STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G221	A. BUILDING _____ B. WING _____	03/15/2022

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W 000	INITIAL COMMENTS A complaint investigation was conducted during the recertification survey for intake #NC00185822. There were no deficiencies cited as a result of the complaint survey. However, deficiencies were cited as a result of the recertification survey.	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 review and interviews, the facility failed to ensure 1 of 4 audit clients (#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 food preparation. The finding is: During evening observations in the home on 3/14/22 from 5:35pm - 5:52pm, Staff A completed all food preparation tasks without prompting clients to participate. For example, the staff placed turkey burgers on a pan and cooked them in the oven, toasted buns, opened cans of vegetable soup, poured the soup into a pot, heated the soup on the stove, and placed	W 249		

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

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W 249	Continued From page 1 crackers on a plate. During this time, client #3 walked in and around the kitchen and dining room area unengaged but was not encouraged to complete any food preparation tasks. During morning observations in the home on 3/15/22 from 6:20am - 7:03am, Staff D completed all food preparation tasks without prompting clients to participate. For example, the staff retrieved packaged muffins and oatmeal from a hall pantry, obtained a pot of water and heated it on the stove, retrieved yogurt cups and placed them on a plate, and prepared five individual bowls of instant oatmeal. During this time, client #3 frequently walked in and around the kitchen and dining room area unengaged but was not encouraged to complete in food preparation tasks. Interview on 3/15/22 with Staff A revealed client #3 can assist with some kitchen tasks like stirring and table setting. Additional interview with Staff D indicated she did not want clients to get burned pouring hot water into bowls for their instant oatmeal. Review on 3/15/22 of client #3's Community Home Life Assessment (CHLA) dated 8/27/21 revealed he needs physical assistance to make foods with/without cooking. Additional review of the CHLA indicated he needs verbal cues to use a toaster, microwave, stove/oven, coffee maker and measuring/mixing spoons or devices. Interview on 3/15/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 "will help" with cooking tasks depending on his "mood" that day.	W 249		

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W 288	Continued From page 2	W 288		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure a technique to manage inappropriate behaviors for 2 of 4 audit clients (#3 and #5) was included in an active treatment program. The finding is: During observations in the home on 3/14/22 at 3:31pm, client #5 exited his bedroom and indicated to Staff A he wanted to watch television in his room. Staff A indicated they would need to go to the office in the home and retrieve the remote for his television. During morning observations in the home on 3/15/22 at 7:35am, client #3 approached the Qualified Intellectual Disabilities Professional (QIDP) and stated something was wrong with his television. The QIDP told the client they would need to obtain his remote from the office in the home to determine what was wrong with the television. At 7:37am, the QIDP obtained client #3's television remote from the office. Interview on 3/14/22 with Staff A revealed client #5's television remote is kept in the office because "he likes to play with it a lot." Additional interview with Staff C indicated all remotes are kept in the office because the clients will "break" them. Review on 3/14/22 of client #3's Behavior Support Plan (BSP) dated 6/11/21 revealed an objective to	W 288		

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W 288	Continued From page 3 exhibit 0 episodes of inappropriate verbalizations per month for 12 consecutive months. Additional review of the plan did not include a technique of removing client #3's television remote from his bedroom to address his inappropriate behaviors. Review on 3/14/22 of client #5's BSP dated 9/13/21 addresses target behaviors of non-compliance, physical aggression, property aggression, elopement and inappropriate toileting. Additional review of the plan did not include a technique of removing client #5's television remote from his bedroom to address his inappropriate behaviors. Interview on 3/15/22 with QIDP indicated the remotes are kept in the office because the clients lose the remotes regularly. QIDP confirmed that keeping the clients remotes in the office should be included in their BSP.	W 288		
W 312	DRUG USAGE CFR(s): 483.450(e)(2) be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a drug used to manage client #5's inappropriate behaviors was used only as an integral part of her Individual Program Plan. This affected 1 of 4 audit clients. The finding is: Review on 3/14/22 of client #5's physician's	W 312		

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W 312	Continued From page 4 orders dated 9/29/21 revealed an order for "Klonopin 1mg by mouth twice daily at 0700 and 1600." Additional review of the client's Behavior Support Plan (BSP) dated 9/13/21 revealed target behaviors of, "non-compliance, physical aggression, property aggression, elopement and inappropriate toileting." Further review of the plan identified the use of Clonidine, Lexapro, Lorazepam, Seroquel and Melatonin to address behaviors; however, the plan did not include the use of Klonopin. Interview on 3/15/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5 ingests Klonopin for behaviors; however, the drug is not included in a formal active treatment plan.	W 312		
W 323	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(i) The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 4 audit clients (#3 and #5) obtained an evaluation of their vision and hearing as recommended. The findings are: A. Review on 3/14/22 of client #3's record revealed a visual examination had been completed on 7/31/20. Additional review of the vision examination report noted, "Hyperopia/Refractive error...Fulltime spectacle wear..." The report recommended a follow-up examination in one year by 7/31/21. Further review of the record did not reveal a visual examination had been completed since 7/31/20.	W 323		

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W 323	Continued From page 5 Interview on 3/15/22 with the facility's nurse indicated client #3 had not returned for a vision examination since 7/31/20 after the insurance would not pay for it. The nurse acknowledged the provider is responsible for payment for services when the insurance refuses to pay. B. Review on 3/14/22 of client #5's record revealed an audiological examination dated 11/23/20. Additional review of the report noted, "Recommendation: Follow up in one year." Further review of client #5's record did not reveal a follow up audiological examination had been completed. Interview on 3/15/22 with the facility nurse confirmed client #5 was in need of an audiological follow up; however, this appointment had not been scheduled as of the date of the survey.	W 323		
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, record reviews and interviews, the facility failed to provide training for use of client #1's continuous positive airway pressure machine (CPAP). This affected 1 of 4 audit clients (#1). The finding is:	W 340		

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W 340	Continued From page 6 Record review on 3/14/22 of client #1's pulmonology report (dated 6/30/21) revealed diagnosis of "obstructive sleep apnea and history of recurrent pneumonia" as well as recommendations to "continue CPAP as tolerated; maintain aspiration precautions." Interview on 3/14/22 with Qualified Intellectual Disabilities Professional (QIDP) confirmed that client #1 is supposed to use a CPAP machine while sleeping. However, QIDP revealed that client #1 refuses the CPAP machine and there is no training in place for staff or client. Interview on 3/15/22 with facility nurse confirmed the recommendation for use of CPAP while sleeping and that client #1 refuses. Facility nurse also confirmed there is no training in place for staff or client to encourage use.	W 340		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all drugs and biologicals were kept locked except when being prepared for administration. The finding is: During observations of medication administration in the home on 3/14/22 at 3:59pm, 4:04pm, 4:22pm and 4:27pm staff A exited the medication administration area to retrieve a client, leaving the door to the medication closet wide open.	W 382		

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W 382	Continued From page 7 Interview on 3/14/22 with the staff A revealed she received training on locking the medication closet when leaving the area. Interview on 3/15/22 with facility nurse revealed all staff receive medication training when hired and are instructed not to leave medication unlocked or unattended.	W 382		
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 review and interviews, the facility failed to ensure client #6 received his specially modified diet as indicated. This affected 1 of 4 audit clients. The finding is: During dinner observations in the home on 3/14/22 at 6:01pm, Staff A assisted client #6 to serve himself four whole crackers and which he consumed uncut. During snack observations in the home on 3/14/22 at 4:08pm and 4:44pm, client #6 consumed a small bag of cheese puffs which were approximately the length of a pinky finger and two chocolate wafers approximately the length of an index finger. The snack items were not cut up. During further observations of the breakfast meal on 3/15/22 at 7:08am, client #6 retrieved a whole muffin from a platter on the table and consumed 3/4 of it before a staff broke it into smaller pieces. Client #6 consumed all food items without difficulty.	W 460		

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W 460	Continued From page 8 Observation of a diet list posted in the kitchen revealed client #6 consumes his food chopped into "dime-size pieces". Interview on 3/15/22 with Staff D revealed client #6's food should be cut up as indicated on the diet list. Review on 3/15/22 of client #6's Individual Program Plan (IPP) dated 9/3/21 revealed, "Staff should follow dietary requirements: dime-sized chopped diet." Interview on 3/15/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6's food should be chopped into dime-size pieces as indicated.	W 460		