

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

PRINTED: 01/11/2022  
FORM APPROVED  
OMB NO. 0938-0391

|                                                  |                                                                         |                                                                      |                                                     |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G164</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>01/05/2022</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>A JACK WALL GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1213 MOSS SPRINGS ROAD<br/>ALBEMARLE, NC 28001</b> |
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| (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 |
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**W 249 PROGRAM IMPLEMENTATION**  
CFR(s): 483.440(d)(1) **W 249**

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 4 of 6 client's (#2, #3, #4, #5) received a continuous active treatment program as identified in their individual support plan (ISP). The findings are:

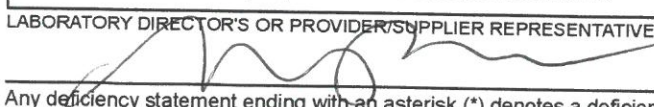
A. The facility failed to ensure a training objective relative to meal preparation was implemented for client #2. For example:

Evening observations in the group home on 1/4/22 revealed client #2 to engage in various activities prior to the dinner meal, including medication administration, reading on his tablet, completing a puzzle, and privacy in his room. Continued observations revealed staff D to prepare the dinner meal in its entirety. At no time was client #2 prompted or provided the opportunity to participate in meal preparation.

Morning observations in the group home on 1/5/22 revealed client #2 to exit his bedroom, take a shower, and receive his medications prior to the breakfast meal. Continued observation revealed staff A to prepare the breakfast meal in its

**DHSR - Mental Health**  
**JAN 19 2021**  
**Lic. & Con. Section**

See other side

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br> | TITLE<br><b>Chief Regulatory Officer</b> | (X6) DATE<br><b>1/13/2022</b> |
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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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| NAME OF PROVIDER OR SUPPLIER<br><br><b>A JACK WALL GROUP HOME</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1213 MOSS SPRINGS ROAD<br/>ALBEMARLE, NC 28001</b> |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                     |
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| W 249                                                             | <p>Continued From page 1</p> <p>entirety. At no time was client #2 prompted or provided the opportunity to participate in meal preparation.</p> <p>Review of client #2's record on 1/5/22 revealed an ISP dated 6/1/21. Review of the ISP indicated a training objective that client #2 will assist with meal preparation with no more than 3 prompts for 12 consecutive months. Continued review of the training objective indicated client #2 will participate in daily meal preparation, read the information/instructions, get the needed cookware, and assist with steps needed to prepare the meal item.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 1/5/22 verified the training objectives for client #2 were current. Continued interview with the QIDP confirmed staff should have offered opportunities to participate in meal preparation as prescribed.</p> <p>B. The facility failed to ensure a training objective relative to meal preparation was implemented for client #3. For example:</p> <p>Evening observations in the group home on 1/4/22 revealed client #3 to engage in various activities prior to the dinner meal that included a group sensory activity, an interactive game on his tablet, and watching TV in the living room. Continued observation revealed staff D to prepare the dinner meal in its entirety. At no time was client #3 prompted or provided the opportunity to participate in meal preparation.</p> <p>Morning observations in the group home on 1/5/22 revealed client #3 to transition between his bedroom and the living room prior to the</p> | W 249                                                                                          | <p>W249</p> <p>A/B/C/D The team will meet to review 3-6-22 All individual's ISP in the area of participating in mealtime preparation staff will be inservice to implement #2,#3,#4 and #5 current programs to participate in mealtime participation. The team will monitor by conducting mealtime observations weekly to ensure implementation of active treatment program for 2 months or until the issue is resolved.</p> |                                                     |

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| W 249                                                             | <p>Continued From page 2</p> <p>breakfast meal. Continued observations revealed staff A to prepare the breakfast meal in its entirety. At no time was client #3 prompted or provided the opportunity to participate in meal preparation.</p> <p>Review of client #3's record on 1/5/22 revealed an ISP dated 3/1/21. Review of the ISP indicated a training objective that client #3 will assist staff in preparing a meal item twice weekly for dinner with 3 or less prompts for 12 consecutive months. Continued review of the training objective indicated client #3 will gather needed items and read instructions with staff assistance.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 1/5/22 verified the training objectives for client #3 were current. Continued interview with the QIDP confirmed staff should have offered opportunities to participate in the meal preparation as prescribed.</p> <p>C. The facility failed to ensure a training objective relative to meal preparation was implemented for client #4. For example:</p> <p>Evening observations in the group home on 1/4/22 revealed client #4 to engage in various activities prior to the dinner meal that included a group sensory activity, completing a puzzle, and watching TV in the living room. Continued observation revealed staff D to prepare the dinner meal in its entirety. At no time was client #4 prompted or provided the opportunity to participate in meal preparation.</p> <p>Morning observations in the group home on 1/5/22 revealed client #3 to exit his room and receive his medication prior to the breakfast</p> | W 249                                                                                          |                                                                                                                 |                                                     |

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Continued From page 3

meal. Continued observations revealed staff A to prepare the breakfast meal in its entirety. At no time was client #4 prompted or provided the opportunity to participate in meal preparation.

Review of client #4's record on 1/5/22 revealed an ISP dated 8/1/21. Review of the ISP indicated a training objective that client #4 will assist in preparing a menu item daily with 3 or less prompts for 12 consecutive months. Continued review of the training objective revealed client #4 will choose an item to prepare, retrieve the item(s) and cookware, and engage in the steps required to prepare the item.

Interview with the qualified intellectual disabilities professional (QIDP) on 1/5/22 verified the training objectives for client #4 were current. Continued interview with the QIDP confirmed staff should have offered opportunities to participate in meal preparation as prescribed.

D. The facility failed to ensure a training objective relative to meal preparation was implemented for client #5. For example:

Evening observations in the group home on 1/4/22 revealed client #5 to engage in various activities prior to the dinner meal that included a group sensory activity, an interactive game on his tablet, watching TV in the living room, and privacy in his room. Continued observations revealed staff D to prepare the dinner meal in its entirety. At no time was client #5 prompted or provided the opportunity to participate in meal preparation.

Morning observations in the group home on 1/5/22 revealed client #5 to watch TV in the living room prior to the breakfast meal. Continued

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**W 249** Continued From page 4  
 observations revealed staff A to prepare the breakfast meal in its entirety. At no time was client #5 prompted or provided the opportunity to participate in the meal preparation.

Review of client #5's record on 1/5/22 revealed an ISP dated 9/1/21. Review of the ISP indicated a training objective that client #5 will participate in meal preparation with no more than 4 prompts for 12 consecutive months. Continued review of the training objective revealed client #5 will check their schedule, gather needed materials, and follow directions in completing all steps in preparing a menu item(s).

Interview with the qualified intellectual disabilities professional (QIDP) on 1/5/22 verified the training objectives for client #5 were current. Continued interview with the QIDP confirmed staff should have offered opportunities to participate in meal preparation as prescribed.

**W 249**