STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G294	A. BUILDING _____ B. WING _____	03/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KONNOAK GROUP HOME	2901 KONNOAK DRIVE WINSTON SALEM, NC 27127

(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 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the interdisciplinary team failed to assure that consistent interventions and services support the needs of 1 non-sampled client (#1) as identified in the behavior support plan (BSP). The finding is: Observations in the group home on 3/23/21 at 5:00 PM revealed client #1 to sit in the living room area and participate in a group activity with his peers. Further observations reveal client #1 to stand and disrobe in the living room area, remove his shirt and partially pull down his pants exposing his backside with peers and staff present. Continued observations revealed staff to approach client #1 and assist him with putting back on his shirt and fastening his pants in the living room area. At no point during the observation period did staff offer client #1 to go to his room or a private area to assist him with putting back on his clothes. Review of the record for client #1 on 3/24/21 revealed an ISP dated 3/5/20. Further review of the ISP revealed a behavior support plan (BSP)	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 249	Continued From page 1 dated 3/5/20 which indicates that client #1 has the following target behaviors: disrobing, stealing food and other items, self-injurious behavior (SIBs), inappropriate toileting, physical aggression, inappropriate sexual behavior, tantrums, and entering others' quarters. Continued review of the BSP revealed that client #1 should be offered as much privacy as possible and direct him to his room or other private area to further assist him. Interview with the qualified intellectual disabilities professional (QIDP) on 3/24/21 verified that client #1 often disrobes in public areas. The QIDP also verified that staff should have offered client #1 privacy by taking him to his room and assisting him in putting his clothes back on. The QIDP confirmed all of client #1's goals are current. The QIDP also confirmed that client #1's identified interventions in the BSP relative to disrobing should be followed as prescribed.	W 249		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 1 of 3 sampled clients (#3). The finding is: Observations in the group home on 3/24/21 at 7:40 AM revealed client #3 to enter the medication room and participate in medication	W 369		

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W 369	Continued From page 2 administration. Further observations revealed staff to hand client #3 the Fluticasone Propionate Spray to self-administer and spray one pump into each nostril. Continued observations revealed med tech staff to return the medication bottle to the medication cabinet and check off the medication as dispensed in the computer system. Review of the record for client #3 revealed an ISP dated 3/5/21 which includes a medication administration program goal. Review of the medication administration record (MAR) dated 3/24/21 revealed the medication Fluticasone Propionate Spray, 50 mcg; to be administered to client #3 at 8:00 PM daily using 1 spray in each nostril. Interview with the facility nurse on 3/24/21 revealed client #3 should have been given the Fluticasone Propionate Spray at 8:00 PM according to physician's orders. The nurse confirmed during the interview that the medication administered at 8:00 AM was considered a medication error. The nurse also confirmed that all medications should be administered as prescribed.	W 369		
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure 1 non-sampled client (#6) was provided with appropriate utensils to enable him to eat as independently as possible. The finding is:	W 475		

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W 475	Continued From page 3 Observations in the group home on 3/23/21 at 5:22 PM revealed client #6 to be in his wheelchair at the dining table for the dinner meal which consisted of mash potatoes, fish sticks and green peas. Further observations revealed client #6 to have the following adaptive equipment for the dinner meal: a regular drinking cup, divided plate, and a built-up spoon. Observations also revealed client #6 to pick up whole pieces of fish sticks to eat with his hands. Continued observations did not reveal client #6 to have a full place setting to include a fork, knife, and built-up spoon during the dinner meal. Subsequent observations did not reveal client #6 to have a ProVale regulating drinking cup with handles during the dinner meal. Review of the record for client #6 on 3/24/21 revealed a life skills assessment dated 3/2018, which indicated client #6 is capable of using a fork and knife with independence. Further review revealed a speech-language consultation report-bedside swallowing assessment dated 10/30/20 which recommended client #6 should have a built-up spoon, divided plate, and a ProVale regulating drinking cup with handles during all meals. Interview with the facility nurse on 3/24/21 verified that client #6 is capable of using a regular fork and one should have been provided to him. Further interview with the nurse confirmed that the ProVale regulating drinking cup with handles was not ordered for client #6 prior to the survey. Interview with the qualified intellectual disabilities professional (QIDP) on 3/24/21 verified that client #6 is capable of using a regular fork and knife. The QIDP also verified that client #6 should have	W 475		

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W 475	Continued From page 4 received a full place setting to include a regular fork, built up spoon, knife, divided plate and a ProVale regulating drinking cup with handles. The QIDP confirmed that the ProVale regulating drinking cup with handles for client #6 was not previously ordered. The QIDP also confirmed that client #6 should have a full place setting to enable him to eat as independently as possible.	W 475		