

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:  <b>34G327</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/19/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ELLENDALE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4165 NC HWY 127 TAYLORSVILLE, NC 28681</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 220	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include speech and language development.</p> <p>This STANDARD is not met as evidenced by: The facility failed to assure the individual program plans (IPPs) for 2 of 3 sampled clients (#4 and #5) included an updated assessment of their speech and language development as evidenced by observations, interview and record verification. The finding is:</p> <p>Observations in the group home during the 5/18-19/21 survey revealed clients #4 and client #5 to be non-verbal and very limited in their receptive and expressive communication abilities. Review of client #4's IPP dated 8/10/20 and client #5's IPP dated 1/29/21 revealed both clients to have communication evaluations addendums in their IPPs. However, client #4's communication addendum was dated 10/1/18 and client #5's communication addendum was dated 3/17/19. Interview with the qualified intellectual disabilities professional (QIDP) revealed the other 4 clients in the home have updated addendums but none could be found for clients #4 and #5. Further interview with the QIDP revealed clients #4 and #5 should have an updated communication addendum as part of their current IPP.</p>	W 220		
W 242	<p>INDIVIDUAL PROGRAM PLAN 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,</p>	W 242	<i>See attached</i>	

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

TITLE

(X6) DATE

*Shirley Perry*

*OP*

*5/28/21*

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	<p>Continued From page 1</p> <p>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: 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:</p> <p>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 qualified intellectual disabilities professional (QIDP), revealed the client met criteria on a communication objective on 4/30/20 to use a switch during meal prep, say a prayer and ask for a drink at supper. Further review and interview revealed client #5 has been without formal objective training in communication for over a year and currently has no formal communication objective to teach the client any new communication skills.</p>	W 242	<i>See attached</i>		

W220

7-19-21

The facility will assure the all individual program plans include an updated assessment of their speech and language. The SLP, will ensure there is an updated assessment for the individual program plan. The addendum will be updated at least annually for individuals and monitored at least annually. This will be monitored by the QP prior to the scheduled IPP meeting.

W242

7-19-21

The facility will ensure the all individual's including client #5 has formal communication objective training in order to teach new communication skills. The SLP, will ensure a formal communication objective is implemented based on need for all individuals including client #5. This will be monitored by the QP through IPP's and communication progress summaries at least monthly.

*Kristin Berry BS CP*

*5/28/21*