STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G191	A. BUILDING ______ B. WING ______	03/02/2021

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DOGWOOD HOUSE	2401 DOGWOOD DRIVE NEW BERN, NC 28562

(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 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure privacy was maintained during personal care. This affected 1 of 5 audit clients (#5). The finding is: During observations in the home on 3/2/21 at 6:35am, client #5 was observed using the bathroom with the door opened approximately 2-3 inches. Client #5 could be seen from the hallway. Staff E walked up to the door, looked in and told client #5 to make sure he washed his hands. Staff E did not prompt client #5 to close the bathroom door nor did she close the door. Review on 3/2/21 of client #5's individual program plan (IPP) dated 9/1/20 did not reveal any information regarding his strengths or needs in the area of privacy. Interview on 3/2/21 with the Qualified Intellectual Disabilities Professional (QIDP) and Home Manager (HM) confirmed that staff should have prompted client #5 to close the door or should have closed the door to ensure his privacy.	W 130	W 130 No later than April 30, 2021, the QIDP or designee will in-service staff to ensure clients have privacy during treatment and care of personal needs. RM and QIDP will perform visual observation no less than weekly, to ensure the privacy of all individuals are met while utilizing the rest room. RECEIVED MAR 18 2021 DHSR-MH Licensure Sect SCANNED MAR 1? 2021 MH & S Section	
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.	W 189		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Louise Winstead, RN | TITLE: Compliance Specialist - POC | (X6) DATE: 03/12/2021

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.

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W 189	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all staff were sufficiently trained to implement the facility's current COVID-19 visitation protocols and to use latex gloves appropriately. The finding is: A. Upon arrival to the home on 3/1/21 at 9:15am, Staff A indicated the two surveyors would need to answer some questions before entering the home. The staff then began to read from a form titled, "Coronavirus Screening Tool". Simultaneously, the two surveyors were asked four of seven questions from the list of questions on the form. The staff did not complete a form with the surveyors answers to the questions, the surveyors were not asked to sign or date the form and their temperatures were not taken before entering the home. Upon arrival to the home on 3/2/21 at 6:18am, Staff F presented the two surveyors with a form titled, "Coronavirus Screening Tool". The surveyors were asked to complete the form and sign it. The staff then retrieved a digital thermometer and attempted to obtain the surveyors' temperatures. The staff had difficulty operating the device and repeatedly asked two other staff in the home for assistance. After several attempts and assistance from another staff, Staff F was able to obtain the surveyors' temperatures. Interview on 3/2/21 with Staff F revealed they must have visitors complete the screening tool questionnaire and take their temperature upon arrival to the home. Additional interview indicated	W 189	W 189 A No later than April 30, 2021, the QIDP or designee will in-service staff on COVID-19 visitation protocols. COVID-19 visitation protocols will be reviewed during each staff meeting until further notice.	

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W 189	Continued From page 2 this should be done on all shifts. Review on 3/2/21 of the facility's coronavirus guidance for staff and protocols revealed the following regarding the Coronavirus Screening Tool: "This form is to be used if someone outside of [Provider's Name] who wants or needs to enter the home. These questions must be asked before entering the home. Put name and/or company name at the top." Interview on 3/2/21 with the Home Manager (HM) confirmed staff have been trained to have visitors complete the coronavirus screening form and to take their temperature. The HM acknowledged staff may need more training in this area. B. During evening observations in the home on 3/1/21 from 4:40pm - 5:02pm, Staff D wore a single pair of latex gloves while completing various tasks such as opening kitchen cabinets and drawers, obtaining items from the refrigerator, pouring drinks into two cups, removing lids from pots, taking the temperature of food, preparing plates of food, handling a client's utensils, and cutting up food items with a knife. While continuing to wear the same gloves, the staff removed a client's face mask from his face, threw it in the trash can (physically pushing the mask down in the can) and retreived another client's prepared dinner plate and presented it to him at the table. The staff removed the gloves at 5:02pm but did not wash their hands afterwards. Interview on 3/1/21 with Staff D revealed they had been trained to wear gloves when "plating food" in the kitchen, giving baths, administering medications and other personal care tasks involving clients. When asked at what point they	W 189	W 189 B No later than April 30, 2021, the QIDP or designee will in-service staff on the proper way to use latex gloves. While on site, the RM will visually monitor the appropriate usage of gloves to meet safety standards within the home. If policy is not followed, staff will receive supervision up to disciplinary actions.	

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W 189	Continued From page 3 would need to change their gloves, the staff indicated between working with clients and between serving of food items. Review on 3/2/21 of the facility's glove use policy dated 8/3/15 revealed, "Gloves are to be worn by all employees directly handling potentially infectious material or contaminated surfaces...Gloves are to be changed routinely and rigorous hand-washing procedures should be followed...Also, if an employee is known to have cuts or sores on their hands, they should cover these with a bandage or similar protection as an additional precaution before donning gloves..." Additional review of the policy did not indicate gloves should be worn during cooking and other meal preparation tasks. Interview on 3/2/21 with the HM revealed staff should wear gloves when performing personal hygiene tasks with clients, toileting, medication administration and sometimes if the person has a cut on their finger. Additional interview indicated Staff D had worn gloves while working in the kitchen since the staff's fingernails were cut close. The HM acknowledged gloves are not generally worn in the kitchen unless raw meat is handled and the staff should have washed their hands after removing the gloves.	W 189		
W 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by:	W 240	W240 The occupational therapist will re-evaluate client #1, #2, and #5 to support meal preparation and adaptive equipment use.	

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W 240	Continued From page 4 Based on observations, record review and interviews, the facility failed to ensure 3 of 5 audit clients (#1, #2 and #5) Individual Program Plan (IPP) included specific interventions to support their independence during meal preparation and adaptive equipment use. The findings are: A. During observations in the home throughout the survey on 3/1/21 - 3/2/21, staff were observed to complete all tasks related to meal preparation. With the exception of assisting client #5 to make a pitcher of Kool-aid on 3/2/21, clients were not prompted or encouraged to participate in meal preparation tasks. 1. Review on 3/2/21 of client #1's IPP dated 7/1/20 revealed the plan did not include any information regarding client #1's strengths and needs during meal preparation. 2. Review on 3/2/21 of client #5's IPP dated 9/1/20 revealed the plan did not include any information regarding client #5's strengths and needs during meal preparation. Interview on 3/2/21 with Staff A revealed clients were not participating in meal preparation task due to the COVID-19 virus. Interview on 3/2/21 with the Home Manager (HM) revealed clients in the home normally do assist with meal preparation tasks; however, since the COVID-19 virus began they have not been participating. B. During lunch observations in the home on 3/1/21 at 12:15pm, client #2 consumed his food from a sectioned Tupperware plate. No plate guard was utilized at the meal. During	W 240	W 240 A No later than April 30, 2021, the QIDP or designee will in-service staff on meal preparation for all clients. Clients will assist with meal preparation by coming into the kitchen wearing their mask, obtaining their plate, and then proceeding into the dining room. Other assistance with mealtime will be offered based on Covid-19 guidelines. Staff will observe mealtimes no less than weekly to ensure this is being followed. DIQP will add strengths and needs during meal preparation to client #1 and #5 IPP. W 240 B No later than April 30, 2021, the occupational therapist will evaluate client #2 on the usage of the plate guard. Staff will be in-serviced on the usage of the plate guard.	

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W 240	Continued From page 5 observations at the dinner meal on 3/1/21 at 4:58pm and the breakfast meal on 3/2/21 at 8:02am, client #2 consumed his food with a plate guard attached to his plate. Interview on 3/2/21 with Staff A revealed client #2 would rather not use a plate guard at meals and the device is only used when food spillage is noted,"if he needs it." Review on 3/1/21 of client #2's IPP dated 7/14/20 revealed the client utilizes a 3-sectional plate, cup with built-in straw, small built-up handle spoon, and dycem mat. Additional review of the IPP did not include any information regarding the use of a plate guard at meals. Interview on 3/2/21 with the HM indicated client #2 should use a plate guard at meals to help reduce spillage. The HM acknowledged information regarding the plate guard should be included in client #2's IPP.	W 240	This Page Intentionally Left Blank	
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	W 249		

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W 249	Continued From page 6 interviews, the facility failed to ensure each client (#2, #3 and #4) received a continuous active treatment program consisting of needed interventions and services to support the achievement of objectives identified in the Individual Program Plan (IPP) in the areas of objective implementation, adaptive equipment use and self-help skills. This affected 3 of 5 audit clients. The findings are: A. During dinner observations in the home on 3/1/21 from 5:35pm - 5:37pm, client #3 was seated at the dining room table with one other client while consuming their meals. Two staff were also seated at the table. At 5:35pm, client #3 abruptly threw a utensil across the room. In response, Staff B stated, "That's not nice, [Client #2]". The staff picked up the utensil and brought the client another one. At 5:36pm, the client threw another utensil across the table, hitting the other client on the shoulder. The staff again stated, "That not nice." The Home Manager entered the dining area just as the behavior occurred and verbally prompted the client to leave the area. Client #3 ignored the prompt and at 5:37pm, threw another utensil across the room for a third time. There was no staff reaction after client #3 threw the third utensil. Review on 3/2/21 of client #3's Behavior Intervention Program (BIP) dated 6/7/19 revealed an objective to display no oppositional behaviors for twelve calendar months. The plan included behaviors of intentional property abuse, oppositional behaviors and aggression (which included "using items to strike out"). Additional review of the BIP noted, "Make sure you have her full attention when giving verbal prompts. Pair verbal prompts with gestures when needed to	W 249	W 249 We will continue to provide active treatment around dining goals as well as ensuring their safety from Covid-19. W249 A The individual's behavior will be reviewed with the psychologist to determine how to provide guidance to the staff to address the behavior.	

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W 249	Continued From page 7 help her understand." Further review of the BIP indicated the client's behaviors should be addressed by Verbal and Gestural Interruption/Redirection, Verbal Redirection, Voluntary Relocation, and Special Safeguards which included the following interventions: "...When [Client #3] engages in target behaviors, begin treating the situation as a teaching opportunity...Staff will use verbal and physical redirection to prompt her to comply...If she is still oppositional, repeat verbal and gestural prompts in a firmer but non-demanding manner. Allow [Client #2] to relocate to a quiet, nondemanding area/situation if she continues to exhibit aggression or property abuse..." Interview on 3/2/21 with the Home Manager (HM) and Qualified Intellectual Disabilities Professional (QIDP) revealed client #3's BIP was the most current and should continue to be followed. B. Upon arrival to the group home on 3/1/21 at 9:15am, client #2 was seated in his wheelchair with a large wedge postioned in the chair at his back. After consuming his lunch, Staff A removed the wedge from his wheelchair. During additional observations in the home at the dinner meal on 3/1/21 at 4:58pm and the breakfast meal on 3/2/21 at 8:00am, the wedge was not positioned at the back of client #2's wheelchair. During all meals, client #2 coughed periodically and was also noted to have a moderate amount of food spillage. Interview on 3/2/21 with Staff A revealed client #2 should have the wedge positioned in his wheelchair during meals to help with his positioning while eating.	W 249	W249 B No later than April 30, 2021, the occupational therapist will evaluate client #2 usage of a wedge in his wheelchair.	

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W 249	Continued From page 8 Review on 3/2/21 of client #2's Occupational Therapy evaluation dated 7/21/19 revealed, "To attempt to reduce the risk of coughing at meals a wedge was fabricated to put behind his back during dining..." The evaluation further noted, "A dining wedge was put in place in 2017 due to his sacral sitting. By sacral sitting causes the body and head (extends neck instead of flexing neck during chewing and swallowing) not to be appropriate alignment during dining which causes food spillage from mouth and increase risk of coughing...During the 2019 dining assessment it was observed that the wedge continues to be appropriate and should continue. Wedge should be taken off wheelchair once meal is finish (used for dining only)..." Interview on 3/2/21 with the HM confirmed client #2's back wedge should be utilized at meals to help him "sit up straight." C. During observations in the home at the dinner meal on 3/1/21, client #2 finished his meal and left the dining area. The client's dishes and clothing protector were taken to the kitchen by staff. Client #2 was not prompted or assisted to clear his dishes after dinner. Interview on 3/2/21 with Staff A revealed client #2 usually takes his cup into the kitchen; however, he will drop his plate if he attempts to carry it to the kitchen. Review on 3/2/21 of client #2's IPP dated 7/14/20 revealed, "[Client #2] should be encouraged to take some of his adaptive equipment to the kitchen after meals and staff should assist him when needed."	W 249	W 249 C No later than April 30, 2021, the QIDP or the designee will in-service staff to prompt or assist client #2 to assist with removing dishes from the table. RM and or TL will perform visual observation no less than weekly to ensure that the task is being prompted.	

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W 249	Continued From page 9 Interview on 3/2/21 with the HM confirmed client #2 can clear some of his dishes after meals and should be assisted to do so. D. During observations in the home of medication administration on 3/2/21 at 7:21am, Staff A was observed to assist client #2 with his hand/wrist exercises by massaging the palm of his hand and each finger for approximately 45 seconds. Review on 3/2/21 of client #2's physician's orders dated 2/23/21 revealed "Gently straighten wrist and fingers out twice daily by rubbing hands and wrist to relax them for 2-5 minutes per treatment. Do both wrists daily at 8:00am and 8:00pm." Interview on 3/2/21 with the QIDP and HM confirmed that staff should follow the physician's orders and provide the wrist and finger treatment for 2-5 minutes each morning and 2-5 minutes each evening. E. During observations in the home on 3/1/21 at 12:16pm, Staff A was observed to assist client #4 to the bathroom. Before exiting the bathroom, client #4 washed his hands by letting the water run for approximately 5 seconds. Additional observations in the home on 3/1/21 at 4:16pm revealed client #4 exiting the bathroom. Staff C prompted client #4 to wash his hands, where he let the water run for approximately 2 seconds before exiting the bathroom. Further observations in the home on 3/1/21 at 5:06pm revealed client #4 going to the bathroom. Prior to exiting the bathroom, client #4 washed	W 249	W 249 D No later than April 30, 2021, the QIDP or designee will in-service staff on following the physicians order for client #2 to ensure the exercise is done correctly and for the specified time per the order. This will be observed a minimum of weekly to ensure the exercise is being completed as ordered. W 249 E No later than April 30, 2021, the QIDP will in-service staff on client #4 objective which states that client #4 will wash his hands for at least 20 seconds daily after using the bathroom with 4 verbal prompts for 4 consecutive months by 9/16/21. The documentation will be monitored weekly.	

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W 249	Continued From page 10 his hands by letting the water run for approximately 7 seconds. Review on 3/1/21 of client #4's IPP dated 9/17/20 revealed a training objective which states, "[Client #4] will wash his hands for at least 20 seconds daily after using the bathroom with 4 verbal prompts for 4 consecutive months by 9/16/21." Additional review of client #4's IPP revealed steps to assist him with achieving this objective: 1. Staff will adjust water temperature. 2. Staff will make sure his hands are wet all over. 3. Staff will make sure he has two pumps of soap. 4. Staff will ensure all areas of his hands are washed, person should wash hands for at least 20 seconds. Interview on 3/2/21 with the QIDP and HM confirmed client #4 should wash his hands for at least 20 seconds, or by singing "Happy Birthday" while washing his hands.	W 249		
W 257	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii) The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #3's Individual Program Plan (IPP) was reviewed and monitored as needed to determine progress towards an	W 257	W 257 No later than April 30, 2021, the QIDP or designee will meet with the Monarch psychologist to review client #3 progress and determine if the objective can be added to the plan.	

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W 257	Continued From page 11 identified objective. This affected 1 of 5 audit clients. The finding is: Review on 3/2/21 of client #3's record revealed the objective, "[Client #3] will display no oppositional behaviors for twelve calendar months by 7/31/20. Additional review of progress notes for the Behavior Intervention Program (BIP) dated 6/7/19 revealed the plan had last been reviewed on 6/6/19. No current program reviews were available. Interview on 3/2/21 with the Home Manager (HM) and Qualified Intellectual Disabilities Professional (QIDP) indicated the facility had been without a Psychologist for over a year and client #3's BIP was not currently being reviewed or monitored for progress.	W 257		
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 client #1's written informed consents was obtained from both co-guardians. This affected 1 of 5 audit clients. The finding is: Review on 3/1/21 of client #1's record revealed guardianship paperwork identifying co-guardians. Further review of client #1's record revealed all consents were signed by one guardian.	W 263	W 263 No later than April 30, 2021, the QIDP will request in writing that the guardianship paper be updated for client #1.	

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(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 263	Continued From page 12 Interview on 3/2/21 with the qualified intellectual disabilities professional (QIDP) and home manager (HM) revealed they were not aware that client #1 had co-guardians. The QIDP confirmed that based on the guardianship paperwork, client #1's written informed consents should have been signed by both co-guardians.	W 263		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a technique to manage client #4's inappropriate behavior was included in an active treatment plan. This affected 1 of 5 audit clients. The finding is: Review on 3/1/21 of client #4's record revealed Human Rights Consents and Approval for a motion sensor device on the backdoor door and bedroom door used to alert staff when client #4 attempts to leave his home. Additional review of client #4's record revealed an occupational therapy evaluation dated 8/29/20 with a recommendation to "Continue to use alarm monitors on outside back door and bedroom entrance to warn staff when [Client #4] is attempting to leave the facility on his own." Further review of client #4's record revealed no formal active treatment plan to address the use of the motion sensor device.	W 288	W 288 No later than March 31, 2021, the QIDP will ensure the motion sensor is included in client #4 active treatment plan. DPO will review treatment plan to ensure it is completed by this date.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G191	A. BUILDING ______ B. WING ______	03/02/2021

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W 288	Continued From page 13 Interview on 3/2/21 with the qualified intellectual disabilities professional (QIDP) and home manager (HM) confirmed that the motion sensor device was not included in an active treatment plan for client #4.	W 288		
W 312	DRUG USAGE CFR(s): 483.450(e)(2) Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure drugs to manage client behavior were only used as an integral part of the client's Individual Program Plan (IPP). This affected 2 of 5 audit clients (#1 and #4). The findings are: A. Review on 3/2/21 of client #1's record revealed a medical note which states, "May use Melatonin 3mg as needed at bedtime for sleep." Additional review of client #1's record revealed a Human Rights Consent and Approval dated 6/15/20 for the use of Melatonin. Review on 3/2/21 of client #1's physician's orders dated 11/10/20 revealed an order for Melatonin 3mg, "Take 1 tablet by mouth at bedtime as needed for sleep." Interview on 3/2/21 with the qualified intellectual disabilities professional (QIDP) and home manager (HM) confirmed that the use of	W 312	W 312 No later than April 30, 2021, the QIDP or designee will meet with the Monarch psychologist to discuss the usage of medications to manage behaviors for clients #1 and client #4.	

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W 312	Continued From page 14 Melatonin for client #1's sleep behavior was not incorporated into a formal program. B. Review on 3/2/21 of client #4's record revealed a Human Rights Consent and Approval dated 9/14/20 for the use of Trazadone for sleep Review on 3/2/21 of client #4's physician's orders dated 12/16/20 revealed an order for Trazadone 100mg, "Take 2 tablets (200mg) by mouth at bedtime." Interview on 3/2/21 with the QIDP and HM confirmed that the use of Trazadone for client #4's sleep behavior was not incorporated into a formal program.	W 312		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure client #2's medication was administered in accordance with physician's orders. This affected 1 of 5 audit clients. The finding is: During observations of medication administration in the home on 3/2/21 at 7:21am, Staff A was observed to pour 1/2 ounce of Chlorexedine 0.12% mouthwash into a medicine cup. Client #2 was observed to swallow the medicine cup of mouthwash. Upon completion of medication administration, client #2 sat in the living room of the home until he began eating breakfast at	W 368	W 368 No later than April 30, 2021, the QIDP or designee will in-service staff to ensure client #2 medication Chlorexedine 0.12% mouthwash is administered in accordance with physician's order. QIDP or designee will do a weekly medication observation to ensure the client uses mouthwash per physician's order.	

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W 368	Continued From page 15 8:10am. Review on 3/2/21 of client #2's physician's orders dated 2/23/21 revealed an order for Chlorexedine 0.12% mouthwash, "Rinse 1/2 ounce twice daily after breakfast and before bedtime." Interview on 3/2/21 with Staff A revealed client #2 always swallows the mouthwash, and that is why he gets a small amount. Staff A stated that staff will try to get him to rinse and spit the mouthwash but he swallows it instead. Additional interview with Staff A revealed client #2 always receives the Chlorexedine mouthwash during morning medication administration before breakfast. Staff A stated that he gets the mouthwash before breakfast because he brushes his teeth after breakfast. Interview on 3/2/21 with the qualified intellectual disabilities professional (QIDP) and home manager (HM) revealed client #2 does swallow the mouthwash. The QIDP and HM revealed that client #2 has not received formal training on rinsing and spitting the mouthwash, but staff are supposed to give him verbal prompts to rinse and spit. The QIDP and HM confirmed client #2 should have rinsed and not swallowed the mouthwash, and he should have received the mouthwash after breakfast as the physician's order indicates.	W 368	This Page Intentionally Left Blank	
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 16 This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 1 of 5 audit clients (#1) received their specially-prescribed diets as indicated. The finding is: During observations in the home on 3/1/21 at 11:51am, client #1 was observed to grab the home manager (HM) by the hand and take her to the snack closet. Client #1 selected a large oatmeal cream pie. The HM put the oatmeal cream pie on a napkin and client #1 was observed to pick it up and eat it. Additional observations in the home on 3/2/21 at 5:06pm revealed client #1 eating her dinner which consisted of beef stew, green beans and 4 cookies that were larger than 1" in size. Client #1 was observed to throw three of her cookies in the trash, and eat the last cookie. During observations in the home on 3/2/21 at 8:15am revealed client #1 eating her breakfast which consisted of a bowl of cereal, a piece of toast, and two sausage links that were larger than 1" in size. At 8:17am, Staff F was observed to prompt client #1 to eat her sausage. Client #1 was observed to put one whole sausage link in her mouth, chew a few bites, and put the second sausage link in her mouth. Staff F was observed to prompt client #1 to take smaller bites but did not prompt client #1 to cut her sausage into smaller pieces. Review on 3/1/21 of client #1's record revealed an occupational therapy (OT) evaluation dated 7/720 with a recommendation for a cut diet texture. Additional review of client #1's record	W 460	W 460 No later than March 31, 2021, staff will be in-serviced to follow client #1 specially prescribed diet. Staff will observe mealtimes no less than weekly to ensure diet is being followed.	

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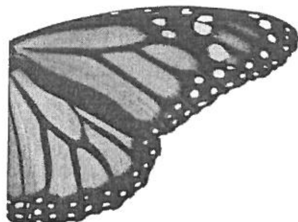
W 460	Continued From page 17 revealed an nutritional evaluation dated 6/15/20. The nutritional evaluation revealed client #1's diet as bite size, 1/2 - 1 inch pieces. Interview on 3/2/21 with Staff F revealed that client #1's food is supposed to be cut into 1/2 - 1 inch pieces. Staff F revealed client #1's sausage links should have been cut. Interview on 3/2/21 with the qualified intellectual disabilities professional (QIDP) and home manager (HM) revealed client #1's diet is regular and her food does not need to be cut. The QIDP and HM revealed they were not aware that client #1's food was supposed to be cut. The QIDP and HM confirmed that based on the OT and nutritional evaluations, client #1's foods should have been cut into 1/2 - 1 inch pieces.	W 460	This Page Intentionally Left Blank	



March 11, 2021

Wilma Worsley-Diggs, Faciity Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Dogwood House / Recertification / March 1-2, 2021

Hello,

Please find enclosed the Plan of Correction for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me at the number below.

Sincerely,

Louise Winstead, RN

Louise Winstead, RN
Compliance Specialist – Plan of Corrections
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252-289-6512