	-	ID HUMAN SERVICES					APPROVED		
		MEDICAID SERVICES					<u>). 0938-0391</u>		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l`,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
			B. WING			05/11/2021			
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE					
				6	631 OLD PARK ROAD				
ITENDOVI	VERHOME			MAIDEN, NC 28650					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)				PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE		
	INDIVIDUAL PROGR CFR(s): 483.440(c)(6 The individual program those clients who lack skills essential for priv (including, but not lim personal hygiene, den bathing, dressing, gro of basic needs), until that the client is deve acquiring them. This STANDARD is r Based on observatio interview, the person to have sufficient train identified client needs (#4) relative to dressin Observation at the gro 4:30 PM to 6:30 PM r white stretch neck tee pants to participate in Continued observatio	AM PLAN (iii) m plan must include, for them, training in personal vacy and independence ited to, toilet training, ntal hygiene, self-feeding, poming, and communication it has been demonstrated lopmentally incapable of not met as evidenced by: n, review of records and centered plan (PCP) failed ning objectives to meet s for 1 of 4 sampled clients	W 2		CROSS-REFERENCED TO THE APPROPR DEFICIENCY)				
	neck tee shirt and bui participate in breakfas	rgundy sweat pants to st prep, taking dishes to the tion administration and sit in							
	client prefers to have around 2pm everyday Continued interview v has itchy skin and wil outfit when allowed. S the client had slept in	and D on 5/11/21 revealed his showers in the afternoon / during second shift. vith staff D revealed client I at times wear the same Staff could not confirm that his white shirt and burgundy rmed he did not have a							
ABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE		

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

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.

PRINTED: 05/24/2021 

TITLE

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			CONSTRUCTION		OMB NO. 0938-039 (X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· · ·	A. BUILDING		COMPLETED			
	34G119		B. WING		05/11/2021			
NAME OF PI	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, STATE, ZIP CODE				
WENDOVER HOME				31 OLD PARK ROAD IAIDEN, NC 28650				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
W 242	Continued From pages shower and will do so	e 1 o later on in the afternoon.	W 242					
	8/27/20 with training toothbrushing, obtain the restroom, PT exe with a knife, identify f review of client's reco 7/19 relative to dress being dressed, chang on shirt/undershirt, ar for situations, weather independence canno skill independently ar training objectives re	entered plan (PCP) dated objectives relative to ing toilet paper after using ercise, handwashing, spread fire extinguishers. Further ord revealed an ABI dated ing; client cooperates while ges clothes when dirty, put nd select clothes appropriate er. Client received a (1) no t perform any portion of the nd (N). There were no lative to dressing.						
W 288	client's training object interview with the QII encourage client #4 t going to bed and pro following his shower interview confirmed t training objectives to change clothing as a MGMT OF INAPPRO BEHAVIOR CFR(s): 483.450(b)(3 Techniques to manage	ssional (QIDP) confirmed the tives are current. Continued DP revealed staff should to put on pajamas before vide choices in clothing in the afternoon. Further here is an identified need for address dressing and ppropriate. DPRIATE CLIENT	W 288					
	behavior must never an active treatment p	be used as a substitute for rogram.						
	This STANDARD is Based on observation	not met as evidenced by:						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A. BUILDING       (X3) DATE SURV COMPLETED         NAME OF PROVIDER OR SUPPLIER       34G119       B. WING       05/11/20         NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       631 OLD PARK ROAD MAIDEN, NC 28650       631 OLD PARK ROAD MAIDEN, NC 28650       05/11/20		RTMENT OF HEALTH AN ERS FOR MEDICARE &					FORM	): 05/24/2021 APPROVED ). 0938-0391	
NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         WENDOVER HOME       631 OLD PARK ROAD         (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)       COM         W 288       Continued From page 2 interviews, the facility failed to assure techniques to manage inappropriate behavior were not used as a substitute for an active treatment program       W 288       W 288	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER		(X1) PROVIDER/SUPPLIER/CLIA			-	(X3) DATE SURVEY COMPLETED		
631 OLD PARK ROAD MAIDEN, NC 28650         (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)       COM         W 288       Continued From page 2 interviews, the facility failed to assure techniques to manage inappropriate behavior were not used as a substitute for an active treatment program       W 288       W	34G119			B. WING		05/11/2021			
WENDOVER HOME       MAIDEN, NC 28650         (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)       COM         W 288       Continued From page 2 interviews, the facility failed to assure techniques to manage inappropriate behavior were not used as a substitute for an active treatment program       W 288       W 288       W 288       W 288       W 288       W 288	NAME OF PROVIDER OR SUPPLIER			•	STREET ADDRESS, CITY, S	TATE, ZIP CODE			
PREFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       COM         W 288       Continued From page 2 interviews, the facility failed to assure techniques to manage inappropriate behavior were not used as a substitute for an active treatment program       W 288       W 288       Image: W 288       W 2	WENDOVE	VER HOME							
interviews, the facility failed to assure techniques to manage inappropriate behavior were not used as a substitute for an active treatment program	PREFIX	( EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRE CROSS-REFERE	ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIA	TION SHOULD BE COMPLE THE APPROPRIATE DATE		
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.         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         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.         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 QUDP could not         provide documents to confirm the need or use of         door and window chimes. <tr< td=""><td></td><td>interviews, the facility to manage inappropri as a substitute for an for 1 of 3 sampled clie Observations at the g 7:00 AM to 7:45 AM r enter his room severa chime to alert staff his observations revealed at his room door and what needs to happe Review of records for revealed a person ce 3/22/21. Review of cl behavioral support pl Review of the BSP fo behaviors of property SIB, uncooperative/re clothes and elopemen #3's PCP and BSP di objectives relative to chimes. Interview with the qua developmental profes revealed client #3 is r previous client reside window chimes. Cont QIDP revealed client elopement and is the chimes. Further revie provide documents to door and window chir 50 FOOD AND NUTRIT</td><td>a failed to assure techniques iate behavior were not used active treatment program ents (#3). The finding is: group home on 5/12/21 from revealed client #3 to exit and al times and to have a door is door was opened. Further d staff to approach the client to verbally prompt him on in next. T client #3 on 5/12/21 intered plan (PCP) dated ient #3's PCP revealed a an (BSP) dated 3/9/21. or client #3 revealed target destruction, aggression, esistance, stripping off int. Further review of client d not reveal interventions or the use of door or window alified intellectual ssional (QIDP) on 5/12/21 residing in a room in which a d that required door and tinued interview with the #3 does have a history of reason for door and window ew with the QIDP could not o confirm the need or use of mes. ION SERVICES</td><td></td><td>38</td><td></td><td></td><td></td></tr<>		interviews, the facility to manage inappropri as a substitute for an for 1 of 3 sampled clie Observations at the g 7:00 AM to 7:45 AM r enter his room severa chime to alert staff his observations revealed at his room door and what needs to happe Review of records for revealed a person ce 3/22/21. Review of cl behavioral support pl Review of the BSP fo behaviors of property SIB, uncooperative/re clothes and elopemen #3's PCP and BSP di objectives relative to chimes. Interview with the qua developmental profes revealed client #3 is r previous client reside window chimes. Cont QIDP revealed client elopement and is the chimes. Further revie provide documents to door and window chir 50 FOOD AND NUTRIT	a failed to assure techniques iate behavior were not used active treatment program ents (#3). The finding is: group home on 5/12/21 from revealed client #3 to exit and al times and to have a door is door was opened. Further d staff to approach the client to verbally prompt him on in next. T client #3 on 5/12/21 intered plan (PCP) dated ient #3's PCP revealed a an (BSP) dated 3/9/21. or client #3 revealed target destruction, aggression, esistance, stripping off int. Further review of client d not reveal interventions or the use of door or window alified intellectual ssional (QIDP) on 5/12/21 residing in a room in which a d that required door and tinued interview with the #3 does have a history of reason for door and window ew with the QIDP could not o confirm the need or use of mes. ION SERVICES		38				

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING \_\_\_\_ 34G119 B. WING 05/11/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 631 OLD PARK ROAD WENDOVER HOME **MAIDEN, NC 28650** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 460 Continued From page 3 W 460 Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. 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: 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. 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

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	): 05/24/2021 APPROVED ). 0938-0391
STATEMENT OF DEFICIENCIES (X1) P		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	-	(X3) DATE SURVEY COMPLETED	
34G119		B. WING		05/11/2021			
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE		
WENDOV	ER HOME			531 OLD PARK ROAD MAIDEN, NC 28650			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD BI ENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 460	his desired body weig lbs. Additional review assessment revealed elevated as well as gl Client #4 is on an app weight loss calorie, of healthy, no grapefruit or spicy foods with 1.3 diet must be followed Interview with the qua professional (QIDP) of in the group home sh meals. Continued int verified staff should h prescribed diet as wri seconds with vegetative verified the serving si	: Client #4 is 45 lbs above ght range and has gained 12 v of the 2/2020 nutritional client's #4 HGBA1C were lucose, cholesterol and LDL. propriate diet which is 1800 ne inch pieces, heart , no caffeine, no fatty, fired 5 liter fluid restriction. This closely. alified intellectual disabilities on 4/22/21 verified the menu ould be followed at all erview with the QIDP	W 460				

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