

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

PRINTED: 04/07/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/24/2021
NAME OF PROVIDER OR SUPPLIER  KONNOAK GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2901 KONNOAK DRIVE WINSTON SALEM, NC 27127	
(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 249	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the interdisciplinary team failed to assure that consistent interventions and services support the needs of 1 non-sampled client (#1) as identified in the behavior support plan (BSP). The finding is:</p> <p>Observations in the group home on 3/23/21 at 5:00 PM revealed client #1 to sit in the living room area and participate in a group activity with his peers. Further observations reveal client #1 to stand and disrobe in the living room area, remove his shirt and partially pull down his pants exposing his backside with peers and staff present. Continued observations revealed staff to approach client #1 and assist him with putting back on his shirt and fastening his pants in the living room area. At no point during the observation period did staff offer client #1 to go to his room or a private area to assist him with putting back on his clothes.</p> <p>Review of the record for client #1 on 3/24/21 revealed an ISP dated 3/5/20. Further review of the ISP revealed a behavior support plan (BSP)</p>	W 249	See attached	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE
			<i>D. Mumbauer, ops</i>	4/15/2021

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 249	Continued From page 1 dated 3/5/20 which indicates that client #1 has the following target behaviors: disrobing, stealing food and other items, self-injurious behavior (SIBs), inappropriate toileting, physical aggression, inappropriate sexual behavior, tantrums, and entering others' quarters. Continued review of the BSP revealed that client #1 should be offered as much privacy as possible and direct him to his room or other private area to further assist him.  Interview with the qualified intellectual disabilities professional (QIDP) on 3/24/21 verified that client #1 often disrobes in public areas. The QIDP also verified that staff should have offered client #1 privacy by taking him to his room and assisting him in putting his clothes back on. The QIDP confirmed all of client #1's goals are current. The QIDP also confirmed that client #1's identified interventions in the BSP relative to disrobing should be followed as prescribed.	W 249			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2)  The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.  This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 1 of 3 sampled clients (#3). The finding is:  Observations in the group home on 3/24/21 at 7:40 AM revealed client #3 to enter the medication room and participate in medication	W 369	See attached		

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W 369	Continued From page 2 administration. Further observations revealed staff to hand client #3 the Fluticasone Propionate Spray to self-administer and spray one pump into each nostril. Continued observations revealed med tech staff to return the medication bottle to the medication cabinet and check off the medication as dispensed in the computer system.  Review of the record for client #3 revealed an ISP dated 3/5/21 which includes a medication administration program goal. Review of the medication administration record (MAR) dated 3/24/21 revealed the medication Fluticasone Propionate Spray, 50 mcg; to be administered to client #3 at 8:00 PM daily using 1 spray in each nostril.  Interview with the facility nurse on 3/24/21 revealed client #3 should have been given the Fluticasone Propionate Spray at 8:00 PM according to physician's orders. The nurse confirmed during the interview that the medication administered at 8:00 AM was considered a medication error. The nurse also confirmed that all medications should be administered as prescribed.	W 369			
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv)  Food must be served with appropriate utensils.  This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure 1 non-sampled client (#6) was provided with appropriate utensils to enable him to eat as independently as possible. The finding is:	W 475		<i>See attached</i>	

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W 475	Continued From page 3  Observations in the group home on 3/23/21 at 5:22 PM revealed client #6 to be in his wheelchair at the dining table for the dinner meal which consisted of mash potatoes, fish sticks and green peas. Further observations revealed client #6 to have the following adaptive equipment for the dinner meal: a regular drinking cup, divided plate, and a built-up spoon. Observations also revealed client #6 to pick up whole pieces of fish sticks to eat with his hands. Continued observations did not reveal client #6 to have a full place setting to include a fork, knife, and built-up spoon during the dinner meal. Subsequent observations did not reveal client #6 to have a ProVale regulating drinking cup with handles during the dinner meal.  Review of the record for client #6 on 3/24/21 revealed a life skills assessment dated 3/2018, which indicated client #6 is capable of using a fork and knife with independence. Further review revealed a speech-language consultation report-bedside swallowing assessment dated 10/30/20 which recommended client #6 should have a built-up spoon, divided plate, and a ProVale regulating drinking cup with handles during all meals.  Interview with the facility nurse on 3/24/21 verified that client #6 is capable of using a regular fork and one should have been provided to him. Further interview with the nurse confirmed that the ProVale regulating drinking cup with handles was not ordered for client #6 prior to the survey. Interview with the qualified intellectual disabilities professional (QIDP) on 3/24/21 verified that client #6 is capable of using a regular fork and knife. The QIDP also verified that client #6 should have	W 475	<i>See attached</i>		

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W 475	Continued From page 4 received a full place setting to include a regular fork, built up spoon, knife, divided plate and a ProVale regulating drinking cup with handles. The QIDP confirmed that the ProVale regulating drinking cup with handles for client #6 was not previously ordered. The QIDP also confirmed that client #6 should have a full place setting to enable him to eat as independently as possible.	W 475	<i>See attached</i>		

Plan of Correction  
Konnoak ICF/IDD Group Home

**\*\*All deficiencies will be completed no later than May 24, 2021 \*\***

### Konnoak Annual Survey Plan of Correction

**W249-** As soon as the interdisciplinary team has formulated 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.

The facility will have evidence that all individual's behavior support plan is implemented and follow to demonstrate their need of interventions, services in sufficient number and frequency to support the achievement of the objectives identified in the individual's behavioral plan. The QP will be responsible for assuring all staff knows the correct interventions, services in sufficient number and frequency of supports therefore to achieve the best outcome of active treatment following the individual's plan. QP will monitor all behavior support plan 1x weekly to assure accuracy. Direct care staff will receive additional in-servicing on the behavior support plan to implement all intervention & assure privacy. Operation Manager will review monthly for check & balance.

**Projected Completion Date: 5/24/2021**

**Responsible Parties: Qualified Professional & Operation Manager**

**W369-** The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.

All medications will be administered in compliance with the physician's order. The facility will ensure staffs are in-serviced on proper administration of medication by RN. Furthermore, staff personnel who fail to administer properly via the doctors orders/MAR, will receive additional training following the medication policy for Community Alternatives-NC. The Group Home Supervisor will be monitored by the Qualified Professional to complete a medication observation form 1x weekly to assure that all physician's order is follow properly. The RN will complete a medication error report & Inservice/Retrain GHS on medication classes/protocols.

**Projected Completion Date: 5/24/2021**

**Responsible Parties: Nurse, Group Home Supervisor, Qualified Professional**

**W475-** Food must be served with appropriate utensils.

The facility will assure all individuals have the correct place setting and adaptive equipment according to their assessments. All individuals will have the appropriate utensils to enable everyone to eat independently as possible. The QP will in-service all staff on individuals appropriate place setting. The QP will monitor 1x weekly for accuracy. The RN will review monthly to make sure all adaptive equipment are order & in the home. The Operation Manager will inspect monthly to make sure all check & balance are in place.

**Projected Completion Date: 5/24/2021**

**Responsible Parties: Nurse, Qualified Professional, Operation Manager**