

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

PRINTED: 10/25/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G260	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/21/2020
NAME OF PROVIDER OR SUPPLIER MCKEEL LOOP ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5910 FARMWOOD LOOP ROAD WILSON, NC 27893		
(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 252	<p>PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on documentation review and interviews, the facility failed to ensure data was documented correctly. This affected 1 of 3 audit clients (#2). The finding is:</p> <p>Client #2's daily food/water and exercise intake data were not collected as written.</p> <p>Review on 10/20/2020 of client #2's individual program plan (IPP) dated 6/9/2020 revealed, "At my parents' request due to their concern about my weight staff records my daily food/water intake and my daily exercise at the group home."</p> <p>Review on 10/20/2020 of client #2's daily food and water intake revealed no data from 7/25 - 10/19/2020.</p> <p>Review on 10/20/2020 of client #2's daily exercise intake revealed no data from 7/26 - 10/19/2020.</p> <p>During an interview on 10/21/2020, Staff A stated, "[Client #2] was telling her family she wasn't getting enough to eat." Further interview revealed the food/water intake data was then implemented. Staff A reported the intake sheets have been in place for at least a year.</p> <p>During an interview on 10/20/2020 the program</p>	W 252			

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 252	Continued From page 1 specialist revealed staff had been inserviced on collecting client #2's food/water and exercise data. Additional interview revealed it should be collected every day.	W 252			