STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G255	A. BUILDING _____ B. WING _____	R 02/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADYLAWN	901 SHADYLAWN DR CHAPEL HILL, NC 27516

(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 000	INITIAL COMMENTS A revisit was conducted on 2/17/2022 for all previous deficiencies cited on 12/28/21. The previous deficiency was corrected. However an additional tag was cited.	W 000		
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 1 audit client (#3) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of meal preparation. The finding is: During observations on 2/17/22 in the facility at 12:15pm, there were 2 staff working in the facility which included staff A and the site supervisor. Client #3 wandered toward the kitchen and was redirected back to the living room area. During interview on 2/17/22 with the site supervisor he explained the clients had eaten lunch and staff have been told to discourage clients from any meal preparation activities	W 249		

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.

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W 249	Continued From page 1 because of COVID-19. When asked if clients were encouraged to participate in any aspects of meal preparation, he stated, "Maybe they could put condiments on their food." When asked if clients had meal preparation objectives he stated, client #3 had meal preparation objectives. Review on 2/17/22 of client #3's IPP dated 2/6/21 revealed a training objectives: (8.7) Which require him to assist in making a sandwich to take to the vocational program and objective (8.6) To gather materials for snack. Review of the data revealed the objective to make a sandwich has only been trained twice in the past 30 days. Interview on 2/17/22 with the site supervisor and the qualified intellectual disabilities professional (QIDP) revealed these objectives should be trained daily and that clients should be given daily opportunities to assist with meal preparation.	W 249		