

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2021
NAME OF PROVIDER OR SUPPLIER MEADOWVIEW HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2723 BOBWHITE CIRCLE WINGATE, NC 28174		
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on observations, review of records and interviews, the individual support plan (ISP) failed to address identified needs for 1 of 3 sampled clients (#1) relative to the refusal behavior. The finding is:</p> <p>Observations in the group home on 9/7/21 at 4:06 PM revealed client #1 to sit at the dining room table with books. Continued observation at 4:19 PM revealed client #1 to refuse to assist staff A at the dining room table to prepare his sugar free drink for the dinner meal. Further observation at 4:29 PM revealed client #1 to independently ambulate from the dining room to the living room and back to the dining room where the client then sat back down at the dining table.</p> <p>Subsequent observation at 4:48 PM revealed staff D to prompt client #1 to have his glucose checked before the dinner meal. Client #1 was observed to refuse the glucose check by shaking his head in response to verbal prompts by staff D. Additional observation revealed staff D to assist client #1 with putting on a shirt protector and for client #1 to then participate in the dinner meal. It should be noted that during observations on 9/7/21 from 3:50 PM until 5:30 PM that client #1 was not observed to have his glucose checked.</p>	W 227			

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.

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

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FORM APPROVED
OMB NO. 0938-0391

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W 227	<p>Continued From page 1</p> <p>Review of records for client #1 on 9/8/21 revealed a diagnosis of insulin dependence diabetes. Continued record review revealed a current medication administration record (MAR) dated 5/17/21 that revealed an physician order for a blood sugar check before meals and at bedtime (administer sliding scale if necessary).</p> <p>Further review of records revealed a person-centered plan (PCP) dated 8/2/21. Review of the PCP revealed a behavior support plan (BSP) dated 6/9/21 which identified target behaviors of client #1 to include dropping to the floor, verbal disruptions and refusing to cooperate. Continued review of the BSP revealed refusal behavior to include ignoring, resisting or failing to cooperate with reasonable requests to complete necessary/functional activities. A review of strategies for refusal behavior revealed the BSP to identify choice making options with no strategies to address the refusal of medical monitoring with glucose checks.</p> <p>Interview on 9/8/21 with the qualified intellectual disabilities professional (QIDP) verified the 8/2/21 PCP for client #1 was current. Continued interview with the QIDP revealed that client #1 did not have intervention strategies or guidelines to address a refusal of medical monitoring with glucose checks.</p> <p>Interview with the facility nurse confirmed client #1 will frequently refuse his glucose checks and demonstrate non-compliance. Additionally, the facility nurse confirmed that if client #1 refuses to participate in a glucose check, staff are to contact nursing so the physician can be consulted regarding further medical direction. Interview with the facility nurse also revealed she did not receive</p>	W 227			

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W 227	Continued From page 2 a call on 9/7/21 relative to client #1 refusing a glucose check before the dinner meal.	W 227		