CENTER	MENT OF HEALTH	AND HUMAN SERVICES			PRINTE	D: 02/17/2022 MAPPROVED	
STATEMENT	OF DEPICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	T 72.00		OMB NO	<u>), 0938-0391</u>	
AND PLAN OF CORRECTION IDENTIFICAT		IDENTIFICATION NUMBER:		(IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		34G243	B. WING		0:	2/16/2022	
NAME OF F	ROVIDER OR SUPPLIER		ľ	STREET ADDRESS, CITY, STATE, ZIP (SODE CO	W TOILULL	
WESTSI	DE RESIDENTIAL		İ	467 SOUTH CREEK ROAD ORRUM, NC 28389			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	COMPLETION DATE	
W 260	PROGRAM MONIT CFR(s): 483.440(f)(ORING & CHANGE (2)	W 26	50			
	must be revised, as process set forth in This STANDARD is Based on record refacility failed to updiplans (IPP's) annua #2, #3, #4, #5 and # A. Review on 2/15/2 revealed an IPP dai of client #1's record since 2/3/21. Durin program and in the on 2/15/22 - 2/16/22 observed to particip setting the dining ta the home. Interview on 2/16/22 disabilities profession #1's IPP meeting withat the IPP has not B. Review on 2/15/2 revealed no IPP was observations at the throughout the survey and client #1 were of preparation, setting activities in the home interview on 2/16/22 client #2's IPP meet and that there was interview on 2/16/22 client #2's IPP meet and the and IPP was on 2/16/22 client #2's IPP meet	is individual program plan appropriate, repeating the paragraph (c) of this section. Is not met as evidenced by: eviews and interviews, the ate the individual program ally for 6 of 6 audit clients (#1, #6). The findings are: 22 of client #1's record ted 2/3/21. Additional review I revealed no updated IPP g observations at the day home throughout the survey 2, staff and client #1 were that in meal preparation, ble, chores, and activities in 2 with the qualified intellectual conal (QIDP) confirmed client as scheduled for 2/16/22 and the been updated since 2/3/21. 22 of client #2's record as available for review. During day program and in the home ey on 2/15/22 - 2/16/22, staff observed to participate in meal the dining table, chores, and the dining table, chores, and the current IPP available for IPP IPP IPP IPP IPP IPP IPP IPP IPP IP	VATURE	W 260 The facility will that all client IPP's are updated annually. Interdisciplinary team QP will ensure that IP meetings occur annual clients and that the plidentifies yearly goals the plan is in client mercord as well as in the home. QP will schedul treatment plan meeting client #'s 1, 2, 3, 4, 5, and QP will monitor and complete annually or an eeded if within the playear.	and P ally for an and edical e le ng for and 6.	(X6) DATE	

Any deficiency statement ending with an esterisk (*) 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.

FORM CMS-2557(02-99) Previous Versions Obsolete

Event ID: KHW911

Facility ID: 922868

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	M APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		34G243	8. WING			05)/16/2022	
NAME OF F	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		a i chrome	
WESTSIC	DE RESIDENTIAL				67 SOUTH CREEK ROAD PRRUM, NC 28369	O2/16/2022 DE ECTION (X5) HOULD BE COMPLETIO]	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	:	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X6) COMPLETION DATE	
W 260	Continued From pareview.	ge 1	W	260				
	revealed no IPP wa observations at the throughout the survand client #3 were of preparation, setting activities in the hor Interview on 2/16/2: client #3's IPP mee	2 with the QIDP confirmed ling had been held but the IPP						
	had not been writted current IPP available. D. Review on 2/15/2 revealed an IPP day of client #4's record since 2/4/21. Durin program and in the on 2/15/22 - 2/16/23 observed to participate current in the control of the control of the control of the control of the current in the control of the control of the current in the control of the current in	n and that there was no						
	client #4's IPP mee	2 with the QIDP confirmed ling was scheduled for 2/16/22 no current IPP available for						
	revealed an IPP da of client #5's record since 2/4/21. Durin program and in the on 2/15/22 - 2/16/2/ observed to particip	22 of client #5's record ted 2/4/21. Additional review revealed no updated IPP g observations at the day home throughout the survey 2, staff and client #6 were pate in meal preparation, ible, chores, and activities in					• •	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 02/17/2022

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ 34G243 B. WING 02/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 467 SOUTH CREEK ROAD WESTSIDE RESIDENTIAL **ORRUM, NC 28369** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 260 Continued From page 2 W 260 Interview on 2/16/22 with the QIDP confirmed client #5's IPP meeting was scheduled for 2/18/22 and that there was no current IPP available for review. F. Review on 2/15/22 of client #6's record revealed no IPP was available for review. During observations at the day program and in the home throughout the survey on 2/15/22 - 2/16/22, staff and client #6 were observed to participate in meal preparation, setting the dining table, chores, and activities in the home. Interview on 2/16/22 with the QIDP confirmed client #6's IPP meeting had been held but the IPP had not been written and that there was no current IPP available for review. W 263 **PROGRAM MONITORING & CHANGE** W 263 CFR(s): 483,440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed W 263 The facility will ensure consent of the client, parents (if the client is a minor) or legal guardian. 411/12 that written informed consent of the client parent This STANDARD is not met as evidenced by: or legal guardian is obtained. Based on record review and interview, the facility falled to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 6 audit clients (#5). The finding is: Review on 2/15/22 of client #5's Behavior Support Plan (BSP) dated 12/8/2020 revealed the objective, "By 12/1/2021, [Client #5] will exhibit two or fewer challenging behaviors per month for

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING _ COMPLETED 34G243 B. WING 02/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **487 SOUTH CREEK ROAD WESTSIDE RESIDENTIAL ORRUM, NC 28389** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CATE DEFICIENCY) The QP will ensure that all W 263 Continued From page 3 W 263 consent forms are signed by 11 consecutive months." Additional review of client #5's BSP revealed, "...ingests Depakote. guardian and in medical Sertraline, Zyprexa, Effexor and Hydroxyzine as record yearly or as needed well as a monthly injection of Invega Sustena for behavior support." Additional review of client #5's for changes. QP for client #5 record revealed a consent dated 1/26/21. will prepare client consent pack including consents Interview on 2/16/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed that related to psychiatric the facility does not have a current BSP or medications and have consent signed by client #5's legal guardian. written informed consent W 312 DRUG USAGE W 312 signed and in client medical CFR(s): 483,450(e)(2) record. QP will monitor Drugs used for control of inappropriate behavior annually or as needed if must be used only as an integral part of the client's individual program plan that is directed before annual due date. 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 reviews and interviews, the W312 The facility will facility falled to ensure drugs to manage client ensure that medications to 4/17/22 behavior were only used as an integral part of the client's Individual Program Plan (IPP). This manage behaviors are affected 1 of 6 audit clients (#2). The finding is: incorporated into the behavior support plan Review on 2/15/22 of client #2's record revealed no current IPP. Additional review of client #2's (BSP). record revealed a medical evaluation, dated 3/4/21, which states, "Reportedly has some problems sleeping. He ingests Melatonin 5mg nightly to help with sleep." Review on 2/16/22 of client #2's Physician's Orders dated 11/17/21 revealed an order for

FORM CMS-2567(02-99) Previous Versions Obsciete

Event ID: KHW911

Facility ID: 922868

If continuation sheet Page 4 of 9

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ 34G243 B. WING 02/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 467 SOUTH CREEK ROAD **WESTSIDE RESIDENTIAL** ORRUM, NC 28369 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) For Client who W 312 Continued From page 4 W 312 ingest Melatonin for sleep Melatonin 5mg, "Take one tablet by mouth daily at behaviors, the use of this bedtime." medication will be Review on 2/16/22 of client #2's Behavior Support incorporated into the BSP. Plan (BSP) revealed client #2 is supported with the use of the medication Abilify for behavior Hence the BSP will be management. updated. The OP will ensure that any medication Interview on 2/16/22 with the facility's ICF Director confirmed the use of Melatonin for sleep behavior used to alter behaviors will should be incorporated into client #2's BSP. be incorporated into the W 368 **DRUG ADMINISTRATION** W 368 CFR(s): 483,460(k)(1) behavior support plan. The OP will montor use of The system for drug administration must assure medications to alter that all drugs are administered in compliance with the physician's orders. behavior monthly to ensure continued complian This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 2 of 6 audit clients (#1 and #4). The findings are: A, During observations of medication administration in the home on 2/16/22 at 7:00am. W 368 The facility will ensure 4/1/22 Staff B was observed to administer to client #1 that all drugs are one Amiodopine 5mg tablet, one Bisoproloi-HCTZ administered in compliance 5-6.25mg tablet, one Losartin 100mg tablet, one multi-vitamin tablet, one Risperidone 0.5mg with physician's orders. tablet, one Vitamin D 2000iu tablet, and one Vitamin D3 tablet. Review on 2/16/22 of client #1's Physician's Orders dated 11/17/21 revealed an order for Occusoft Lid Scrub, "Clean both eye Ild margins

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

PRINTED: 02/17/2022 FORM APPROVED OMB NO. 0938-0391

MANE OF PROVIDER OR BUPFLIER WESTSIDE RESIDENTIAL SUMMARY STATEMENT OF DEFICIENCIES (EXAM DEPOCHATION OF DEFICIENCIES) (EXAM DEPOCHATION OF DEFICIENCIES (EXAM DEPOCHATION OF DEFICIENCIES) (EXAM DEPOCHATION OF DEFICIENCIES (EXAM DEPOCHATION OF DEFICIENCY (EXAM DEFICIENCY (EXAM DEPOCHATION OF DEFICIENCY (EXAM DEFICIENCY (EXAM DEFICIENCY (EXAM DEFICIENCY (EXAM DEFICIENCY (EXAM DEFICIENCY (EXAM DEFICIENC	AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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PREFIX TAG TAG RESULATORY OR ISC (DENTIFYING INFORMATION) W 368 Continued From page 5 twice delity indefinitely at 8am and 8pm" and Scotte XP Eye Drops, "instill one drop in each eye twice delity at 8am and 8pm." Interview on 2/16/22 with the facility nurse confirmed client #1 should have received the Occusoft LId Scrub and Soothe XP Eye Drop as the physician's order indicates. B. During observations of medication extenialisted in in the high quality and one Vitamin D3 1000lu tablet, one Pioglitazone 15mg tablet, and one Vitamin D3 1000lu tablet, During the observation, client #4 sasked for an eye drop, Staff B informed her she gets her eye drop at night. Review on 2/16/22 of client #4's Physician's Orders dated 11/17/21 revealed an order for Gavilax Powder, "Mix one captul in 8 ounces of water or julce and drink once daily at 8am and 8pm." Interview on 2/16/22 with the facility nurse confirmed client #4 should have received the Gavilax Powder and Systane Balance 0.6% Eye Drop, "Instill one drop in both eyes two times a day at 8am and 8pm." Interview on 2/16/22 with the facility nurse confirmed client #4 should have received the Gavilax Powder and Systane Eye Drop as the physician's order indicates. W 436 W 436 W 436 The nursing staff will re in service all staff on correct medication. The nursing staff will in service all staff on correct medication. The nursing staff will in service all staff on correct medication administration. The nursing staff will in service all staff on correct medication administration. The nursing staff will in service all staff on correct medication administration. The nursing staff will in service all staff on correct medication administration. The nursing staff will in service all staff on correct medication administration. The nursing staff will in service all staff on correct medication administration. The nursing staff will in service all staff on correct medication administration. The nursing staff will in service all staff on correct medication administration. Th	· · · · · · · · · · · · · · · · · · ·			STREET ADDRESS, CITY, STATE, ZIP CODE 467 SOUTH CREEK ROAD				IUIZUZZ
twice daily indefinitely at 8am and 8pm* and Soothe XP Eye Drops, "Instill one drop in each eye twice daily at 8am and 8pm." Interview on 2/16/22 with the facility nurse confirmed client #1 should have received the Occusoft Lid Scrub and Soothe XP Eye Drop as the physician's order indicates. B. During observations of medication etailetistininin "Utoning tablet, one Picglitazone 15mg tablet, and one Vitamin D3 1000lu tablet, During the observation, client #4 asked for an eye drop, Staff B informed her she gets her eye drop at night. Review on 2/16/22 of client #4's Physician's Orders dated 11/17/21 revealed an order for Gavilax Powder, "Mix one capful in 8 ounces of water or juice and drink once daily at 8am" and Systane Balance 0.8% Eye Drop, "Instill one drop in both eyes two times a day at 8am and 8pm." Interview on 2/16/22 with the facility nurse confirmed client #4 should have received the Gavilax Powder and Systane Eye Drop as the physician's order indicates. W 436 W 436 The nursing staff will re in service all staff on correct medication administration. The nursing staff will in service all staff on client #1 Occsoft Lid Scrub and eye drops during medication Client #4's Gavilax Powder during medication administration. Nursing staff will in service all staff on client #1 Occsoft Lid Scrub and eye drops during medication client #4's Gavilax Powder during medication administration. Nursing staff will in service all staff on crime dication administration. The nursing staff will in service all staff on client #1 Occsoft Lid Scrub and eye drops during medication administration. Nursing staff will in service all staff on crime dication administration. The nursing staff will in service all staff on client #1 Occsoft Lid Scrub and eye drops during medication administration. Nursing staff will in service all staff on client #1 Occsoft Lid Scrub and eye drops during medication administration. Nursing staff will in service all staff on client #1 Occsoft Lid Scrub and eye drops during medication adminis	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
		twice daily indefinite Soothe XP Eye Dro eye twice daily at 8. Interview on 2/16/2 confirmed client #1 Occusoft Lid Scrub the physician's order in the physician's order in the physician's order in the physician's order and one Vitamin Dispervation, client: Staff B informed he night. Review on 2/16/22 Orders dated 11/17 Gavilax Powder, "Nater or juice and of Systane Balance 0 in both eyes two time. Interview on 2/16/2 confirmed client #4 Gavilax Powder and physician's order in SPACE AND EQUI CFR(s): 483.470(g). The facility must furured and teach clients to choices about the chearing and other of the systam and the systam	ely at 8am and 8pm" and pps, "instill one drop in each am and 8pm." 2 with the facility nurse should have received the and Soothe XP Eye Drop as er indicates. ons of medication on the Ploglitazion, "instille During the Ploglitazione 15mg tablet, 3 1000lu tablet, During the 44 asked for an eye drop, or she gets her eye drop at of client #4's Physician's 1/21 revealed an order for 1/221 revealed for 1/221 revealed for 1/221 re			The nursing staff will re in service all staff on correct medication administration. The nursing staff will in service all staff on client #1 Occsoft Lid Scrub and eye drops during medication client # 4's Gavilax Powder during medication administration. Nursing sta	ff	

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY DENTIFICATION NUMBER: COMPLETED A. BUILDING 34G243 B. WING 02/16/2022 WESTSIDE RESIDENTIAL 491 OUVIN CKEEK KUAD **ORRUM, NC 28369** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 436 Continued From page 6 W 436 W436 The facility will ensure interdisciplinary team as needed by the client. that all clients are furnished. maintaining in good repair. and teaching clients to use This STANDARD is not met as evidenced by: and to make informed Based on observations, record review and interview, the facility falled to ensure client #6 was choices about the use of taught to use and make informed choices about dentures, eyeglasses, hearing the use of his dentures and hearing ald. This aids and other affected 1 of 6 audit clients. The findings are: communication aids, braces A. During observations at the day program and in and other devices identified the home throughout the survey on 2/15/22 -2/16/22, client #6 was not wearing a hearing aid. by the interdisciplinary team as needed by the client Review on 2/15/22 of client #6's record revealed review of client #6's record revealed a medical evaluation that revealed client #6 wears a hearing aid in his right ear. Interview on 2/16/22 with Staff C revealed client Habilitation Specialist will #6 should be wearing a hearing aid in his right ear delly. develop a document for client #6 for his denture and Interview on 2/16/22 with the facility's ICF Director hearing aid usage. confirmed client #6 should be wearing a hearing aid in his right ear dally. Habilitation Specialist will in service the staff on B. During observations at the day program and in prompting and encouraging the home on 2/15/22, client #6 was not wearing dentures. At no time doing the observation was the client to wear his hearing client #6 prompted to use his dentures. aid daily. They will be in serviced to prompt and Review on 2/15/22 of client #6's record revealed no current IPP available for review. Additional encourage wearing dentures review of client #6's record revealed a medical during snack and meal times. evaluation that revealed client #6 wears dentures.

PRINTED: 02/17/2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED 340243 B. WING 02/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) Staff will document daily W 436 Continued From page 7 W 436 compliance or refusal to Interview on 2/16/22 with Staff B revealed client comply with adaptive #6 should be wearing his dentures daily. devices. Habilitation Interview on 2/16/22 with the facility's ICF Director Specialist and QP will confirmed client #6 should be wearing his dentures daily, and if he chooses not to, should monitor weekly. be prompted to wear his dentures before each meal. W 460 **FOOD AND NUTRITION SERVICES** W 460 CFR(s); 483,480(a)(1) 4/11/22 Each client must receive a nourishing. W 460 The facility will well-balanced diet including modified and specially-prescribed diets. ensure that all clients receive a nourishing, well balanced diet including modified and This STANDARD is not met as evidenced by: Based on observations, record review, and specially prescribed diets. interview, the facility failed to ensure 1 of 8 audit clients (#6) received their specially prescribed diet as indicated. The finding is: QP will provide collaborate During observations at the day program on with Nutritionist/Dietician to 2/15/22 at 11:28am, client #6 was observed eating lunch which consisted of a hamburger and ensure that client nutrition a serving of beef stew with beef, potatoes and assessment reflects her vegetables. The hamburger and beef stew were preferences based on her served whole. At 11:31am, Staff A was observed daily/weekly changing of her to cut the hamburger into 4 equal size pieces, larger than 2" in size. During the observation. diet to vegetarian to nonclient #6 was not wearing dentures. vegetarian. QP will in-service Additional observations in the home on 2/15/22 staff on client nutrition revealed client #6 eating dinner which consisted assessment and identify of a piece of meatioaf, a serving of green beans

and a serving of mashed potatoes. The meatloaf and green beans were served whole. During the

observation, client #6 was not wearing dentures.

changes she may prefer on

different days. QP will

monitor weekly.

PRINTED: 02/17/2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 34G243 B. WING 02/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 467 SOUTH CREEK ROAD WESTSIDE RESIDENTIAL **ORRUM, NC 28369** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X8) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) W 460 Continued From page 8 W 460 Review on 2/15/22 of client #6's record revealed no current IPP available for review. Additional review of client #6's record revealed a nutritional evaluation which indicates client #6's diet order as regular, heart healthy, chopped or ground meats. Review on 2/15/22 of client #6's diet order posted in the kitchen of the home revealed a diet that consists of "heart healthy regular, with teeth chopped into 1/2 - 1" pieces, without teeth meats ground, all other foods finely chopped into 1/4" pieces." Interview on 2/16/22 with Staff B revealed the diet

followed.

posted in the kitchen is current and should be

Interview on 2/16/22 with the facility's ICF Director confirmed that client #6's hamburger, beef stew