		AND HUMAN SERVICES			-	APPROVED . 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X					(X3) DATE SURVEY COMPLETED	
34G083		B. WING _		04/13/2021		
NAME OF F	PROVIDER OR SUPPLIER	·		STREET ADDRESS, CITY, STATE, ZIP CODE		
BLANCH				6208 BLANCHE DRIVE RALEIGH, NC 27607		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 224	INDIVIDUAL PROC CFR(s): 483.440(c) The comprehensive include adaptive be skills necessary for function in the com This STANDARD is Based on observati interviews, the facil Comprehensive Fu included an accura preparation skills at 4 audit clients. The During observations survey on 4/12 - 4/7 meal preparation ta and mixing. The cl cooking tasks with prompts from staff. revealed client #2 s prompts, clearing h and wiping the table Interview on 4/13/2 #2 can complete co and mixing and will interview indicated tasks mainly with p prompts. Review on 4/13/21	GRAM PLAN ((3)(v) e functional assessment must shaviors or independent living the client to be able to munity. s not met as evidenced by: tions, record review and ity failed to ensure client #2's nctional Assessment (CFA) te assessment of her meal nd abilities. This affected 1 of a finding is: s in the home throughout the 13/21, client #2 assisted with asks including pouring, stirring, ient completed various physical assistance and verbal Additional observations setting the table with verbal er dirty dishes independently e with verbal prompts. 1 with Staff A revealed client poking tasks such as pouring also set the table. Additional the client can perform the hysical assistance and verbal of client #2's Community	W 22	DEFICIENCY)		
	revealed "Not appli make and pack lun cooking, cooking, c	nent (CHLA) dated 1/12/21 cable" for the client's ability to ches, make foods with no cooking and mixing. The CHLA it was "Dependent" regarding				
LABORATOR	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE	TITLE		(X6) DATE

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES.

(X6) DATE

PRINTED: 04/14/2021

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       (X1) PROVIDERSUPPLERCLA DENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A BUILDING       (X3) DATE SUPPLER COMPLETED         NAME OF PROVIDER OR SUPPLER       34G083       B. WING       04/13/2021         BLANCHE DRIVE       STREET ADDRESS, CITY, STATE, ZIP CODE 200 BLANCHE DRIVE       04/13/2021         IMAGE OF PROVIDER OR SUPPLER       STREET ADDRESS, CITY, STATE, ZIP CODE 200 BLANCHE DRIVE       STREET ADDRESS, CITY, STATE, ZIP CODE 200 BLANCHE DRIVE       04/13/2021         IMAGE OF PROVIDER OF DEFICIENCY MERCEN DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC DENTIFYING INFORMATION)       IP       IP       04/13/2021         IV 224       Continued From page 1 her ability to set the table correctly, taking dirty dishes to the Kitchen and wping the table. Additional review of the client's Individual Program Plan (IPP) dated 1/12/21 indicated, "Cicint #21 requires mostly verbal prompting, as well as some hand-over-hand support to complete ADL tasks."       W 223       W 263       V 263         W 263       PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)       W 263       W 263       V 263         The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.       W 263       V 263       V 263         This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed c			AND HUMAN SERVICES			FORM	04/14/2021 APPROVED 0938-0391
NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       BLANCHE DRIVE     203 BLANCHE DRIVE       (M) ID     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     PROVIDER'S FLAN OF CORRECTIVA CONSCIUD BE (EACH ODERCETIVA COTION SHOULD BE (EACH ODERCETIVA COTION SHOULD BE (EACH ODERCETIVA COTION SHOULD BE (EACH ODERCETIVA COTION SHOULD BE DEFICIENCY)     COMPLET W 224       W 224     Continued From page 1 her ability to set the table correctly, taking dirty dishes to the kitchen and wiping the table. Additional review of the client's Individual Program Plan (IPP) dated 1/12/21 indicated, "[Client #2] requires mostly verbal prompting, as well as some hand-over-hand support to complete ADL tasks."     W 224       W 263     PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)     W 263       The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.     W 263       This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of the client, parents (if the client is a minor) or legal guardian.       This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of the findings are: A. Review on 4/12/21 of client #1's Behavior	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (		. ,	PLE CONSTRUCTION	(X3) DATE SURVEY		
BLANCHE DRIVE         5208 BLANCHE DRIVE RALEIGH, VC 27607           (20) ID TYG         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL) REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PREFX TAG         IPROVIEERS PLAN OF CORRECTION (EACH OPPROFINATE DEPROPERATE DEFICIENCY)         ICACH OPPROFINATE (EACH OPPROFINATE DEPROPERATE DEFICIENCY)         ICACH OPPROFINATE (EACH OPPROFINATE DEPROPERATE DEFICIENCY)         ICACH OPPROFINATE DEFICIENCY)         ICACH OPPROFINATE DEFICIENCY)         ICACH OPPROFINATE DEFICIENCY)           W 224         Continued From page 1 her ability to set the table correctly, taking dirty dishes to the kitchen and wiping the table. Additional review of the client's Individual Program Plan (IPP) dated 1/12/21 indicated, "[Client #2] requires mostly verbal prompting, as well as some hand-over-hand support to complete ADL tasks."         W 224           Interview on 4/13/21 with the Qualified Intellectual Disabilities Professional (QIOP) confirmed client #2'S CHLA was not an accurate representation of her meal preparation skills.         W 263           W 263         PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)         W 263           This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian.         Interview of 412/21 of client #1's Behavior			34G083	B. WING		04/ <sup>,</sup>	13/2021
BLANCHE DRIVE     RALEIGH, NC 27607       (%) ID PREFIX TAG     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECODED BO FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     ID PREFIX TAG     PREFIX PREFIX     PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY     COMMENT (EACH DEFICIENCY WIST BE PRECODED BO (EACH DEFICIENCY WIST BO DEFICIENCY)     ID W 224       W 224     Continued From page 1 her ability to set that bable correctly, taking dirty dishes to the kitchen and wiping the table. Additional review of the client's Individual Program Plan (IPP) dated 1/12/21 indicated, "[Client #2] requires mostly verbal prompting, as well as some hand-over-hand support to complete ADL tasks."     W 224       W 263     NONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)     W 263       W 263     CFR(s): 483.440(f)(3)(ii)     W 263       The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.     W 263       This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 2 of 4 audit clients (#1 and #6). The findings are:       A. Review on 4/12/21 of client #1's Behavior	NAME OF F	PROVIDER OR SUPPLIER					
PREFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTUR ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY)       Comment DEFICIENCY)         W 224       Continued From page 1 her ability to set the table correctly, taking dirty dishes to the kitchen and wiping the table. Additional review of the client's Individual Program Plan (IPP) dated 1/12/21 indicated, "[Client #2] requires mostly verbal prompting, as well as some hand-over-hand support to complete ADL tasks."       W 224         Interview on 4/13/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2's CHLA was not an accurate representation of her meal preparation skills.       W 263         W 263       PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)       W 263         The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.       W 263         This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 2 of 4 audit clients (#1 and #6). The findings are: A. Review on 4/12/21 of client #1's Behavior	BLANCH	E DRIVE					
her ability to set the table correctly, taking dirty dishes to the kitchen and wiping the table.       Additional review of the client's Individual         Program Plan (IPP) dated 1/12/21 indicated,       "[Client #2] requires mostly verbal prompting, as well as some hand-over-hand support to complete ADL tasks."         Interview on 4/13/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2's CHLA was not an accurate representation of her meal preparation skills.       W 263         W 263       PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)       W 263         The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.       W 263         This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian.       Evident clients (if the clients (if an difficult clients (if 1 and #6). The findings are:         A. Review on 4/12/21 of client #1's Behavior       A Review on 4/12/21 of client #1's Behavior	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	) BE	(X5) COMPLETION DATE
objectives to exhibit 1 or fewer episodes of self-injurious behavior per month for 12 consecutive months and to exhibit 0 episodes of inappropriate verbalizations per month for 12 consecutive months. The BSP incorporated the use of Paxil. Additional review of the record revealed a consent for the BSP dated 11/1/19 which had not been signed by the guardian. The		Continued From page 1 her ability to set the table correctly, taking dirty dishes to the kitchen and wiping the table. Additional review of the client's Individual Program Plan (IPP) dated 1/12/21 indicated, "[Client #2] requires mostly verbal prompting, as well as some hand-over-hand support to complete ADL tasks." Interview on 4/13/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2's CHLA was not an accurate representation of her meal preparation skills. PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 2 of 4 audit clients (#1 and #6). The findings are: A. Review on 4/12/21 of client #1's Behavior Support Plan (BSP) dated 11/1/19 revealed objectives to exhibit 1 or fewer episodes of self-injurious behavior per month for 12 consecutive months and to exhibit 0 episodes of inappropriate verbalizations per month for 12 consecutive months. The BSP incorporated the use of Paxil. Additional review of the record			4		

If continuation sheet Page 2 of 5

		AND HUMAN SERVICES			FORM	04/14/2021 APPROVED 0938-0391
		. ,	LE CONSTRUCTION	(X3) DAT	X3) DATE SURVEY COMPLETED	
		34G083	B. WING		04/	13/2021
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
BLANCH	IE DRIVE			6208 BLANCHE DRIVE RALEIGH, NC 27607		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 263 W 436	consent noted, "I ur authorization will ex exceed one year fro authorization." No located. Interview on 4/13/2 Disabilities Profess current consent wa B. Review on 4/12/ 11/1/19 revealed of of non-compliance months, to exhibit 0 aggression per mor and to exhibit 3 or f per month for 12 co incorporated the us Melatonin and Clon the record revealed by the guardian on understand that this 11/1/20 and will not date of my original consent could be lo Interview on 4/13/2 current consent wa SPACE AND EQUII CFR(s): 483.470(g) The facility must fur and teach clients to choices about the u hearing and other co and other devices in	Anderstand that this (pire on 11/1/20 and will not for the date of my original current consent could be 1 with the Qualified Intellectual ional (QIDP) indicated no s available for review. (21 of client #6's BSP dated ojectives to exhibit 0 episodes per month for 12 consecutive 0 episodes of physical inth for 12 consecutive months fewer episodes of stealing food onsecutive months. The BSP are of Adderall XR, Lorazepam, hazepam. Additional review of 1 a consent for the BSP signed 11/1/19. The consent noted, "I is authorization will expire on the exceed one year from the authorization." No current ocated. 1 with the QIDP indicated no is available for review. PMENT (2) mish, maintain in good repair, o use and to make informed use of dentures, eyeglasses, communications aids, braces,	W 263 W 436			

Facility ID: 921504

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		AND HUMAN SERVICES			FORM	04/14/2021 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		. ,	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		34G083	B. WING		04/13/2021	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
BLANCH	E DRIVE			6208 BLANCHE DRIVE RALEIGH, NC 27607		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
W 436	Continued From pa	ge 3	W 430	6		
	Based on observat interviews, the facil was furnished eye g	s not met as evidenced by: tions, record review and ity failed to ensure client #2 glasses as identified in the Plan (IPP). This affected 1 of e finding is:				
	4/12 - 4/13/21, clier	s throughout the survey on ht #2 did not wear eye glasses. prompted or encouraged to				
	1/12/21 revealed ur "Glasses". Addition eye glasses were u should be used "As IPP indicated, "[Clie her glasses and do repercussions from	of client #2's IPP dated inder Adaptive Equipment, hal review of the plan noted the sed to "Improve vision" and [Client #2] would like to". The ent #2] does not like wearing es not display any negative not wearing themher available for whenever she em"				
W 460	Disabilities Profess Manager (HM) indic		W 460	0		
	Each client must re well-balanced diet i specially-prescribed	ncluding modified and				

Facility ID: 921504

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		AND HUMAN SERVICES				FORM	04/14/2021 APPROVED 0938-0391
		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G083	B. WING			04/ <sup>,</sup>	13/2021
NAME OF F	PROVIDER OR SUPPLIER		·		TREET ADDRESS, CITY, STATE, ZIP CODE		
BLANCH	IE DRIVE				208 BLANCHE DRIVE ALEIGH, NC 27607		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 460	This STANDARD is Based on observat review, the facility fa received a modified affected 1 of 4 audi During breakfast ob 4/13/21 at 7:18am, serve herself oatme dry and lumpy. The without difficulty. Interview on 4/13/2 #3 consumes a pur be processed in the looks like "applesau client #3's oatmeal processor. Review on 4/13/21 Program Plan (IPP) consumes a regula Additional review of kitchen of the home processed and bler food."	age 4 s not met as evidenced by: tions, interviews and record ailed to ensure client #3 d diet as indicated. This it clients. The finding is: oservations in the home on client #3 was assisted to eal. The oatmeal was thick, e client consumed the oatmeal 1 with Staff A revealed client reed diet and her food should e food processor, "soft" and uce". The staff acknowledged was not blended in the food of client #3's Individual ) dated 2/18/21 revealed she r, high fiber pureed diet. f documentation located in the e noted pureed food should be nded and looks "like baby 1 with the Home Manager ent #3 consumes a pureed diet should be blended in the food	W 4	60			

Facility ID: 921504

If continuation sheet Page 5 of 5