STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G083	A. BUILDING _____ B. WING _____	04/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLANCHE DRIVE	**6208 BLANCHE DRIVE RALEIGH, NC 27607**

(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 224	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include adaptive behaviors or independent living skills necessary for the client to be able to function in the community. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #2's Comprehensive Functional Assessment (CFA) included an accurate assessment of her meal preparation skills and abilities. This affected 1 of 4 audit clients. The finding is: During observations in the home throughout the survey on 4/12 - 4/13/21, client #2 assisted with meal preparation tasks including pouring, stirring, and mixing. The client completed various cooking tasks with physical assistance and verbal prompts from staff. Additional observations revealed client #2 setting the table with verbal prompts, clearing her dirty dishes independently and wiping the table with verbal prompts. Interview on 4/13/21 with Staff A revealed client #2 can complete cooking tasks such as pouring and mixing and will also set the table. Additional interview indicated the client can perform the tasks mainly with physical assistance and verbal prompts. Review on 4/13/21 of client #2's Community Home Life Assessment (CHLA) dated 1/12/21 revealed "Not applicable" for the client's ability to make and pack lunches, make foods with no cooking, cooking, cooking and mixing. The CHLA also noted the client was "Dependent" regarding	W 224		

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

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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." 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 224		
W 263	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 revealed a consent for the BSP dated 11/1/19 which had not been signed by the guardian. The	W 263		

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W 263	Continued From page 2 consent noted, "I understand that this authorization will expire on 11/1/20 and will not exceed one year from the date of my original authorization." No current consent could be located. Interview on 4/13/21 with the Qualified Intellectual Disabilities Professional (QIDP) indicated no current consent was available for review. B. Review on 4/12/21 of client #6's BSP dated 11/1/19 revealed objectives to exhibit 0 episodes of non-compliance per month for 12 consecutive months, to exhibit 0 episodes of physical aggression per month for 12 consecutive months and to exhibit 3 or fewer episodes of stealing food per month for 12 consecutive months. The BSP incorporated the use of Adderall XR, Lorazepam, Melatonin and Clonazepam. Additional review of the record revealed a consent for the BSP signed by the guardian on 11/1/19. The consent noted, "I understand that this authorization will expire on 11/1/20 and will not exceed one year from the date of my original authorization." No current consent could be located. Interview on 4/13/21 with the QIDP indicated no current consent was available for review.	W 263		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.	W 436		

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W 436	Continued From page 3 This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #2 was furnished eye glasses as identified in the Individual Program Plan (IPP). This affected 1 of 4 audit clients. The finding is: During observations throughout the survey on 4/12 - 4/13/21, client #2 did not wear eye glasses. The client was not prompted or encouraged to wear eye glasses. Review on 4/12/21 of client #2's IPP dated 1/12/21 revealed under Adaptive Equipment, "Glasses". Additional review of the plan noted the eye glasses were used to "Improve vision" and should be used "As [Client #2] would like to". The IPP indicated, "[Client #2] does not like wearing her glasses and does not display any negative repercussions from not wearing them...her glasses will remain available for whenever she would like to use them..." Interview on 4/13/21 with the Qualified Intellectual Disabilities Professional (QIDP) and Home Manager (HM) indicated client #2 currently does not have eye glasses available for use in the home.	W 436		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.	W 460		

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W 460	Continued From page 4 This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #3 received a modified diet as indicated. This affected 1 of 4 audit clients. The finding is: During breakfast observations in the home on 4/13/21 at 7:18am, client #3 was assisted to serve herself oatmeal. The oatmeal was thick, dry and lumpy. The client consumed the oatmeal without difficulty. Interview on 4/13/21 with Staff A revealed client #3 consumes a pureed diet and her food should be processed in the food processor, "soft" and looks like "applesauce". The staff acknowledged client #3's oatmeal was not blended in the food processor. Review on 4/13/21 of client #3's Individual Program Plan (IPP) dated 2/18/21 revealed she consumes a regular, high fiber pureed diet. Additional review of documentation located in the kitchen of the home noted pureed food should be processed and blended and looks "like baby food." Interview on 4/13/21 with the Home Manager (HM) confirmed client #3 consumes a pureed diet and all of her food should be blended in the food processor.	W 460		