in the group home on 10/12/20 at 5:50 PM revealed client #6 sitting at the dining room table with his peers with an empty plate. Further observations revealed Staff A sitting beside client #6 with a plate of food and drinks for client #6. Continued observations during supper revealed Staff A to load a spoonful of food and place the spoon on client #6's plate. Client #6 would then pick up the spoon and eat the food before handing it back to Staff A. Subsequent observations revealed client #6's drinks were given to him in the same manner with only a couple of sips presented to him in a cup at a time.</p> <p>Morning observations in the group home on 10/13/20 at 8:30 AM revealed client #6's breakfast was regulated in the same manner with</p>	W 242			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 242	<p>Continued From page 1</p> <p>Staff B sitting beside the client and offering client #6 bites of food and sips of drink. The client was observed to eat 100% of both meals with some spillage noted.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) revealed the client is not able to eat independently due to his excessive speed of eating, spillage, and grabbing items from others. Review of client #6's IHP dated 11/21/19 revealed the client has "assistive needs" in most areas of dining. Further review of the IHP, substantiated by further interview with the QIDP, revealed the client currently has guidelines for mealtimes, dated 3/1/19, which notes the use of the two plate system which was observed during mealtimes. Continued review of the IHP and interview with the QIDP revealed the IHP currently does not contain any objective training to teach client #6 new skills in dining and decrease the restrictive dining guidelines currently in place.</p>	W 242		