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

PRINTED: 05/25/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G327	B. WING			05/19/2021	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 4165 NC HWY 127 TAYLORSVILLE, NC 28681	Ē		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 220	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include speech and language development.		W 22	20			
	The facility failed to a program plans (IPPs) (#4 and #5) included their speech and lang	for 2 of 3 sampled clients an updated assessment of uage development as ations, interview and record					
W 242	#5 to be non-verbal a receptive and express Review of client #4's #5's IPP dated 1/29/2 have communication their IPPs. However, addendum was dated communication adder Interview with the quaprofessional (QIDP) rin the home have upocould be found for clie interview with the QID #5 should have an up addendum as part of INDIVIDUAL PROGR CFR(s): 483.440(c)(6	realed clients #4 and client and very limited in their sive communication abilities. IPP dated 8/10/20 and client 1 revealed both clients to evaluations addendums in client #4's communication 10/1/18 and client #5's add was dated 3/17/19. In the several of the other 4 clients lated addendums but none ents #4 and #5. Further OP revealed clients #4 and dated communication their current IPP. AM PLAN ()(iii)	W 24	12			
	skills essential for priv (including, but not lim personal hygiene, de	them, training in personal vacy and independence ited to, toilet training, ntal hygiene, self-feeding,		TITLE			(Ve) DATE

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED	
		34G327	B. WING		c	5/19/2021	
NAME OF PROVIDER OR SUPPLIER ELLENDALE GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 4165 NC HWY 127 TAYLORSVILLE, NC 28681			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLETION		
W 242	Continued From page 1 bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: The facility failed to ensure the individual program plan (IPP) for 1 of 3 sampled clients (#5) included objective training to meet the client's basic communication needs as evidenced by observations, interview and record verification. The finding is: Observations in the group home during the 5/18-19/21 survey revealed client #5 to sit on the couch or at the dining room table when placed there by staff. Further observations revealed the client to be non-verbal with limited communication abilities and would only react and respond when engaged by staff. Review of client #5's IPP dated 1/29/21, substantiated by interview with the		W 2				
	(QIDP), revealed the communication object switch during meal p a drink at supper. Fur revealed client #5 has objective training in contractions.						