PRINTED: 02/03/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY IPLETED
		34G041	B. WING _		02/	02/2021
NAME OF PROVIDER OR SUPPLIER COUNTRY MANOR GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1070 PACKING PLANT ROAD SMITHFIELD, NC 27577	, 5=	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPRINTED DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 227	objectives necessal as identified by the required by paragral. This STANDARD is Based on observatinterviews, the facili Individual Program to meet his commu 1 of 3 audit clients. During observations home on 2/1 - 2/2/2 and expressed him vocalizations. Staff client; however, he encouraged to use communication. Interview on 2/2/21 revealed client #2 hook or a picture bowith throughout his staff noted client #2 not be located in the also indicated he had the day program whistated the tablet was Review on 2/2/21 or	ram plan states the specific ry to meet the client's needs, comprehensive assessment aph (c)(3) of this section. Is not met as evidenced by: sions, record review and ity failed to ensure client #2's Plan (IPP) included objectives nication needs. This affected The finding is: Is throughout the survey in the end of the survey in the end of the section of the survey in the end of the section of the survey in the end of the section of the survey in the end of the section of the survey in the end of the section of the survey in the end of the section of the survey in the end of the section of the survey in the end of the section of the survey in the end of the end of the survey in the end of th	W 22	,		
ARODATORY	and some sign lang to communicate wit	2] is non-verbal but gestures, some words, I-Pad juage[Client #2] will attempt h some single words and sign er/supplier representative's sign	NATI IDE	TITLE		(X6) DATE

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

(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 227	Additional review of had trained on an or simple 4 - 5 word si simultaneously with I-Pad. Although clicincrease his common include current his needs. Interview with the Hathe facility had received.	ge 1 body language and gestures." the plan indicated the client bjective in 2018 to make tatements and questions 80% accuracy using his ent #2's IPP noted a need to unication skills, his plan did objectives in this area to meet labilitation Specialist revealed intly acquired a new Speech onal interview indicated client	W 2	27			
W 249	#2's communication however, no objection in this area. PROGRAM IMPLE CFR(s): 483.440(d) As soon as the interpretation formulated a client's each client must restreatment program interventions and so and frequency to su	n goal remains current; ves have been implemented MENTATION	W 2	19			
	Based on observatinterviews, the facility received a continuous consisting of needed as identified in the a	s not met as evidenced by: cions, record review and fity failed to ensure client #5 bus active treatment program and interventions and services areas of leisure and his affected 1 of 3 audit clients.					

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W 249	the survey on 2/1 - on the couch in the on hearby. During covered his eyes whead down while variapproached him as wanted to "do some one card game, the assisted to participal Interview on 2/2/21 revealed client #5 lipark or sitting on or interview indicated interview also revealed review also revealed interview also revealed, "[Client #5 communicate about enjoys particularly the sensory type activit routinehe enjoys swingsHe has extend crafts i.e. color to the movies at tim [Client #5] needs stand crafts can support hir routine schedule ar his plans are for the independence and	ons in the home throughout 2/2/21, client #5 frequently sat living room with the television this time, the client periodically ith his hands and held his arious staff sporadically king if he was ok or if he ething". With the exception of a client was not prompted or ate in any activities. with Staff A and Staff B kes to be outside, go to the atdoor swings. Additional he also likes puzzles. Further aled while at home, they do nedule which is followed tivities, chores, meals and f client #5's IPP dated 4/22/20 followes a picture book to activities which he routinely throughout his dayhe enjoys ies throughout his daily going to the park, getting on hibited some interests in arts ing, paintingHe enjoys going nes and listening to music rructure during his daily routine of what is expected of him. im by following his daily not ensure he's aware of what at day. Staff should encourage giving appropriate prompts by given tasks with social	W 24			

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W 249	(HS) indicated clier the park or sit on so revealed the client activities for a short Interview on 2/2/21 Disabilities Profess still trying to determand it can be difficult QIDP noted staff she leisure choices for the home on 2/1 - 2 non-verbal and expressures, facial expressures, faci	with the Habilitation Specialist at #5 likes to watch TV, go to wings. Additional interview has participated in arts/crafts t timeframe. with the Qualified Intellectual ional (QIDP) revealed he is nine what motivates client #5 ult to get him engaged. The nould continue to provide client #5. tions throughout the survey in 2/2/21, client #5 was pressed himself through pressions and infrequent for verbalized requests to the ng any other forms of ring interactions with him. In the sisted or encouraged to use expressive communication. 1 with Staff A and Staff B mas a communication book to express himself. During the cated pieces of a picture and with client #5's name on it of client #5's IPP dated 4/22/20 is non-verbal but can noughts wants and needs. Dicture book to communicate	W 24	49			
	about activities whi particularly through of Functional Comr #7) revised 1/22/18	ch he routinely enjoys out his day." Additional review munication Guidelines (OSG noted, "[Client #5] is nmunicates using gestures,					

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W 249	eye gaze, actions, f manipulation of othe some of which are l include yes, eat/drir (thumbs up). He al communication bood Additional review of can ask him to 'Help Then show him a property of the signs he has alread them in his memory, him, as well as impounderstanding you a [Client #5] has work the pictures in his conneeds to be encour becomes more away communication bood communicate his the Interview on 2/2/21 continues to use a pand knows several interview confirmed be prompted to use	acial expressions, physical ers and a few manual signs, his own. Signs he uses ak, candy, thank you and ok so has a picture ok." The guidelines noted, "You p me remember the sign for' icture or object[Client #5] to have consistent practice with ly mastered in order to keep or. It provides a good model for roving his chances of and you understanding him aced on a formal goal to learn ommunication book. He aged to use his book so he	W 2	249		