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

PRINTED: 03/02/2022 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER IOTLA STREET GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES PRANKLIN, NC 28734	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
INDIVIDUAL PROGRAM PLAN W 227 INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph ((x)) of this section, This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure the individual habilitation plan (HP) for 1 of 4 sampled clients ((#6) included training in dining skills. The finding is. Observation in the group home on 2/28/22 at 6:30 PM revealed client #6 to participate in the dinner meal. Continued observed to naiswer questions client #6 was observed to naiswer questions client #6 was observed to naiswer questions client #6 was observed to finish the pilate of roast beef, carrots, potatoes, greens beans and pudding in under 5 minutes. Morning observations in the group home on 3/01/22 at 8:30 AM revealed client #6 to participate in the pilate of roast beef, carrots, potatoes, greens beans and pudding in under 5 minutes. Morning observations in the group home on 3/01/22 at 8:30 AM revealed client #6 to be participate in breakfast meal. Continued observation throughout the breakfast meal continued observation throughout the file was observed to file the pilate of roast beef, carrots, potatoes, greens beans and pudding in under 5 minutes. Morning observations in the group home on 3/01/22 at 8:30 OAM revealed client #6 to be participate in a breakfast meal. Continued observation throughout the breakfast meal. Continued observation throughout the file with close supervision by stiting next to the client but provided no prompts to slow rate of eating. Subsequent observed, as with the dinner meal, to engage in conversations revealed the client to to the provided no prompts to slow rate of eating.			34G258	B. WING			03/01/2022	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 227 INDIVIDUAL PROGRAM PLAN CFR(s): 483,440(c)(4) 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. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure the individual habilitation plan (IHP) for 1 of 4 sampled clients (#6) included training in dining skills. The finding is: Observation in the group home on 2/28/22 at 6.30 PM revealed client #6 to participate in the dinner meal. Continued observation throughout the meal revealed staff to provide client #6 close supervision with sitting next to the client. Client #6 was further observed to answer questions client #6 would ask while eating at a rapid pace. Staff were further observed to answer questions client #6 would ask while eating at a rapid pace. Client #6 was observed to finish her plate of roast beef, carrots, potalose, greens beans and pudding in under 5 minutes. Morning observations in the group home on 3/01/22 at 8.30 AM revealed client #6 to participate in a breakfast meal revealed staff to provide client #6 to participate in the round continued observation throughout the breakfast meal revealed staff to provide client #6 to the formal provide client #6 to the formal provide client #6 to the participate in a breakfast meal revealed staff to provide client #6 to the continued observation introughout the reakfast meal revealed staff to provide client #6 to the continued observation introughout the reakfast meal revealed staff to provide client #6 to the continued observation introughout the reakfast meal revealed staff to provide client #6 to the continued observation introughout the reakfast meal revealed staff to provide client #6 to the continued observation throughout the reakfast meal revealed staff to provide client #6 to the continued observation throughout the reakfast meal reve					406 IOTLA STREET	·		
CFR(s): 483.440(c)(4) 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. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure the individual habilitation plan (IHP) for 1 of 4 sampled clients (#6) included training in dining skills. The finding is: Observation in the group home on 2/28/22 at 6:30 PM revealed client #6 to participate in the dinner meal. Continued observation throughout the mal revealed staff to provide client #6 close supervision with sitting next to the client. Client #6 was further observed to load her fork with a large portion of food while using her butter knife to scoop the food onto the fork at a rapid pace. Staff were further observed to answer questions client #6 would ask while eating at a rapid pace. Client #6 was observed to finish her plate of roast beef, carrots, potatoes, greens beans and pudding in under 5 minutes. Morning observations in the group home on 3/01/22 at 8:30 AM revealed client #6 to participate in a breakfast meal revealed staff to provide client #6 with close supervision by sitting next to the client. Staff were further observed, as with the dinner meal, to engage in conversation with the client but provided no prompts to slow rate of eating. Subsequent observations revealed the client to	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		CFR(s): 483.440(c)(4 The individual program objectives necessary as identified by the corequired by paragraph This STANDARD is reparted to supervision in the ground program observation interview, the facility for habilitation plan (IHP) (#6) included training is: Observation in the ground program of the ground provision with sitting the was further observation of food was to scoop the food onto Staff were further observation throughout the ground program of the ground program o	m plan states the specific to meet the client's needs, emprehensive assessment in (c)(3) of this section. Not met as evidenced by: Ins., record review and sailed to assure the individual for 1 of 4 sampled clients in dining skills. The finding sup home on 2/28/22 at 6:30 to participate in the dinner dervation throughout the provide client #6 close go next to the client. Client ted to load her fork with a while using her butter knife to the fork at a rapid pace, erved to answer questions hile eating at a rapid pace, and to finish her plate of roast is, greens beans and inutes. In the group home on evealed client #6 to fast meal. Continued at the breakfast meal de client #6 with close next to the client. Staff It, as with the dinner meal, to on with the client but to slow rate of eating. In under 5 minutes.					

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G258	B. WING			03/01/2022	
NAME OF PROVIDER OR SUPPLIER IOTLA STREET GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP 0 406 IOTLA STREET FRANKLIN, NC 28734	CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 227	Record review for clie an IHP dated 3/04/21 revealed training objective independence in home management, meal pand making bed. Fur goals revealed guide increase independent and money earned. #6's guidelines revealed reglasses, maintain communication and vorevealed a comprehe (CFA) dated 3/01/21. Client #6 revealed a serequire prompts to tall Interview with the quaprofessional (QIDP) of did not have formal prate of eating. Contir revealed client #6 continues in the professional (QIDP) of the professional (QIDP) of the professional continues with the quaprofessional (QIDP) of the professional continues with the quaprofessional (QIDP) of the professional continues with the quaprofessional continues with the quaprofessional (QIDP) of the professional continues with the quaprofessional continues with the quaprofess	ent #6 on 3/01/22 revealed Review of the IHP ectives to address ne management, money orep, laundry/hanging clothes rther review of program lines to ensure privacy, ce with recreational skills Continued review of client cled procedures for cleaning oring appropriate valking. If records for client #6 ensive functional assessment Review of the CFA for skill assessment; "does ke small bites on occasion". Relified intellectual disabilities on 3/01/22 verified client #6 rogramming to address her nued interview with QIDP		227			