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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		` ′	(X3) DATE SURVEY COMPLETED	
		34G163	B. WING		<del></del>	01/	12/2022
	ROVIDER OR SUPPLIER  STREET HOME			348 T	ET ADDRESS, CITY, STATE, ZIP CODE HOMAS STREET ERSON, NC 28640		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 247	Based on observation interview the facility for choice and self-material leisure opportunity for The finding is:  Observation in the gray 5:55 PM until 6:16 PM a side chair in the din participate in a family observation revealed chair at various times from the dining room client to sit back down revealed client #4 to read to watch other permeal.  Review of records for revealed a person-ce 11/16/21. Review of revealed training object drink snatching, hygical game, exercise and in Continued review of read behavior plan dated will engage in food or prevention is important consistent monitoring this behavior since client #4 involved.	m plan must include to choice and mot met as evidenced by: n, record review and ailed to provide opportunities anagement relative to and alled to a sampled clients (#4).  To f 4 sampled clients (#4).  To pup home on 1/11/22 from the form and watch peers style dinner. Continued client #4 to stand from his and attempt to walk away while staff A redirected the form the form the form the dinner to the form the dinner the form the dinner the	W	247			

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.

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G163	B. WING _		01/12/2022
	ROVIDER OR SUPPLIER  STREET HOME		1	STREET ADDRESS, CITY, STATE, ZIP CODE  348 THOMAS STREET  JEFFERSON, NC 28640	,
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W 247	staff knowledge and cans directly after me for client #4 to remove Further review revea equitable treatment vare eating, client #4 sopportunity to participal Subsequent review or revealed a nutritional with a current diet of: at breakfast, 1 at lung flush before and after ounces warm prune jand 8 ounces at HS. revealed an annual in 10/6/20 with a goal to	ately acquire food without monitor closely, empty trash eals to lessen the opportunity e food and consume it. led to ensure fair and when client #4's housemate's should be provided the pate in a leisure activity.  If records for client #4 assessment dated 8/17/21 NPO, Jevity 1.5 (2 pouches ch, 2 at HS); 60 cc water each feeding. Give 4 uice through tube at 4 pm Additional record review ursing assessment dated of monitor to prevent and/or aspiration due to food	W 2	247	
W 249	disabilities profession verified client #4 has is highly motivated by with the QIDP verified offered the opportuni the group home with clients participated in PROGRAM IMPLEM CFR(s): 483.440(d)(1). As soon as the interconduction of the control of	ENTATION ) isciplinary team has ndividual program plan, sive a continuous active	W 2	249	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G	, ,	(X3) DATE SURVEY COMPLETED		
		34G163	B. WING _		0	1/12/2022	
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W 249	plan.	n the individual program	W 2	49			
	Based on observation interview the facility factive treatment progreeded interventions	not met as evidenced by: on, record review and ailed to provide a continuous gramming consisting of to address food seeking as on centered plan (PCP) for 1 (#4). The finding is:					
	PM revealed client #- staff supervision and on the kitchen counterevealed staff A to wa #4 was putting pizza to remove the pizza to observation revealed the staff placed on he	oup home on 1/11/22 at 7:40 4 to enter the kitchen without to access pizza from a box er. Continued observation alk into the kitchen as client in his mouth and for staff A from client #4. Further staff A to get a glove, that er hand, and for staff A to ep of client #4's mouth.					
	11/16/21. Review of revealed a goal to ke activities which would Continued review of Support Plan (BSP) client #4's BSP revea aggression, food sna touching of others and Additional review of cneed for staff to try to is likely to inappropria	entered plan (PCP) dated the PCP for client #4 ep the client involved in d keep the client occupied. records revealed a Behavior dated 08/2021. Review of alled target behaviors of:					

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W 249	dated 8/17/21 revealed Jevity 1.5 (2 pouches HS). Review of a nuit #4 dated 10/6/20 reveto monitor to prevent aspiration due to food Interview with staff A requires close supervised behaviors. Continuer revealed it is dangerd food as the client has NPO diet.  Interview on 1/12/22 professional (QIDP) or close supervision and engagement to prevent HEALTH CARE SER CFR(s): 483.460  The facility must ensure services requirement.  This CONDITION is The facility failed to a clients (#3 and #4) the in addressing and reg (W342).	al assessment for client #4 ed a current diet of: NPO, at breakfast, 1 at lunch, 2 at rsing assessment for client ealed a health service goal episodes of choking and/or d snatching and/or reflex.  on 1/11/22 revealed client #4 rison due to food seeking d interview with staff A bus for client #4 to access a feeding tube and is on a  with the qualified intellectual verified client #4 requires d opportunities of activity ent food snatching behavior.  VICES  ure that specific health care s are met.  not met as evidenced by: assure for 2 of 4 sampled at staff were properly trained borting client health needs		318			
W 342	The cumulative effect resulted in the failure mandated health care NURSING SERVICE CFR(s): 483.460(c)(5	e services. S	W	342			

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W 342	other members of the appropriate protective measures that include training direct care is symptoms of illness, accidents or illness, accidents or illness, meet the health nee. This STANDARD is Based on observation interviews nursing interdisciplinary tear sufficiently train staff preventive health measuring intervention, reporting of incident (#3 and #4). The find A. Nursing services team members, failed sufficiently trained in client #3. For examination of the general continuation. Continuation in the general continuation.	ast include implementing with e interdisciplinary team, ve and preventive health de, but are not limited to staff in detecting signs and or dysfunction, first aid for and basic skills required to ds of the clients. not met as evidenced by: on, record review and ervices, with other in members, failed to f in appropriate protective and easures with regard to life diet consistency and is for 2 of 4 sampled clients iding is: , with other interdisciplinary ed to ensure staff were if life saving intervention for	W 34	<u> </u>			
	seatbelt. Observation #3 to participate in the of lentil soup with sattoast and peach color of the dinner meal reflect with staff with plating with 1/2" sausage pirevealed client #3's	on at 6:15 PM revealed client the dinner meal that consisted dusage (cut into 1/2" pieces), obler. Continued observation evealed client #3 to remain in g the meal and to be assisted food items that included soup eces. Further observation dinner meal to include the pment that included a high					

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W 342	Continued From pag	ge 5	W 34	12	
	revealed client #3 to continued until the c gurgling noises that choking. Continued to approach client #3 choking" and to stanfurther state "I can't Heimlich". Subseque A to continue standic client began to show his arms in a contract A continued to encorod from his mouth vomit. Additional obto open his airway were surgicially the continued to encorod food from his mouth to open his airway were gurgling to show the continued to show the	begin coughing that lient began making additional indicated the client was observation revealed staff A and to identify "He's d in front of the client and get around him to do the ent observation revealed staff ing in front of client #3 as the of discoloration and to place cted state in the air while staff urage the client to spit out until the client began to servation revealed client #3 with vomiting and to get his of the client to regain color and his arms.			
	revealed a diagnosis profound intellectual of records for client; evaluation dated 7/8 dietary evaluation reconsistency, ground liquids. Review of a dated 8/3/21 revealed choke risk with a his A review of internal frevealed mealtime a conducted in the ground 12/8/21 and 12/23/2 mealtime assessme include staff A. Con mealtime assessme	meats and honey thick n annual nursing evaluation ed client #3 to be a significant			

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W 342	protocols and first aineeded with certain  Continued review of 1/12/22 revealed not trained on life saving the Heimlich maneur administration staff, qualified intellectual (QIDP) on 1/12/22 rebeen trained on life sorientation (12/2021 evidence could be pwith administration some CPR training included clients in wheelchair training was needed competency in life satisficiently trained in consistency for client Observation in the gPM revealed client # ambulation. Continuous wheelchair for client seatbelt. Observation in the gPM revealed client # at to participate in the fentil soup with sat to participate in the fentil soup with sat to sat and peach cobort the dinner meal rehis wheelchair during by staff with plating find with 1/2" sausage pirevealed client #3's of the dinner meal rehis wheelchair during by staff with plating find with 1/2" sausage pirevealed client #3's of the dinner meal rehis wheelchair during by staff with plating find the dinner meal rehis wheelchair during by staff with plating find the dinner meal rehis wheelchair during by staff with plating find the dinner meal rehis wheelchair during by staff with plating find the dinner meal rehis wheelchair during by staff with plating find the dinner meal rehis wheelchair during by staff with plating find the dinner meal rehis wheelchair during by staff with plating find the dinner meal rehis wheelchair during by staff with plating find the dinner meal rehis wheelchair during by staff with plating find the dinner meal rehis wheelchair during by staff with plating find the dinner meal rehis wheelchair during by staff with plating find the dinner meal rehis wheelchair during by staff with plating find the dinner meal rehis wheelchair during by staff with plating find the dinner meal rehis wheelchair during by staff with plating find the dinner meal rehis wheelchair during by staff with plating find the dinner meal rehis wheelchair during by staff with plating find the dinner meal rehis wheelchair during by staff with plating find the dinner meal rehis wh	d for choking; training is staff.  internal documentation on evidence staff A had been measures to include CPR or ver. Interview with nursing and the facility disabilities professional evealed staff A would have saving measures in hiring while no additional training rovided. Continued interview taff and the QIDP verified additional for all staff to ensure aving measures.  failed to ensure staff were ensuring prescribed diet training prescribed diet training measures.  failed to ensure staff were ensuring prescribed diet training prescribed diet training measures.  failed to ensure staff were ensuring prescribed diet training to use a wheelchair for ed observation of the #3 revealed a pin release on at 6:15 PM revealed client med dinner meal that consisted usage (cut into 1/2" pieces), bler. Continued observation evealed client #3 to remain in graph meal and to be assisted food items that included soup eces. Further observation dinner meal to include the pment that included a high	W 34			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		TE SURVEY MPLETED
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W 342	revealed client #3 to continued until the cligurgling noises that choking. Continued to approach client #3 choking" and to stan further state "I cant get Heimlich". Subseque A to continue standir client began to show his arms in a contract A continued to encorous food from his mouth vomit. Additional obto open his airway we breath back allowing relax the muscles in Continued observation client #3 revealed #3's plate sitting in frought of contained sausage processing to cont	inner meal at 6:28 PM begin coughing that lient began making additional indicated the client was observation revealed staff A 3 and to identify "He's id in front of the client and get around him to do the ent observation revealed staff ing in front of client #3 as the or discoloration and to place cited state in the air while staff urage the client to spit out until the client began to servation revealed client #3 with vomiting and to get his or the client to regain color and his arms.  on after the choking incident staff A and B to leave client ront of the client at the table. uently revealed client #3 to	W 34	12		
	surveyor consulted v staff to remove the p prepare the client a in the correct consister observed to fix client pieces served in gro	uld be noted, at this time, the with staff A and directed the plate from the client and to new plate with food items of ney). Staff A was then that a new plate with meat und consistency.  Toup home at 7:15 PM or client #3 water after the				

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W 342	pain. Observation of #3's water revealed the of thickener from a bound into the client's beverable to the correct consistency were of the graph revealed consistency. (It shows a surveyor intervened we staff to contact the face #3's beverage consistency observation revealed nurse and was directed (3) pumps of thickenes are support a honey thickenes and was directed of records for revealed a diagnosis profound intellectual of records for client #evaluation dated 7/8/5 dietary evaluation reversulted to the consistency, ground resulted to the risk with a history of the continued interview with staff A never realized client #Continued interview with reversulted to add (3) client #3's beverages staff to add (2). Substrevealed she had new nursing, or other interview with interview with staff A never knew to add (3) client #3's beverages staff to add (2). Substrevealed she had new nursing, or other interviews.	ent #3's complaint of throat staff A's preparation of client he staff to place (2) pumps of the in the kitchen cabinet age cup. Observation of the realed a graph to guide with beverages. Observation (3) pumps for honey thick ld be noted, at this time, the with staff A and directed the cility nurse for clarity in client tency.) Additional staff to contact the facility end that client #3 should have en added to beverages to consistency.  client #3 on 1/12/22 of down syndrome and disability. Continued review 3 revealed a dietary 20. Review of client #3's realed a diet of 1/2" meats and honey thick annual nursing evaluation it client #3 to be a significant	W	342			

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W 342	the facility QIDP revaluation available to review	ge 9 ng, administration staff and vealed no evidence was to show training of staff on diet group home over the review	W 34	2		
	trained in reporting client #3. For exame client #3. For exame PM revealed client ambulation. Continu wheelchair for client seatbelt. Observati #3 to participate in of lentil soup with stoast and peach coof the dinner meal in his wheelchair during by staff with plating with 1/2" sausage prevealed client #3's	o ensure staff were sufficiently a change in health status for apple:  group home on 1/11/22 at 5:00 #3 to use a wheelchair for used observation of the t #3 revealed a pin release on at 6:15 PM revealed client the dinner meal that consisted ausage (cut into 1/2" pieces), bbler. Continued observation evealed client #3 to remain in the meal and to be assisted food items that included soup pieces. Further observation dinner meal to include the sipment that included a high				
	observation of the revealed client #3 to continued until the gurgling noises that choking. Continued to approach client # choking" and to state further state "I cant Heimlich". Subseq A to continue stand client began to show					

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W 342	food from his mouth of vomit. Additional obsto open his airway with the properties of client #3 revealed #3's plate sitting in from the properties of client #3 revealed #3's plate sitting in from the properties of contained sausage properties of a measure of the properties of a measure of the properties of the proper	rage the client to spit out until the client began to servation revealed client #3 th vomiting and to get his the client to regain color and his arms.  In after the choking incident staff A and B to leave client ont of the client at the table. It is the table that still seces of 1/2" consistency. It is card in the kitchen of the client #3's diet to reflect: ground meats and honey led be noted, at this time, the with staff A and directed the late from the client and to leave plate with food items of coy). Staff A was then #3 a new plate with meat and consistency.  In 1/11/22 at 6:50 PM and contacted the facility nurse incident of client #3. With staff A revealed she was posed to call the facility is choking incident. (It should in the surveyor directed staff or report the choking incident unify if that was an incident	W	142			
	choking incidents.	oposed to call the nurse for ensure staff were sufficiently					

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W 342	trained in reporting a client #4. For exame Observation in the good PM revealed client #4 staff supervision and on the kitchen counterevealed staff A to with a was putting pizzato remove the pizzato observation revealed the staff placed on his sweep of client #4's Subsequent observation revealed the staff placed on his sweep of client #4's Subsequent observation revealed contact the facility in the client with close sup observation revealed contact the facility in the consume food. On and B verified pizzato the kitchen countered the pizzato had come with staff A verified stacility nurse regard possible consumption oted, at this time, so surveyor to report to #4 accessing food).  Due to the choking in failure of staff to deriperform life a saving choking incident, stacorrect prescribed designed.	group home on 1/11/22 at 7:40 #4 to enter the kitchen without d to access pizza from a box ter. Continued observation valk into the kitchen as client a in his mouth and for staff A from client #4. Further d staff A to get a glove that her hand to conduct a finger mouth.  ation revealed staff A to walk kitchen and to monitor the hervision. Additional d at no time for staff A to	W 34:			

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W 342	client health status chan immediate jeopard.  The facility was able to protection during the immediate action and life saving measures, appropriate food storal reporting of incidents status to the nurse. To also included increase and meal time assess by the clinical team to with job responsibilities protection in place, the removed.  EVACUATION DRILL CFR(s): 483.470(i)(1) at least quarterly for each immediate protection in place, the removed.	staff to report incidents of hange to nursing as required, by was cited.  To provide a plan of survey that included training of staff in areas of diet consistency, age of food items and involving a change in health. The facility plan of protection ed monitoring of interaction sments in the group home of monitor staff competency es. With this plan of the immediate jeopardy was seach shift of personnel.		342			
	drills for 6 of 6 clients at least quarterly for 6 finding is:  Review of internal factor revealed one fire drill. Continued review of for February 2021 through additional fire drills. Interview with staff C 1/12/22 revealed the to be new to his position.	ailed to conduct evacuation (#1, #2, #3, #4, #5, and #6) each shift of personnel. The  cility records on 1/12/22 dated 10/18/21 for first shift. ire drills for the review year ough January 2022 revealed s were available for review.  in the group home on staff to work third shift and					

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W 440	facility fire drill. Furth verified the staff to we Interview with the faci disabilities profession revealed due to staff facility fire drills may required. Continued verified no evidence of the review year wi on 10/18/21.  DIETETIC SERVICES CFR(s): 483.480	rtunity to participate in a ser interview with staff C ork alone during third shift.  ility qualified intellectual sal (QIDP) on 1/12/22 shortage and turn over that not have been conducted as interview with administration of fire drills could be located th the exception of one drill	W 4				
W 474	The facility failed to e clients (#3 and #4) the modified and specially.  The cumulative effect resulted in the facility statutorily mandated in MEAL SERVICES CFR(s): 483.480(b)(2).  Food must be served developmental level of this STANDARD is represented by the facility of the content of the served interview, the facility of the content of the conte	Dietetic Services.  (iii)  in a form consistent with the of the client.  not met as evidenced by: ns, record review and failed to provide a d diet for 1 of 4 sampled	W 2	474			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION		E SURVEY MPLETED
		34G163	B. WING _		0	1/12/2022
NAME OF PROVIDER OR SUPPLIER THOMAS STREET HOME		STREET ADDRESS, CITY, STATE, 348 THOMAS STREET  JEFFERSON, NC 28640		·		
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 474	PM revealed client ambulation. Continually wheelchair for client seatbelt. Observat #3 to participate in of lentil soup with stoast and peach coof the dinner meal whis wheelchair during with 1/2" sausage prevealed client #3's use of adaptive equivalent disher and the purgling noises that choking. Continued to approach client #3 to choking" and to stafurther state "I cant Heimlich". Subseq	group home on 1/11/22 at 5:00 #3 to use a wheelchair for ued observation of the t #3 revealed a pin release ion at 6:15 PM revealed client the dinner meal that consisted ausage (cut into 1/2" pieces), bbler. Continued observation revealed client #3 to remain in ng the meal and to be assisted food items that included soup bieces. Further observation dinner meal to include the uipment that included a high nd maroon spoon.  dinner meal at 6:28 PM to begin coughing that client began making additional t indicated the client was d observation revealed staff A #3 and to identify "He's nd in front of the client and get around him to do the uent observation revealed staff	W 4			
	client began to sho his arms in a contra A continued to ence food from his mouth vomit. Additional o to open his airway breath back allowin relax the muscles in  Continued observa of client #3 reveale	ing in front of client #3 as the w discoloration and to place acted state in the air while staff burage the client to spit out in until the client began to bservation revealed client #3 with vomiting and to get his ig the client to regain color and in his arms.  Ition after the choking incident d staff A and B to leave client front of the client at the table.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G163	B. WING			1/12/2022	
NAME OF PROVIDER OR SUPPLIER  THOMAS STREET HOME				STREET ADDRESS, CITY, STATE, ZIP CO 348 THOMAS STREET JEFFERSON, NC 28640			
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
W 474	begin taking bites fro contained sausage pon observation of a meagroup home revealed 1/2" consistency with thick liquids. (It shows a staff to remove the prepare the client and the correct consistent observed to fix client pieces served in grown observation in the graph revealed staff to offer dinner meal due to compain. Observation of #3's water revealed to fince the client's beverbottle of thickener from a bound into the client's beverbottle of thickener recorrect consistency of the graph revealed consistency. (It shows a staff to contact the farm and was direct (3) pumps of thickener support a honey thickener records for revealed a diagnosis profound intellectual of records for client #4.	uently revealed client #3 to m his plate that still ieces of 1/2" consistency. al card in the kitchen of the d client #3's diet to reflect: a ground meats and honey ald be noted, at this time, the with staff A and directed the late from the client and to new plate with food items of cy). Staff A was then #3 a new plate with meat and consistency.  Toup home at 7:15 PM or client #3 water after the lient #3's complaint of throat is staff A's preparation of client the staff to place (2) pumps oottle on the kitchen cabinet rage cup. Observation of the vealed a graph to guide with beverages. Observation of the vealed a graph to guide with staff A and directed the with staff A and directed the with staff A and directed the cicility nurse for clarity in client estency.) Additional a staff to contact the facility need that client #3 should have the radded to beverages to k consistency.  To client #3 on 1/12/22 of down syndrome and disability. Continued review #3 revealed a dietary (20. Review of client #3's	W 4	74			

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '			OATE SURVEY OMPLETED
		34G163	B. WING _			01/12/2022
NAME OF PROVIDER OR SUPPLIER THOMAS STREET HOME				STREET ADDRESS, CITY, STATE, ZIP CO 348 THOMAS STREET JEFFERSON, NC 28640		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
W 474	consistency, ground r liquids. Review of a a dated 8/3/21 revealed choke risk with a histo Interview with the faci prescribed a 1/2" diet	meats and honey thick annual nursing evaluation decilent #3 to be a significant bry of aspiration.  Ility QIDP verified client #3 is with ground meats and Continued interview with the 3 should have been	W 4	74		