PRINTED: 11/09/2021 FORM APPROVED OMB NO. 0938-0391

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(X3) D/	O. 0938-039 ATE SURVEY OMPLETED
		34G057	B. WING			0/26/2024
	PROVIDER OR SUPPLIER	HOME #3		STREET ADDRESS, CITY, STATE, ZIP CO 401 WOODLAWN CIRCLE CLYDE, NC 28721		0/26/2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
	CFR(s): 483.420(a)  The facility must enterprise the facility treatment and care of this STANDARD is Based on observatification of the diameter of the medication of the medication room and room door open. Co AM revealed staff C the medication room and room door open. Co AM revealed staff C the medication room medications to client client #4 from the medication for the medication room and morning the medication room and morning medications medication room door subsequent observations at 7:40 AM revealed medication room door subsequent observations medication room door subsequent observation at 7:48 A into the medication room, the observation at 8:06 A the medication room morning medications medication room door morning medication room morning medication room morning medication room door morning medication room door morning medication room door morning medication room door door door door door door door	sure the rights of all clients. It was the rights of personal needs. It was maintained for 4 of 5 and #4) during medication finding is:  Troup home on 10/26/21 at it it it is to enter the it to leave the medication at 7:33 to observe client #4 walk by while administering if it is and to verbally greet it is and to verbally greet it is and to verbally greet it is and to enter the it is and to enter the it is a staff C to administer all is to client #1 to enter the it is a staff C to administer all is to client #1 with the in open.  The ropen is and to place the staff's en exit. Additional is medication all is energy and to place the staff's en exit. Additional is medication all is a staff C to administer all is a staff C to a staff C	W 1	DHSR-Mental H NOV 2 4 2021 Lic. & Cert. Sec	tion	(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.

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A San San Commercia	LTIPLE CONSTRUCTION DING		TE SURVEY MPLETED
		34G057	B. WING		10	/26/2021
	PROVIDER OR SUPPLIER  OD COUNTY GROUP	HOME #3		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WOODLAWN CIRCLE CLYDE, NC 28721	1 10	20/2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		BE	(X5) COMPLETION DATE
W 130	the medication pass client to get upset w	ge 1 s for client #4 revealed the vith a client outside the ad yell "Calm down, You're too	W 1	30		
W 249	had not been trained medication pass. In manager on 10/26/2 medication room sh	MENTATION	W 2	49		
	formulated a client's each client must rec treatment program of interventions and se and frequency to sup	disciplinary team has individual program plan, eive a continuous active consisting of needed rvices in sufficient number oport the achievement of the in the individual program				
	Based on observation interview, the facility sampled clients (#3) treatment program c	not met as evidenced by: ons, record reviews and failed to ensure 1 of 4 received a continuous active onsisting of needed tified in their habilitation plan.				
	relative to meal prepare	ensure a program objective aration was implemented in o support the need of client				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION		TE SURVEY MPLETED
		34G057	B. WING			10	/26/2021
	PROVIDER OR SUPPLIER  OD COUNTY GROUP	HOME #3		4	STREET ADDRESS, CITY, STATE, ZIP CODE 101 WOODLAWN CIRCLE CLYDE, NC 28721	1 10	1/20/2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
	Observation upon e 10/25/21 at 4:05 PM the dining table in a observation at 5:05 manager to chop cli with a knife while cli unengaged. Further #3 to remain idle at from staff from 4:05 at 5:10 PM.  Review of client #3's a habilitation plan da #3's habilitation plan relative to meal prep participate in prepari processor at least tw more than two verba physical prompts to of six consecutive more than two verba physical prompts to of six consecutive more than two verba physical prompts to of six consecutive more than two verba physical prompts to of six consecutive more than two verba physical prompts to of six consecutive more than two verba physical prompts to of six consecutive more than two verba physical prompts to of six consecutive more than two verba physical prompts to of six consecutive more than two verba physical prompts to of six consecutive more than two verba physical prompts to of six consecutive more than two verba physical prompts to off the prompts to off the prompts to off the prompts that the	ntry to the group home on I revealed client #3 to sit at wheelchair. Continued PM revealed the home ent #3's chicken in the kitchen ent #3 remained at the table observation revealed client the table with no interaction PM until dinner was served ated 4/1/21. Review of client indicated a training program teration that client #3 "will ing a meal using a food to times per week, given no il prompts and necessary each step of the task analysis nonths." Continued review of tealed an annual nutritional 8/21. Review of the indicated the client's diet as pped meats, low sodium, d, low fat, small portions, ith 2-100 calories snacks per ons indicated the need to red by SLP, mechanical soft ds, continue to cut up and	W 2	249			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100	ULTIPLE CONSTRUCTION DING		TE SURVEY MPLETED
		34G057	B. WING	§	10	/26/2021
	PROVIDER OR SUPPLIER  DD COUNTY GROUP I	HOME #3		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WOODLAWN CIRCLE CLYDE, NC 28721	E	720/2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE
	in meal preparation.  B. The team failed to relative to communication through revealed client #3 to hanging on the wall observation of the crevealed the following going out, snack, lur restroom. At no time survey were staff observation boars a habilitation plan da #3's habilitation plan da #3's habilitation plan relative to communication boars a communicative promovill use a communication evaluation dated 3/5/communication evaluation dated 3/5/communication provill use a communication provillation provillatio	o ensure a program objective cation was implemented in to support the need of client and the support the sup	W 2	249		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION DING		TE SURVEY MPLETED
		34G057	B. WING	3	10	/26/2021
	PROVIDER OR SUPPLIER  OD COUNTY GROUP	HOME #3		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WOODLAWN CIRCLE CLYDE, NC 28721	1 10	120/2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	FIX (EACH CORRECTIVE ACTION SHOU	LD BE	(X5) COMPLETION DATE
W 249 W 268	should be using clie at all opportunities.	ent #3's communication board	W 2			
	growth, developmer client. This STANDARD is Based on observatifailed to promote the 3 of 4 sampled client related to the use of finding is:  Observations in the incontinence pads pliving room furniture by clients. Continue revealed the incontine seating of the living is survey observation of the living is survey observation occlients were present Additional observation on 10/26/21 at room recliners to remincontinence pads all use by any client.	though no recliner was in me manager (HM) on ents #2, #3, #4 and #5 have				
	Continued interview or incontinence pads are protect the furniture further interview with	with the HM revealed e placed in each recliner to from toileting accidents. n the HM verified client #2 ence issues and have				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	7000 PO 0000 PO 0000	ULTIPLE CONSTRUCTION DING		TE SURVEY MPLETED
		34G057	B. WING	3	10	/26/2021
	PROVIDER OR SUPPLIER  OD COUNTY GROUP	HOME #3		STREET ADDRESS, CITY, STATE, ZIP C 401 WOODLAWN CIRCLE CLYDE, NC 28721		12012021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH CORRECTIVE ACTION	N SHOULD BE	(X5) COMPLETION DATE
W 268 W 371	training programs to Subsequent intervie #3 and #5 did not ha Interview with the H pads should not be	address toileting needs. w with the HM revealed client ave toileting programs. M further verified incontinence left out at all times. ATION	W 2 W 3			
	The system for drug that clients are taugl medications if the in determines that self-is an appropriate obdoes not specify oth This STANDARD is Based on observation interview, the system failed to assure 2 of observed during medication self-adm.  A. The system for drassure client #3 was participate in medicate example:  Observation in the grace 4:42 PM revealed cliemedication room and prepared and adminiclient. Continued obswash her own hands a bubble pack with the amedication for clier and feed client #3 medication for clier and feed client #3 medication to observed to several endication for clier and feed client #3 medication feed client #4 medicatio	administration must assure not to administer their own terdisciplinary team -administration of medications fective, and if the physician erwise.  not met as evidenced by: on, record review and not for drug administration 2 clients (#3 and #4) dication administration were unity to participate in inistration. The findings are: ug administration failed to provided the opportunity to tion self-administration. For				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING			E SURVEY MPLETED
		34G057	B. WING	J	_	10/	26/2021
	PROVIDER OR SUPPLIER  OD COUNTY GROUP	HOME #3		STREET ADDRESS, CITY, STA 401 WOODLAWN CIRCLE CLYDE, NC 28721	TE, ZIP CODE	10/	20/2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	X (EACH CORRECTIVE CROSS-REFERENCED			(X5) COMPLETION DATE
	side effects to the composition on 10/2 staff C to administer the medication room Continued observather own hands, purposition of the composition	lient.  26/21 at 7:25 AM revealed r medications to client #3 in nof the group home. ion revealed staff C to wash chall of client #3's medication cup, mix spoonful of yogurt and to feed ions. Staff C was not any identification of ation regarding purpose or ient. Subsequent observation administer a fiber powder to deasured from a container, at staff mixed with juice and the cup to the client.  Or client #3 on 10/26/21 on plan dated 4/1/21.  Trecords for client #3 revealed dated 2021). Review of the int revealed client #3 to have eating with a fork and spoon, and removing mittens/gloves.  Outphome manager on the interview with the ied although client #3 is ing in various tasks involved stration, the client does not be concern the client will drop	W	71			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100 000		LE CONSTRUCTION		TE SURVEY MPLETED
		34G057	B. WING	;		10	/26/2021
	PROVIDER OR SUPPLIER  OD COUNTY GROUP I	HOME #3		4	STREET ADDRESS, CITY, STATE, ZIP CODE 101 WOODLAWN CIRCLE CLYDE, NC 28721		•
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	participate in medical example:  Observation on 10/2 client #4 to enter the in a chair while staff medication to the clirevealed staff B to wimedications from a medication record, put into a medication independent observed to provide medication or education or education or education independent of the medication or education or education into a medication into a medication into a medication with a sclient #4 all medication or educations with a sclient #4 all medication or education	ation self-administration. For 25/21 at 4:38 PM revealed a medication room and to sit B prepared and administered ent. Continued observation wash her own hands, reconcile bubble pack with the bunch a medication for client a cup and the client to take the dently. Staff B was not any identification of ation regarding purpose or ient.  26/21 at 8:06 AM revealed medications to client #4 in a of the group home. On revealed staff C to punch nedication cup, mix poonful of yogurt and to feed ons. Staff C was not any identification of tion regarding purpose or ent. It should be noted client portunity to identify the name nedication that staff C ole pack.	W	371			

NI NII IMPED:			TE SURVEY MPLETED	
057 B. WIN	G	10	/26/2021	
	STREET ADDRESS, CITY, STATE, ZIP CO 401 WOODLAWN CIRCLE CLYDE, NC 28721			
D BY FULL PREI	FIX (EACH CORRECTIVE ACTION S	SHOULD BE	(X5) COMPLETION DATE	
ager on beendence with stasks with the ent #4 is asks involved ent does not ient will drop  W  It a utensils. Henced by: It aws and appropriate time for 5 out  The dinner meal insist of en beans and dinner meal dient to only for client for client #4 ent #5.  The gather meal staff to ther client #4 used to indence.  If 1/2021.				
	A. BUIL  DOST  B. WING  W  A. BUIL  B. WING  W  A. BUIL  PREF  TAG  W  ager on  Dendence with  Is tasks  With the  ent #4 is  easks involved  ent does not  lient will drop	DN NUMBER:  A. BUILDING  B. WING  STREET ADDRESS, CITY, STATE, ZIP CO  401 WOODLAWN CIRCLE  CLYDE, NC 28721  PREFIX ORMATION)  DPROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION'S CROSS-REFERENCED TO THE A DEFICIENCY)  W 371  ager on Dendence with Is tasks W with the ent #4 is DESIGNATION  W 475  Interpretation of the control of the con	IN NUMBER:  A. BUILDING  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  401 WOODLAWN CIRCLE  CLYDE, NC 28721  ID PREFIX ORMATION)  TAG  W 371  ager on Dendence with stasks involved ent does not lient will drop  W 475  Ate utensils.  lenced by: ws and a appropriate time for 5 out  we dinner meal neists of en beans and dinner meal lient to only for client for client #4 ent #5.  Ing the meal staff to ther client #4 used to indence.  100  100  STREET ADDRESS, CITY, STATE, ZIP CODE  401 WOODLAWN CIRCLE  CLYDE, NC 28721  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  W 371  W 371  W 475  ATE TO THE APPROPRIATE DEFICIENCY  W 475  ATE TO THE APPROPRIATE DEFICIENCY  W 475  ATE TO THE APPROPRIATE DEFICIENCY  W 475	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION			E SURVEY IPLETED
		34G057	B. WING	1		10/	26/2021
	PROVIDER OR SUPPLIER  OD COUNTY GROUP	HOME #3		STREET ADDRESS, CITY, STATE, ZIP ( 401 WOODLAWN CIRCLE CLYDE, NC 28721	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD B		(X5) COMPLETION DATE
	client #1 eats with a knife. Further review of records for revealed a habilitation of a skill assessment of client #2 eats with a ability to choose the place setting.  Review of records for revealed a habilitation of the place setting.  Review of records for revealed a habilitation of a skill assessment of client #3 eats with a skill assessment of client #4 eats with a knife. Further review of a skill assessment revealed the correct utensil to the correct utensil to the correct utensil to the correct of a skill assessment revealed a habilitation.	dated 2021 that reflected a spoon, fork and cuts with a sw of the 2021 skills ed client #1 is able to choose o use from a place setting.  For client #2 on 10/26/21 on plan dated 5/6/2021. If records for client #2 revealed dated 2021 that reflected a spoon and fork with the ecorrect utensil to use from a cor client #3 on 10/26/21 on plan dated 4/1/21. If records for client #3 revealed dated 2021 that reflected a spoon and fork.  For client #4 on 10/26/21 on plan dated 9/1/2021. If records for client #4 revealed dated 1/29/2021 that reflected spoon, fork and cuts with a	W 4	75			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING			E SURVEY IPLETED
		34G057	B. WING	i		10/	26/2021
	PROVIDER OR SUPPLIER  DD COUNTY GROUP			STREET ADDRESS, CITY, STATE, ZIP C 401 WOODLAWN CIRCLE CLYDE, NC 28721	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD I	BE	(X5) COMPLETION DATE
W 475		age 10  Iroup home manager revealed hould be provided to all	W 4				

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EMENT OF DEFICIENCIES PLAN OF CORRECTION	PROVIDER/SUPPLIER/CL IA IDENTIFICATION NUMBER: 34G057	(X2) MULTIPLE CONSTR A. BUILDING		(X3) DATE	SURVEY PLETED
		B. WING			26/2021
E OF PROVIDER OR SUPPLIER  YWOOD COUNTY GROUP HO	ME #3		STREET ADDRESS, CITY, STATE, ZIP COD 401 WOODLAWN CIRCLE CLYDE, NC 28721	E	
4) ID SUMMARY ST EFIX DEFICIENCIES (EA AG MUST BE PRECED REGULATORY OR INFORMATION)	CH DEFICIENCY ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
all clients. Therefore, the privacy during treatment needs. This STANDARI by: W 130 Based on obstacility failed to assure p 4 of 5 clients (#1, #2, #3 administration. The finding group home on 10/26/21 #3 to enter the medication room door op at 7:33 AM revealed station walk by the medication redication room door. Of the medication room door of the medication with the medication with the medication for the medication administer morning medication to the medication at 7:48 AM revealed staff morning medication room door op Subsequent observation #2 to enter the medication administer morning medication admin	by must ensure the rights of a facility must ensure to a facility must ensure to and care of personal of the facility must ensure to and care of personal of the facility must ensure to and the facility of the facility must ensure the facility of the facility must ensure the facility of	W 130	The door to the medication room closed to limit distractions and ewhile additional training was need to ensure that all individuals has administering medications, Staff the medication room's door closs retraining in all necessary steps administering medication by QP Home Coordinator by providing aduring staff meeting. Staff will close to always ensure their dignity.	nsure privacy eded with staff. we privacy while will always keep ed. Staff will be while and Group an in-service ose medication	12/15/202

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		I DELIVIOLO		100	OMB NO. 093	<u> 38-039</u>
	OF DEFICIENCIES	(X1)	(X2) MULTIPLE CONST	(X3) DATE SURVEY		
AND PLAN O	F CORRECTION	PROVIDER/SUPPLIER/CL IA IDENTIFICATION	A. BUILDING		COMPLETED	)
		NUMBER: 34G057				
			B. WING			
NAME OF 5	200///250 00 0//250		D. 111110		10/26/20	21
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
HAVWOO	D COUNTY GROUP HOM	#E #2	i	401 WOODLAWN CIRCLE		
11211100	D COOKIT GROOF HOW	IL #3	1	CLYDE, NC 28721		
(X4) ID	SUMMARY STA	ATEMENT OF	ID PREFIX TAG	DROVIDEDIC DI ANI OF CORDECTION		
PREFIX	DEFICIENCIES (EAC		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) PLETION
TAG	MUST BE PRECEDE			CROSS-REFERENCED TO THE APPROPRIA		ATE
	REGULATORY OR L INFORMATION)	SC IDENTIFYING		DEFICIENCY)		
	inti Ortim/Criore)					
W 130	PROTECTION OF CLIE		W 13		be 12/15	/2021
	483.420(a)(7) The facility	y must ensure the rights of		closed to limit distractions and ensure pri	vacy	Olomos Toloma, Au
	all clients. Therefore, the			while additional training was needed with	staff.	
	privacy during treatment needs. This STANDARD	and care of personal		To ensure that all individuals have privac	v while	
	by: W 130 Based on obs	ervation and interview, the		administering medications, Staff will alway	ys keep	
	facility failed to assure pr	rivacy was maintained for		the medication room's door closed. Staff	will be	
	4 of 5 clients (#1, #2, #3	and #4) during medication		retraining in all necessary steps while		
	administration. The finding	ng is: Observation in the		administering medication by QP and Gro	up	
	group home on 10/26/21	at 7:25 AM revealed client		Home Coordinator by providing an in-ser	/ice	
	#3 to enter the medication	en. Continued observation		during staff meeting. Staff will close med	ication	
	at 7:33 AM revealed staff	C to observe client #4		room door to always ensure their privacy	and	
	walk by the medication ro	oom while administering		dignity.		
	medications to client # 3	and to verbally greet client				
	#4 from the med room wi	th "Good Morning".				
	Further observation reveal	aled staff C to administer				
	all medications to client # medication room door. Of					
	revealed client #1 to ente					
		all morning medications to				
	client #1 with the medicat	tion room door open.				
		at 7:46 AM revealed client				
	#2 to enter the medication					
	administer morning medic the door to the medication					
	at 7:48 AM revealed staff	C to administer all				
	morning medications to cl	ient #1 with the				
	medication room door ope	en.				
	Subsequent observation a	at 7:46 AM revealed client				
	#2 to enter the medication	room and staff C to				
	administer morning medic	ations to client #2 with				
	the door to the medication	room open. Observation				
	at 7:48 AM revealed staff medication room during m					ĺ
	for client #2 and to place t					- 1
	room, then exit. Additional	observation at 8:06 AM				- 1
	revealed client #4 to enter	the medication room				
	and staff C to administer a	all morning medications to				
	client #4 with the medication	on room door open.				
	Observation during					
					1	
						- 1
BORATORYDI	RECTOR'S OR PROVIDER/SUP	PPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	(X6) DATE	
				7 7 1 to too	(AD) DATE	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G057	B. WING	_			
NAME OF	PROVIDER OR SUPPLIER	346037	D. WING			1	0/26/2021
NAIVIE OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
HAYWO	OD COUNTY GROUP HON	1E #3			01 WOODLAWN CIRCLE		
				C	CLYDE, NC 28721		
(X4) ID PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
		1					
W 130	the medication pass for client to get upset with medication room and too loud". Interview wi revealed she had not door during a medicat.  Interview with the ground 10/26/21 verified the dishould be closed to limprivacy while additional staff. W 249 PROGRA CFR(s): 483.440(d)(1)  As soon as the interdist formulated a client's in each client must receive treatment program contributerions and servitand frequency to supprobjectives identified in plan.  This STANDARD is no 249 Based on observating interview, the facility far sampled clients (#3) reactive treatment progratinterventions as identification. The findings are:  A. The team failed to explain the relative to meal preparations.	or client #4 revealed the n a client outside the yell "Calm down, You're th staff C on 10/26/21 been trained to close the ion pass.  Up home manager on door to the medication room nit distractions and ensure all training was needed with LAM IMPLEMENTATION  sciplinary team has dividual program plan, ye a continuous active asisting of needed does in sufficient number ort the achievement of the the individual program  It met as evidenced by: W tions, record reviews and illed to ensure 1 of 4 ceived a continuous am consisting of needed	W	130			

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		34	B. WING			10/	26/2021
NAME OF PROVIDER OR SUPPLIER  HAYWOOD COUNTY GROUP HOME #3			STREET ADDRESS, CITY, STATE, ZIP CO 401 WOODLAWN CIRCLE CLYDE, NC 28721	DE			
(X4) ID PREFI X TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY OR LSC IDENTIFYING	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE AI DEFICIENCY)	ULD BE		(X5) COMPLETION DATE
	Observation upon entry 10/25/21 at 4:05 PM rethe dining table in a whobservation at 5:05 PM manager to chop client kitchen with a knife whithe table unengaged. Frevealed client #3 to rewith no interaction from until dinner was served Review of client #3's rerevealed a habilitation prevealed a habilitation prevealed a habilitation prevealed as a training program related that client #3 "will participate using a food proceper week, given no more prompts and necessary each step of the task are consecutive months." Colient #3's record revealed in a who is the consecutive months." Colient #3's record revealed in a who is the consecutive months." Colient #3's record revealed in a who is the consecutive months." Colient #3's record revealed in a who is the consecutive months."	y to the group home on evealed client #3 to sit at eelchair. Continued I revealed the home #3's chicken in the elle client #3 remained at further observation main idle at the table a staff from 4:05 PM at 5:10 PM.  cord on 10/26/21 colan dated 4/1/21. abilitation plan indicated elive to meal preparation cipate in preparing a essor at least two times re than two verbal a physical prompts to eallysis for six continued review of led an annual elected 2/28/21. Review of an indicated the client's chopped meats, low strolled, low fat, small eliuids with 2-100 and chop foods ewing problems.  ded intellectual (QIDP) on 10/26/21 as meal preparation tinued interview with eff should always utilize propriate and as		Qualify Professional and Group Hon provide sufficient training to all Concerning the Individual #3 on Individual #3 will participate in prepar food processor, at least two times per vithan two verbal prompts and necessary each step of the task analysis, with 85 consecutive months. Staff will offer ge for correct responses. Staff should note Group Home Coordinator and Group Home practice Nutritional recommendation a) Nectar Thick Liquids.  b) Continue to cut up and chop usecondary to chewing problem QP and Group Home Coordinator wreview habilitation plan for client #3 Home Staff through in service training take part in preparing a meal at least	Group Hormal pre ing a meal of the pre ing a meal of the pre ing a meal of the pre physical pro ing a ccuracy ing a ccuracy ing any proble ing foods ser ing foods ser ing address to all Groung. Client	me Staff paration. using the no more ompts on y for six bal praise m areas.  Il follow  ved  and up #3 will	

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324134 2440 W2250000 H 225K 800	PROVIDER OR SUPPLIER  DD COUNTY GROUP HON	1E #3		۱ ،	STREET ADDRESS, CITY, STATE, ZIP CODE 401 WOODLAWN CIRCLE CLYDE, NC 28721	10/	20/2021
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	the client the opportuni in meal preparation. B. a program objective rel was implemented in su support the need of clie Observation throughou revealed client #3 to ha board hanging on the was recliner. Observation of revealed the following ogoing out, snack, lunch restroom. At no time du survey were staff obser communication board.  Review of client #3's rerevealed a habilitation program relative to communicative client #3 will use a communication evaluation the expressive communication evaluation of the expressive communication evaluation the expressive communication of the expressive communication device with 6-1 sign, gesture, or vocalizate equest or response with occurrences."	ty to assist and participate The team failed to ensure ative to communication fficient frequency to ent #1. For example:  It the 10/25-26/21 survey we a communication vall next to the client's if the communication prompts: It the 10/25-26/21 wed utilizing client #3's  cord on 10/26/21 ved utilizing client #3's	W 2		Individual has utilized a communication not express her wants and needs over the past ypicture symbols include food/drink, bathroom/toilet, bed, and book, as well as of and preferences she may need throughout routine. Her average independent use of 6 – 1 symbols are 42 at the group home, and only 3 the day with staff. The staff will use the prommunicate, even though at times, the individuem as a play activity (randomly and rapid them from the board) rather than being used a meaningful communication. The staff has succeed a magnetic picture board to encoundividual to indicate activity preferences, the and to help structure her daily routing expectations. She continues to effective verbalizations, gesture, and known succeed with staff and others. Experience staff will be trained to ensure consistence communicating with individual.  Staff will be retraining and get familiar with communication board when working with expectation of the providing an in-service during staff meeting providing an in-service during staff meeting the providing and in-service during staff meeting providing an in-service during staff meeting the providing and in-service during staff meeting the providing and in-service during staff meeting providing an in-service during staff meeting the providing and in-service during staff meeting providing and in-service during staff meeting the providence and the prov	year. Her hurt/sick, ther needs her daily 0 pictures 3% during bictures to idual uses the convey excessfully trage the ansitions, ines and yely use signs to e and new cy while the client y	

	TATEMENT OF DEFICIENCIES  ND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONS IDENTIFICATION NUMBER: A. BUILDING		TRUCTION	(X3) DATE SU COMPLET		
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	DD COUNTY GROUP HON	ME #3		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WOODLAWN CIRCLE CLYDE, NC 28721		
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W 268	Continued From page 4 Continued From page sho communication board at a CONDUCT TOWARD CLI 483.450(a)(1)(i)  These policies and proceed growth, development and This STANDARD is not m Based on observation and to promote the growth and sampled clients (#2, #3 and client (#4) in regards to digincontinence pads. The find the continence pads position living room furniture while clients. Continued observation evening including room recliners throug observations upon entry of 10/26/21 at 7:00 AM reveat remain covered with incontinence was in use by any and the recliner was in use by any and the recliners that each client use the communication of the communication of the continued observations upon entry of 10/26/21 at 7:00 AM reveat remain covered with incontinued observations upon entry of 10/26/21 at 7:00 AM reveat recliner was in use by any linterview with the home material each client use the communication of the communicat	dures must promote the independence of the client. et as evidenced by: W 268 d interview, the facility failed d independence of 3 of 4 nd #5) and 1 non-sampled gnity related to the use of nding is:  on 10/25/21 revealed ned in various seating of seating was not used by ations on 10/25/21 revealed emain in seating of the ghout the survey ding times when no clients from Additional f the group home on alled living room recliners to tinence pads although no client.  anager (HM) on 10/26/21 and #5 have specific sees. Continued interview interce pads are placed in furniture from toileting w with the HM verified	W 268	Incontinence pads will not be positioned in seating of living room furniture while seating was not used by clients. Incontinence pads are not to remain in seating of the living room recliners when individuals are using their assigned chairs. Qualify Professional and Group Home Coordinator will train staff emphasizing on individuals training programs address toileting needs to ensure all individual are treated with dignity and respect as well as meeting their needs.  QP will provide an agenda with Staff signature they have had the in-service training.	00 s	15/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		E SURVEY PLETED
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	ROVIDER OR SUPPLIER	ME #3		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WOODLAWN CIRCLE CLYDE, NC 28721	1 10	720/2021
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W 268	Continued From page 5 training programs to add Subsequent interview w client #3 and #5 did not Interview with the HM fu incontinence pads shoul times.	dress toileting needs. ith the HM revealed have toileting programs. rther verified				
e F	DRUG ADMINISTRATIO 483.460(k)(4)  The system for drug admithat clients are taught to medications if the interdidetermines that self-adminedications is an appropriate physician does not spontantially self-adminedications is an appropriate physician does not spontantially self-administration of the physician does not spontantially self-administration of the physician does not spontantially self-administration of the provided the opportunity medication self-administration of the physician in the group distribution of the physician of the physician in the group distribution of the physician of the	ninistration must assure administer their own sciplinary team ninistration of priate objective, and if pecify otherwise. This is evidenced by: W 371 ecord review and drug administration ents (#3 and #4) ion administration were to participate in ration. The findings are:  ministration failed to ded the opportunity to elf-administration. For  home on 10/25/21 at 13 to enter the it in a chair while staff ered medication to the tion revealed staff B to oncile medications he medication record, ent #3 into a client #3 medication in eserved to provide any	W 371	The individual's physician, Group Home Coand Director of Services have the responsibil determining which individuals can take their medications correctly. The physician, Group Coordinator and Director of Services will use following additional criteria in conjunction we recommendations listed above to determine it individuals shall self-medicate:  1. The individual must be recommended to see medicate by the DDA Administrative staff and Group Home Coordinator. 2. The individual rable to verbalize necessary information about medications. 3. The individual must remembe his/her medications on time and as prescribed individual must be able to properly package he medications in a weekly pill box with staff supervision. 5. At the discretion of the physic the DDA Qualified Professional, (Director of Services) an individual may be approved to see medicate. This may include some or all an individual's medication regimen. PRN medicater not included. 6. The individual physician recomplete and sign the form titled "Physicians Authorization for Self-Medicating"; the Director Services must also sign this form.  2. The Human Rights Committee has to approve Self-medication as well.  QP and Group Home Coordinator will address and train all Group Home Staff providing an Inservice during staff meeting and wand will of all necessary steps to all appropriate involvement of all individuals during medication administration process.	Home ethe with the ff ff- If- If- If- If- If- If- If- If- If-	12/15/21

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING	(X3) DATE SURVEY COMPLETED	
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Continued From page 6 side effects to the client.  Observation on 10/26/21 at 7:25 AM revealed staff C to administer medications to client #3 in the medication row of the group home. Continued observation revealed staff C to wash her own hands, punch all of client #3's medications with a spoonful of yogurt and to feed client #3 all medications. Staff C was not observed to provide any identification of medication or education regarding purpose or side effects to the client. Subsequent observation revealed staff C to administer a fiber powder to client #3 that staff measured from a container, poured into a cup that staff mixed with juice and stirred before handing the cup to the client.  Review of records for client #3 on 10/26/21 revealed a habilitation plan dated 4/1/21. Continued review of records for client #3 to have independence with eating with a fork and spoon, pulling on/off socks and removing mittens/gloves. Interview with the group home manager on 10/26/21 verified client #3 has independence with eating skills and is able to do various tasks independently. Continued interview with the home manager verified although client #3 is capable of participating in various tasks involved in medications on the floor.  B. The individual will be trained by staff on how to his/her medication. After three months of accomplishing 100% accuracy in relation to the following information and independently self-medications.  The individual will be trained by staff on how to his/her medication. After three months of accomplishing 100% accuracy in relation to the following information and independently self-medications.  The individual will be trained by staff on how to his/her medication. After three months of accomplishing 100% accuracy in relation to the following information and independently self-medication.  The individual will be trained by staff on how to his/her medication. After three months of accomplishing 100% accuracy in relation to the following information and independently self-medication.  The individual wi	self- self- ate, the in a inthe	

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	example:  Observation on 10/25, client #4 to enter the r in a chair while staff B medication to the clier revealed staff B to was medications from a bus medication record, pur #4 into a medication or medication or education side effects to the clier.  Observation on 10/26/staff C to administer m the medication room or Continued observation medications with a specifient #4 all medication observed to provide an medication or education side effects to the clier. #4 was given the opposend purpose of (1) medication of the clier. #4 was given the opposend purpose of (1) medication of education of education of education and purpose of (1) medication of education of education and purpose of (1) medication of education of education of education of education and purpose of (1) medication of education of education education and purpose of (1) medication of education education and purpose of (1) medication of education education and purpose of (1) medication education educa	ion self-administration. For //21 at 4:38 PM revealed medication room and to sit prepared and administered at. Continued observation sher own hands, reconcile abble pack with the mech a medication for client up and the client to take the antly. Staff B was not my identification of on regarding purpose or at.  21 at 8:06 AM revealed medications to client #4 in f the group home.  In revealed staff C to punch dication cup, mix ponful of yogurt and to feed as. Staff C was not my identification of an regarding purpose or at. It should be noted client runity to identify the name dication that staff C apack.  Selient #4 on 10/26/21 plan dated 9/1/21.  Cords for client #4 revealed and 1/29/2021). Review of ment revealed client #4 to the eating with a fork and	W 37		The Group Home staff shall monitor the indivicontinued ability to self-medicate by reviewir self-medication checklist and medication storcase.  Training will be provided to all current staff band group home coordinator and will continue all shift and inexperienced staff as an ongoing training. Evidence will be signed and dated.  The "Physicians Authorization for Self-Medic form" will be re-approved and signed yearly bindividual physician and the Director of Servi (QP).  Other - if it is noted that individuals are having difficulty with self-administering medications, practice of self-medicating will cease immedia Staff will retrain individuals in all areas of self medication administration. If at any time medicases are left unsecure, re-training by staff in a of self-medication administration will occur.	by QP e across g cating by the ces g the age	12/15/21

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	PROVIDER OR SUPPLIER  DD COUNTY GROUP HON	/IE #3		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WOODLAWN CIRCLE CLYDE, NC 28721		72072021	
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W 475	Interview with the ground 10/26/21 verified client eating skills and is ab independently. Continuation home manager verified capable of participating in medication administs participate due to the medications on the flow MEAL SERVICES CFR(s): 483.480(b)(2). Food must be served to this STANDARD is now 475. Based on observation interview, the facility fautensils were provided of 5 clients. The finding Cobservation in the ground 10/25/21 revealed to thicken alfredo, a garda roll. Continued observe aled the following ut #1, #2 and #3; a weigh and a fork and maroon continuation of the serve and the following ut #1, #2 and #3; a weigh and a fork and maroon continuation in the ground and a fork and maroon continuation.	up home manager on at #4 has independence with le to do various tasks used interview with the d although client #4 is ag in various tasks involved tration, the client does not concern the client will drop for.  (iv)  with appropriate utensils. It met as evidenced by:  a, record reviews and alled to ensure appropriate during meal time for 5 out g is:  up home of the dinner meal the meal to consist of the salad, green beans and evation of the dinner meal ting for each client to tensils: a fork only for client the dinner meal a knife from staff to nner roll. Further taff to provide client #4 that the client used to ll with independence.	W 475	The facility will ensure appropriate uten be provide during mealtime for 5 out of individuals. These utensils are as follow only for client #1, #2 and #3; a weighted only for client #4 and a fork and maroor for client #5.  According with the review of records for #3 on 10/26/21 revealed a habilitation p dated 4/1/21. Continued review of record client #3 revealed a skill assessment date 2021 that reflected client #3 eats with a and fork.  Furthermore, review of records for client: 10/26/21 revealed a habilitation plan date 9/1/2021. Continued review of records for #4 revealed a skill assessment dated 1/25 that reflected client #4 eats with a spoon, and cuts with a knife. Further review of the kills assessment revealed client #1 can of the correct utensil to use from a place set. Therefore, retrain will be provide by the GHome staff by the Qualify Professional an Group Home coordinator and will be addreurrent and inexperienced staff. Each statistical sign and acknowledge training.	5 v: a fork of fork of spoon client land ds for ted spoon with ted	12/15/21	

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	PROVIDER OR SUPPLIER  DD COUNTY GROUP HON	/IE #3		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WOODLAWN CIRCLE CLYDE, NC 28721		10/20/2021
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W475	client #1 eats with a sknife. Further review assessment revealed the correct utensil to under the continued review of real skill assessment data client #2 eats with a sability to choose the coplace setting.  Review of records for revealed a habilitation Continued review of real skill assessment data client #5 can use a sprindependently. Further assessment revealed the correct the correc	ted 2021 that reflected poon, fork and cuts with a of the 2021 skills client #1 is able to choose use from a place setting.  client #2 on 10/26/21 plan dated 5/6/2021. ecords for client #2 revealed ted 2021 that reflected poon and fork with the correct utensil to use from a client #5 on 10/26/21 plan dated 4/1/21. ecords for client #5 revealed ted 1/25/21 that reflected poon, fork, and knife review of the 2021 skills				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	CONTRACTOR CONTRACTOR CONTRACTOR	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER	37		STREET ADDRESS, CITY, STATE, ZIP CODE	1 10	0/26/2021
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HAYWOOD COUNTY GROUP HOM	1E #3		CLYDE, NC 28721		
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W 475 Continued From page	p home manager revealed		DEFICIENCY)		