

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/24/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G119</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/11/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>WENDOVER HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 OLD PARK ROAD MAIDEN, NC 28650</b>		
(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 242	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(6)(iii)</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the person centered plan (PCP) failed to have sufficient training objectives to meet identified client needs for 1 of 4 sampled clients (#4) relative to dressing. The finding is:</p> <p>Observation at the group home on 5/10/21 at 4:30 PM to 6:30 PM revealed client #4 to wear a white stretch neck tee shirt and burgundy sweat pants to participate in leisure activities and dinner. Continued observation on 5/11/21 at 6:30 AM to 9:00 AM revealed client #4 to wear a white stretch neck tee shirt and burgundy sweat pants to participate in breakfast prep, taking dishes to the kitchen area, medication administration and sit in his assigned recliner in the common area.</p> <p>Interview with staff C and D on 5/11/21 revealed client prefers to have his showers in the afternoon around 2pm everyday during second shift. Continued interview with staff D revealed client has itchy skin and will at times wear the same outfit when allowed. Staff could not confirm that the client had slept in his white shirt and burgundy sweat pants but confirmed he did not have a</p>	W 242			

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

TITLE

(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 242	Continued From page 1 shower and will do so later on in the afternoon.  Review of records for client #4 on 5/11/21 revealed a person centered plan (PCP) dated 8/27/20 with training objectives relative to toothbrushing, obtaining toilet paper after using the restroom, PT exercise, handwashing, spread with a knife, identify fire extinguishers. Further review of client's record revealed an ABI dated 7/19 relative to dressing; client cooperates while being dressed, changes clothes when dirty, put on shirt/undershirt, and select clothes appropriate for situations, weather. Client received a (1) no independence cannot perform any portion of the skill independently and (N). There were no training objectives relative to dressing.  Interview with the qualified intellectual developmental professional (QIDP) confirmed the client's training objectives are current. Continued interview with the QIDP revealed staff should encourage client #4 to put on pajamas before going to bed and provide choices in clothing following his shower in the afternoon. Further interview confirmed there is an identified need for training objectives to address dressing and change clothing as appropriate.	W 242			
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 observations, record review, and	W 288			

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W 288	<p>Continued From page 2</p> <p>interviews, the facility failed to assure techniques to manage inappropriate behavior were not used as a substitute for an active treatment program for 1 of 3 sampled clients (#3). The finding is:</p> <p>Observations at the group home on 5/12/21 from 7:00 AM to 7:45 AM revealed client #3 to exit and enter his room several times and to have a door chime to alert staff his door was opened. Further observations revealed staff to approach the client at his room door and to verbally prompt him on what needs to happen next.</p> <p>Review of records for client #3 on 5/12/21 revealed a person centered plan (PCP) dated 3/22/21. Review of client #3's PCP revealed a behavioral support plan (BSP) dated 3/9/21. Review of the BSP for client #3 revealed target behaviors of property destruction, aggression, SIB, uncooperative/resistance, stripping off clothes and elopement. Further review of client #3's PCP and BSP did not reveal interventions or objectives relative to the use of door or window chimes.</p> <p>Interview with the qualified intellectual developmental professional (QIDP) on 5/12/21 revealed client #3 is residing in a room in which a previous client resided that required door and window chimes. Continued interview with the QIDP revealed client #3 does have a history of elopement and is the reason for door and window chimes. Further review with the QIDP could not provide documents to confirm the need or use of door and window chimes.</p>	W 288			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)	W 460			

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W 460	<p>Continued From page 3</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to provide a prescribed diet for 1 of 4 sampled clients (#4). The finding is:</p> <p>Observations in the group home on 5/11/21 at 5:45 PM revealed client #4 to participate in the dinner meal which consisted of tuna casserole, mixed vegetables, sliced peaches and a beverage. Continued observation revealed client #4 to fix his plate with minimum assistance. Further observation at 6:00 PM revealed client #4 to ask for second helping and staff B to encourage client #4 to scoop a serving of tuna casserole onto his plate using a serving spoon. Subsequent observations revealed client #4 to then fix a bowl of sliced peaches as staff B cut them into smaller pieces. Additional observations at 6:15 PM revealed client #4 to ask and receive a third helping of tuna casserole onto his plate using a serving spoon. After eating this, client #4 was observed to take his dishes to the kitchen area. At no time during observations was client #4 encouraged to follow a prescribed diet.</p> <p>Review of the dinner menu on 5/10/21 revealed the menu to consist of tuna melt, ranch 2 L, 1/2 cup green beans, 1/2 cup applesauce, diet beverage. Review of records for client #4 revealed a nutritional assessment update 8/29/20. Review of the 8/2020 nutritional assessment for client #4 revealed the client to weigh 201 lbs with a desired body weight of 132-156 lbs. Continued review of the nutritional</p>	W 460			

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W 460	<p>Continued From page 4</p> <p>assessment revealed: Client #4 is 45 lbs above his desired body weight range and has gained 12 lbs. Additional review of the 2/2020 nutritional assessment revealed client's #4 HGBA1C were elevated as well as glucose, cholesterol and LDL. Client #4 is on an appropriate diet which is 1800 weight loss calorie, one inch pieces, heart healthy, no grapefruit, no caffeine, no fatty, fried or spicy foods with 1.5 liter fluid restriction. This diet must be followed closely.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 4/22/21 verified the menu in the group home should be followed at all meals. Continued interview with the QIDP verified staff should have followed client's prescribed diet as written and could have offered seconds with vegetables. The QIDP subsequently verified the serving sizes should have been followed to ensure prescribed diet was followed.</p>	W 460			