STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G149	A. BUILDING _____ B. WING _____	10/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILMINGTON ROAD GROUP HOME	**800 WILMINGTON ROAD FAYETTEVILLE, NC 28304**

(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 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations, records review and staff interviews, the facility failed to ensure staff were sufficiently trained to perform their duties efficiently. This affected 4 of 6 audit clients (#1 and #2). The findings are: A. During observations at the vocational center on 10/12/21 from 11:30 am-12:00 pm, Client #1 was sitting in his wheelchair wearing eyeglasses, with his head often leaning to the right side. The eyeglasses slid down the bridge of Client #1's nose and were crooked on his face. Client #1 was unable to re-adjust his eyeglasses due to impaired range of motion with his hands. Staff A sat next to Client #1 and repeatedly had to reapply the eyeglasses on Client #1's face during his meal. The eyeglasses did not have a strap attached. During an evening observation in the home on 10/12/21 at 4:30 pm, Client #1 was in the living room of the home and wore his eyeglasses with a strap attach to them. The eyeglasses were secure and stayed in place on Client #1's face. An additional observation on 10/13/21 from 8:00 am-12:00 pm, Client #1 wore his eyeglasses without a strap secured. The eyeglasses repeatedly slid down his nose or into his lap. Staff A had to apply the eyeglasses to Client #1's face. Record review on 10/13/21 of Client #1's vision exam on 10/22/20, new eyeglasses were	W 189		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 189	Continued From page 1 recommended. Interview on 10/13/21 with the QIDP revealed that if Client #1's eyeglasses were falling down, that staff should ensure he wears a strap with them. B. During observations at the vocational center on 10/13/21 from 11:30 am-12:00 pm, Staff A rejected a bowl of tomato based liquid for Client #1's lunch and returned the bowl to the Home Manager (HM) requesting a substitution. The HM told Staff A and B that she substituted V 8-Juice for the chicken pot pie and salad on the menu because Client #1 was on a pureed diet. The HM returned with a bowl of chicken and stars soup that she processed in a blender. The HM acknowledged she did not know how to make it thicker. The HM contacted the nurse for instructions and added crackers to thicken. Record review on 10/12/21 of Client #1's IPP dated 11/3/20 revealed he was on a pureed diet due to aspiration/choking risks. Record review on 10/12/21 revealed the HM attended an inservice on pureed diets on 10/5/20. The contents of the training included instructions to add break crumbs as needed for smooth consistency. Interview on 10/13/21 with the nurse revealed that the registered dietician (RD) has not been in the homes since COVID-19 to provide training. The nurse stated that staff have been trained to add bread crumbs or crackers to food to thicken. Interview on 10/13/21 with the quality assurance staff (QA) revealed that staff are supposed to follow the training they received on consistency of	W 189		

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W 189	Continued From page 2 food textures.	W 189		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 6 audit clients (#1 and #2) received a continuous active treatment program consisting of needed interventions and services as identified in the individual program plans (IPP) in the area of adaptive dining equipment use. The findings include: A. During observations on 10/13/21 at the vocational center, Staff A fed Client #1 from a bowl using a plastic spoon and a sippy cup for his drinks. It was also observed that Client #1 did not have a small pillow placed in his wheelchair on his right side. Client #1 also did not wear bilateral splints on his hands. Record review on 10/12/21 of Client #1's IPP dated 11/3/20 revealed that he should use a Kennedy cup, youth spoon and hand splints. In addition, an Occupational Therapy (OT) Evaluation dated 7/23/20 required a small pillow	W 249		

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W 249	Continued From page 3 in wheelchair to help Client #1 sit upright due to tendency to lean to right side. Interview on 10/13/20 with Staff A revealed that the pillow was not placed in the wheelchair and that the hand splints were discontinued last year. Interview on 10/13/20 with the OT revealed that the hand splints were uncomfortable for Client #1 and caused spasm attacks and showed no advantages to wearing them. The OT reviewed Client #1's chart and could not find documentation that she discontinued the splints last year. The OT stated the pillow should be used to support the trunk due to his poor sitting balance and leaning to the side. B. During observations on 10/13/21 at the vocational center, Staff B served Client #2 reheated food in a disposable divided container; and gave client #2 a plastic spoon to use for meals. Both the home manager (HM) and Staff A took turns feeding Client #3. There was no non-slip table mat underneath Client #2's container. Record review on 10/13/21 revealed Client #2's IPP dated 6/2/21 revealed he should use a plastic fork, Hi-Lo scoop plate and non-slip table mat. Interview on 10/13/20 with the quality assurance staff (QA) revealed staff normally brought adaptive equipment for meals from home but the facility had extras at the vocational center if needed.	W 249		
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)	W 252		

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W 252	Continued From page 4 Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure that data for program objectives were documented, per training schedule. This affected 3 of 6 audit clients (#1, #2 and #4). The findings are: A. A review on 10/12/21 of Client #1's Program Book for October 2021, did not contain any data sheets for his goal which was last written on 9/1/19 with target date of 9/30/20. The goal read: Client #1 will select his clothes with 80% accuracy for 3 reviews. B. A review on 10/12/21 of Client #2's Program Book for October 2021, did not contain any data sheets for his goal which was written 1/1/20 with target date of 2/1/21. The goal read: Client #2 will wash hands with 80% verbal cues or less for 2 consecutive reviews. Collect data daily on 1st shift. C. A review on 10/12/21 of Client #4's Program Book for October 2021, did not contain any data sheets for his goals, that was undated. The goal read: Client #4 will display 1 or fewer target behaviors per month for 10 out of 12 months. Interview on 10/13/21 with the Habilitation Specialist revealed that the data sheets have not been completed because she's been working in the homes due to short staffed.	W 252		

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W 252	Continued From page 5 Interview on 10/13/21 with the quality assurance staff (QA) and the qualified intellectual disabilities professional (QIDP) acknowledged that they were both aware of the lack of documentation with the Program Books. They stated that is was a combination of the COVID-19 pandemic affecting staffing, availability of records from clinicians who cannot enter the homes during a quarantine, turnover with staff and the clinicians having to work in the homes to cover staffing. The QIDP stated that last night, (10/12/21) she met with the Habilitation Specialist to write new goals for each client and transferred the goals to new data sheets.	W 252		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, policy review and staff interview, the facility failed to ensure that staff were sufficiently trained in proper personal protective equipment (PPE) mask use. This had the potential to affect all clients in the home (#1, #2, #3, #4, #5 and #6). The finding is: During observations in the home on 10/12/21 at 4:05 pm, Staff C read a book to Clients #4 and #5 with her face mask at her lips. An additional observation in the home on 10/12/21 at 5:20 pm, found Staff C pureeing food for Client #1 with her face mask worn under her chin. The mask	W 340		

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W 340	Continued From page 6 remained under Staff C's chin until 5:35 pm. A review on 10/13/21 of the facility's 5/20/21 inservice on Masks, did not contain any instructions on how to cover the mouth and nose, when wearing a face mask. The inservice instead focused on disposing masks daily and where to locate masks in the facility. Interview on 10/13/21 with the nurse revealed she has demonstrated at house meetings as well as provided an inservice on 5/24/21 on how to wear the face mask. The nurse stated it was a "no no" to wear the mask under the chin.	W 340		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) 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 reviews and staff interviews, the facility failed to ensure 2 of 6 audit clients (#1 and #2) received specially-prescribed diets as indicated. The findings are: A. During the evening meal observations in the home on 10/12/21 at 5:15 pm, Clients #1 received a taco salad that had been processed in a blender. The ingredients included steak, lettuce, sour cream, taco sauce, tomatoes, tortilla chips, cheese and black beans. The food was soft but had a coarse texture. Client #1 consumed his meal without incident. A review on 10/12/21 of Client #1's Individual	W 460		

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W 460	Continued From page 7 Program Plan (IPP) dated 11/3/20 revealed a regular pureed diet due to aspiration and choking risks. Review on 10/13/21 of a diagram used by the facility to demonstrate textured modified diets identified a pureed diet as blended smooth. Interview on 10/13/21 with the nurse revealed lettuce should not be pureed, it should be substituted. B. During dinner meal observations in the home on 10/12/21 at 5:15 pm, Client #2 was served strips of steak on top of lettuce, tomatoes, cheese, whole size tortilla chips and black beans. Staff C used a pair of kitchen shears to cut the steak strips into 1/2" size pieces; the tortilla chips remained whole. Client #2 consumed his meal without incident. During lunch observations at the vocational center on 10/13/21 at 11:30 am, Client #2 was served chicken pot pie and tossed salad with diced tomatoes. The chicken pot pie was not modified and the chicken was at least the size of a quarter. Staff A and the Home Manager took turns feeding Client #2. A review of Client #2's IPP dated 6/2/21 revealed a regular finely chopped 1/4" consistency diet. Review on 10/13/21 of a diagram used by the facility to demonstrate textured modified diets identified a coarsely chopped diet as 1/4" and a finely chopped diet as 1/8". Interview on 10/13/21 with the quality assurance staff (QA) revealed that staff were trained on	W 460		

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W 460	Continued From page 8 5/20/21 how to prepare a modified texture diet.	W 460		