

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G057	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/26/2021
NAME OF PROVIDER OR SUPPLIER HAYWOOD COUNTY GROUP HOME #3			STREET ADDRESS, CITY, STATE, ZIP CODE 401 WOODLAWN CIRCLE CLYDE, NC 28721		
(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	
W 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure privacy was maintained for 4 of 5 clients (#1, #2, #3 and #4) during medication administration. The finding is:</p> <p>Observation in the group home on 10/26/21 at 7:25 AM revealed client #3 to enter the medication room and to leave the medication room door open. Continued observation at 7:33 AM revealed staff C to observe client #4 walk by the medication room while administering medications to client # 3 and to verbally greet client #4 from the med room with "Good Morning". Further observation revealed staff C to administer all medications to client #3 without closing the medication room door. Observation at 7:40 AM revealed client #1 to enter the medication room and staff C to administer all morning medications to client #1 with the medication room door open.</p> <p>Subsequent observation at 7:46 AM revealed client #2 to enter the medication room and staff C to administer morning medications to client #2 with the door to the medication room open. Observation at 7:48 AM revealed staff D to walk into the medication room during medication administration for client #2 and to place the staff's jacket in the room, then exit. Additional observation at 8:06 AM revealed client #4 to enter the medication room and staff C to administer all morning medications to client #4 with the medication room door open. Observation during</p>	W 130	<p>DHSR-Mental Health</p> <p>NOV 24 2021</p> <p>Lic. & Cert. Section</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(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.

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W 130	Continued From page 1 the medication pass for client #4 revealed the client to get upset with a client outside the medication room and yell "Calm down, You're too loud". Interview with staff C on 10/26/21 revealed she had not been trained to close the door during a medication pass. Interview with the group home manager on 10/26/21 verified the door to the medication room should be closed to limit distractions and ensure privacy while additional training was needed with staff.	W 130			
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 reviews and interview, the facility failed to ensure 1 of 4 sampled clients (#3) received a continuous active treatment program consisting of needed interventions as identified in their habilitation plan. The findings are: A. The team failed to ensure a program objective relative to meal preparation was implemented in sufficient frequency to support the need of client #3. For example:	W 249			

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W 249	Continued From page 2 Observation upon entry to the group home on 10/25/21 at 4:05 PM revealed client #3 to sit at the dining table in a wheelchair. Continued observation at 5:05 PM revealed the home manager to chop client #3's chicken in the kitchen with a knife while client #3 remained at the table unengaged. Further observation revealed client #3 to remain idle at the table with no interaction from staff from 4:05 PM until dinner was served at 5:10 PM. Review of client #3's record on 10/26/21 revealed a habilitation plan dated 4/1/21. Review of client #3's habilitation plan indicated a training program relative to meal preparation that client #3 "will participate in preparing a meal using a food processor at least two times per week, given no more than two verbal prompts and necessary physical prompts to each step of the task analysis for six consecutive months." Continued review of client #3's record revealed an annual nutritional evaluation dated 2/28/21. Review of the nutritional evaluation indicated the client's diet as "facility diet-soft, chopped meats, low sodium, cholesterol controlled, low fat, small portions, nectar thick liquids with 2-100 calories snacks per day. Recommendations indicated the need to continue diet as ordered by SLP, mechanical soft with nectar thick liquids, continue to cut up and chop foods served secondary to chewing problems. Interview with the qualified intellectual disabilities professional (QIDP) on 10/26/21 confirmed that client #3's meal preparation program is current. Continued interview with the QIDP confirmed staff should always utilize the food processor as appropriate and as prescribed, as well as offer	W 249			

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W 249	<p>Continued From page 3</p> <p>the client the opportunity to assist and participate in meal preparation.</p> <p>B. The team failed to ensure a program objective relative to communication was implemented in sufficient frequency to support the need of client #1. For example:</p> <p>Observation throughout the 10/25-26/21 survey revealed client #3 to have a communication board hanging on the wall next to the client's recliner. Observation of the communication board revealed the following communication prompts: going out, snack, lunch, dinner, puzzles and restroom. At no time during the 10/25-26/21 survey were staff observed utilizing client #3's communication board.</p> <p>Review of client #3's record on 10/26/21 revealed a habilitation plan dated 4/1/21. Review of client #3's habilitation plan indicated a training program relative to communication that "when given a communicative prompt or opportunity, client #3 will use a communication board or device to formulate a request or response 50% of given occurrences." Continued review of client #3's record revealed an expressive communication evaluation dated 3/5/21. Review of the expressive communication evaluation revealed "when given a communication prompt or opportunity, client #3 will use a communication board or device with 6-12 choices, a known hand sign, gesture, or vocalization to formulate a request or response with 70% of given occurrences."</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 10/26/21 confirmed that client #3's communication program is current. Further interview with the QIDP confirmed staff</p>	W 249			

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W 249	Continued From page 4 should be using client #3's communication board at all opportunities.	W 249			
W 268	<p>CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)(i)</p> <p>These policies and procedures must promote the growth, development and independence of the client. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to promote the growth and independence of 3 of 4 sampled clients (#2, #3 and #5) and 1 non-sampled client (#4) in regards to dignity related to the use of incontinence pads. The finding is:</p> <p>Observations in the home on 10/25/21 revealed incontinence pads positioned in various seating of living room furniture while seating was not used by clients. Continued observations on 10/25/21 revealed the incontinence pads to remain in seating of the living room recliners throughout the survey observation evening including times when no clients were present in the living room. Additional observations upon entry of the group home on 10/26/21 at 7:00 AM revealed living room recliners to remain covered with incontinence pads although no recliner was in use by any client.</p> <p>Interview with the home manager (HM) on 10/26/21 revealed clients #2, #3, #4 and #5 have specific recliners that each client uses. Continued interview with the HM revealed incontinence pads are placed in each recliner to protect the furniture from toileting accidents. Further interview with the HM verified client #2 and #5 have incontinence issues and have</p>	W 268			

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W 268	Continued From page 5 training programs to address toileting needs. Subsequent interview with the HM revealed client #3 and #5 did not have toileting programs. Interview with the HM further verified incontinence pads should not be left out at all times.	W 268			
W 371	DRUG ADMINISTRATION CFR(s): 483.460(k)(4) The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the system for drug administration failed to assure 2 of 2 clients (#3 and #4) observed during medication administration were provided the opportunity to participate in medication self-administration. The findings are: A. The system for drug administration failed to assure client #3 was provided the opportunity to participate in medication self-administration. For example: Observation in the group home on 10/25/21 at 4:42 PM revealed client #3 to enter the medication room and to sit in a chair while staff B prepared and administered medication to the client. Continued observation revealed staff B to wash her own hands, reconcile medications from a bubble pack with the medication record, punch a medication for client #3 into a medication cup and feed client #3 medication in yogurt. Staff B was not observed to provide any identification of medication or education regarding purpose or	W 371			

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W 371	<p>Continued From page 6 side effects to the client.</p> <p>Observation on 10/26/21 at 7:25 AM revealed staff C to administer medications to client #3 in the medication room of the group home. Continued observation revealed staff C to wash her own hands, punch all of client #3's medications into a medication cup, mix 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.</p> <p>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 revealed a skill assessment (dated 2021). Review of the 2021 skill assessment revealed client #3 to have independence with eating with a fork and spoon, pulling on/off socks and removing mittens/gloves.</p> <p>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 medication administration, the client does not participate due to the concern the client will drop medications on the floor.</p> <p>B. The system for drug administration failed to assure client #4 was provided the opportunity to</p>	W 371		
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W 371	<p>Continued From page 7</p> <p>participate in medication self-administration. For example:</p> <p>Observation on 10/25/21 at 4:38 PM revealed client #4 to enter the medication room and to sit in a chair while staff B prepared and administered medication to the client. Continued observation revealed staff B to wash her own hands, reconcile medications from a bubble pack with the medication record, punch a medication for client #4 into a medication cup and the client to take the medication independently. Staff B was not observed to provide any identification of medication or education regarding purpose or side effects to the client.</p> <p>Observation on 10/26/21 at 8:06 AM revealed staff C to administer medications to client #4 in the medication room of the group home. Continued observation revealed staff C to punch medications into a medication cup, mix medications with a spoonful of yogurt and to feed client #4 all medications. Staff C was not observed to provide any identification of medication or education regarding purpose or side effects to the client. It should be noted client #4 was given the opportunity to identify the name and purpose of (1) medication that staff C punched from a bubble pack.</p> <p>Review of records for client #4 on 10/26/21 revealed a habilitation plan dated 9/1/21. Continued review of records for client #4 revealed a skill assessment (dated 1/29/2021). Review of the 9/2021 skill assessment revealed client #4 to have independence with eating with a fork and spoon, cuts with a knife and chooses correct utensil to use.</p>	W 371			

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W 371	Continued From page 8 Interview with the group home manager on 10/26/21 verified client #4 has independence with eating skills and is able to do various tasks independently. Continued interview with the home manager verified although client #4 is capable of participating in various tasks involved in medication administration, the client does not participate due to the concern the client will drop medications on the floor.	W 371		
W 475	<p>MEAL SERVICES CFR(s): 483.480(b)(2)(iv)</p> <p>Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observation, record reviews and interview, the facility failed to ensure appropriate utensils were provided during meal time for 5 out of 5 clients. The finding is:</p> <p>Observation in the group home of the dinner meal on 10/25/21 revealed the meal to consist of chicken alfredo, a garden salad, green beans and a roll. Continued observation of the dinner meal revealed the place setting for each client to include the following utensils: a fork only for client #1, #2 and #3; a weighted fork only for client #4 and a fork and maroon spoon for client #5.</p> <p>Continued observation revealed during the meal for client #4 to request a knife from staff to spread butter on her dinner roll. Further observation revealed staff to provide client #4 with a non-sharp knife that the client used to spread butter on her roll with independence.</p> <p>Review of records for client #1 on 10/26/21 revealed a habilitation plan dated 10/1/2021. Continued review of records for client #1 revealed</p>	W 475		

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W 475	<p>Continued From page 9</p> <p>a skill assessment dated 2021 that reflected client #1 eats with a spoon, fork and cuts with a knife. Further review of the 2021 skills assessment revealed client #1 is able to choose the correct utensil to use from a place setting.</p> <p>Review of records for client #2 on 10/26/21 revealed a habilitation plan dated 5/6/2021. Continued review of records for client #2 revealed a skill assessment dated 2021 that reflected client #2 eats with a spoon and fork with the ability to choose the correct utensil to use from a place setting.</p> <p>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 revealed a skill assessment dated 2021 that reflected client #3 eats with a spoon and fork.</p> <p>Review of records for client #4 on 10/26/21 revealed a habilitation plan dated 9/1/2021. Continued review of records for client #4 revealed a skill assessment dated 1/29/2021 that reflected client #4 eats with a spoon, fork and cuts with a knife. Further review of the 2021 skills assessment revealed client #1 is able to choose the correct utensil to use from a place setting.</p> <p>Review of records for client #5 on 10/26/21 revealed a habilitation plan dated 4/1/21. Continued review of records for client #5 revealed a skill assessment dated 1/25/21 that reflected client #5 can use a spoon, fork and knife independently. Further review of the 2021 skills assessment revealed client #5 is able to cut food into appropriate sized bites using a knife and fork independently.</p>	W 475			

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W 475	Continued From page 10 Interview with the group home manager revealed full place settings should be provided to all clients.	W 475		
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W 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: W 130 Based on observation and interview, the facility failed to assure privacy was maintained for 4 of 5 clients (#1, #2, #3 and #4) during medication administration. The finding is: Observation in the group home on 10/26/21 at 7:25 AM revealed client #3 to enter the medication room and to leave the medication room door open. Continued observation at 7:33 AM revealed staff C to observe client #4 walk by the medication room while administering medications to client # 3 and to verbally greet client #4 from the med room with "Good Morning". Further observation revealed staff C to administer all medications to client #3 without closing the medication room door. Observation at 7:40 AM revealed client #1 to enter the medication room and staff C to administer all morning medications to client #1 with the medication room door open. Subsequent observation at 7:46 AM revealed client #2 to enter the medication room and staff C to administer morning medications to client #2 with the door to the medication room open. Observation at 7:48 AM revealed staff C to administer all morning medications to client #1 with the medication room door open.</p> <p>Subsequent observation at 7:46 AM revealed client #2 to enter the medication room and staff C to administer morning medications to client #2 with the door to the medication room open. Observation at 7:48 AM revealed staff D to walk into the medication room during medication administration for client #2 and to place the staff's jacket in the room, then exit. Additional observation at 8:06 AM revealed client #4 to enter the medication room and staff C to administer all morning medications to client #4 with the medication room door open. Observation during</p>	W 130	The door to the medication room should be closed to limit distractions and ensure privacy while additional training was needed with staff. To ensure that all individuals have privacy while administering medications, Staff will always keep the medication room's door closed. Staff will be retraining in all necessary steps while administering medication by QP and Group Home Coordinator by providing an in-service during staff meeting. Staff will close medication room door to always ensure their privacy and dignity.	12/15/2021

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Executive Director

11/18/21

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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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G057	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2021
NAME OF PROVIDER OR SUPPLIER HAYWOOD COUNTY GROUP HOME #3			STREET ADDRESS, CITY, STATE, ZIP CODE 401 WOODLAWN CIRCLE CLYDE, NC 28721	
(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
W 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: W 130 Based on observation and interview, the facility failed to assure privacy was maintained for 4 of 5 clients (#1, #2, #3 and #4) during medication administration. The finding is: Observation in the group home on 10/26/21 at 7:25 AM revealed client #3 to enter the medication room and to leave the medication room door open. Continued observation at 7:33 AM revealed staff C to observe client #4 walk by the medication room while administering medications to client # 3 and to verbally greet client #4 from the med room with "Good Morning". Further observation revealed staff C to administer all medications to client #3 without closing the medication room door. Observation at 7:40 AM revealed client #1 to enter the medication room and staff C to administer all morning medications to client #1 with the medication room door open. Subsequent observation at 7:46 AM revealed client #2 to enter the medication room and staff C to administer morning medications to client #2 with the door to the medication room open. Observation at 7:48 AM revealed staff C to administer all morning medications to client #1 with the medication room door open.</p> <p>Subsequent observation at 7:46 AM revealed client #2 to enter the medication room and staff C to administer morning medications to client #2 with the door to the medication room open. Observation at 7:48 AM revealed staff D to walk into the medication room during medication administration for client #2 and to place the staff's jacket in the room, then exit. Additional observation at 8:06 AM revealed client #4 to enter the medication room and staff C to administer all morning medications to client #4 with the medication room door open. Observation during</p>	W 130	The door to the medication room should be closed to limit distractions and ensure privacy while additional training was needed with staff. To ensure that all individuals have privacy while administering medications, Staff will always keep the medication room's door closed. Staff will be retraining in all necessary steps while administering medication by QP and Group Home Coordinator by providing an in-service during staff meeting. Staff will close medication room door to always ensure their privacy and dignity.	12/15/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(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.

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NAME OF PROVIDER OR SUPPLIER HAYWOOD COUNTY GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 401 WOODLAWN CIRCLE CLYDE, NC 28721
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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 130	<p>Continued From page 1</p> <p>the medication pass for client #4 revealed the client to get upset with a client outside the medication room and yell "Calm down, You're too loud". Interview with staff C on 10/26/21 revealed she had not been trained to close the door during a medication pass.</p> <p>Interview with the group home manager on 10/26/21 verified the door to the medication room should be closed to limit distractions and ensure privacy while additional training was needed with staff. W 249 PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: W 249 Based on observations, record reviews and interview, the facility failed to ensure 1 of 4 sampled clients (#3) received a continuous active treatment program consisting of needed interventions as identified in their habilitation plan. The findings are:</p> <p>A. The team failed to ensure a program objective relative to meal preparation was implemented in sufficient frequency to support the need of client #s. For Example:</p>	W 130		
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W 249	<p>Continued From page 2</p> <p>Observation upon entry to the group home on 10/25/21 at 4:05 PM revealed client #3 to sit at the dining table in a wheelchair. Continued observation at 5:05 PM revealed the home manager to chop client #3's chicken in the kitchen with a knife while client #3 remained at the table unengaged. Further observation revealed client #3 to remain idle at the table with no interaction from staff from 4:05 PM until dinner was served at 5:10 PM.</p> <p>Review of client #3's record on 10/26/21 revealed a habilitation plan dated 4/1/21. Review of client #3's habilitation plan indicated a training program relative to meal preparation that client #3 "will participate in preparing a meal using a food processor at least two times per week, given no more than two verbal prompts and necessary physical prompts to each step of the task analysis for six consecutive months." Continued review of client #3's record revealed an annual nutritional evaluation dated 2/28/21. Review of the nutritional evaluation indicated the client's diet as "facility diet-soft, chopped meats, low sodium, cholesterol controlled, low fat, small portions, nectar thick liquids with 2-100 calories snacks per day. Recommendations indicated the need to continue diet as ordered by SLP, mechanical soft with nectar thick liquids, continue to cut up and chop foods served secondary to chewing problems.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 10/26/21 confirmed that client #3's meal preparation program is current. Continued interview with the QIDP confirmed staff should always utilize the food processor as appropriate and as prescribed, as well as offer</p>		<p>Qualify Professional and Group Home Coordinator will provide sufficient training to all Group Home Staff concerning the Individual #3 on meal preparation. Individual #3 will participate in preparing a meal using the food processor, at least two times per week, given no more than two verbal prompts and necessary physical prompts on each step of the task analysis, with 85% accuracy for six consecutive months. Staff will offer generous verbal praise for correct responses. Staff should note any problem areas.</p> <p>Group Home Coordinator and Group Home staff will follow and practice Nutritional recommendation.</p> <ol style="list-style-type: none"> Nectar Thick Liquids. Continue to cut up and chop up foods served secondary to chewing problems. <p>QP and Group Home Coordinator will address and review habilitation plan for client #3 to all Group Home Staff through in service training. Client #3 will take part in preparing a meal at least twice per week.</p>	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G05	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2021
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W 249	<p>Continued From page 3</p> <p>the client the opportunity to assist and participate in meal preparation. B. The team failed to ensure a program objective relative to communication was implemented in sufficient frequency to support the need of client #1. For example:</p> <p>Observation throughout the 10/25-26/21 survey revealed client #3 to have a communication board hanging on the wall next to the client's recliner. Observation of the communication board revealed the following communication prompts: going out, snack, lunch, dinner, puzzles, and restroom. At no time during the 10/25-26/21 survey were staff observed utilizing client #3's communication board.</p> <p>Review of client #3's record on 10/26/21 revealed a habilitation plan dated 4/1/21. Review of client #3's habilitation plan indicated a training program relative to communication that "when given a communicative prompt or opportunity, client #3 will use a communication board or device to formulate a request or response 50% of given occurrences." Continued review of client #3's record revealed an expressive communication evaluation dated 3/5/21. Review of the expressive communication evaluation revealed "when given a communication prompt or opportunity, client #3 will use a communication board or device with 6-12 choices, a known hand sign, gesture, or vocalization to formulate a request or response with 70% of given occurrences."</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 10/26/21 confirmed that client #3's communication program is current. Further interview with the QIDP confirmed staff</p>	W 249	<p>Individual has utilized a communication notebook to express her wants and needs over the past year. Her picture symbols include food/drink, hurt/sick, bathroom/toilet, bed, and book, as well as other needs and preferences she may need throughout her daily routine. Her average independent use of 6 – 10 pictures symbols are 42 at the group home, and only 3% during the day with staff. The staff will use the pictures to communicate, even though at times, the individual uses them as a play activity (randomly and rapidly taking them from the board) rather than being used to convey meaningful communication. The staff has successfully used a magnetic picture board to encourage the Individual to indicate activity preferences, transitions, and to help structure her daily routines and expectations. She continues to effectively use verbalizations, gesture, and known signs to communicate with staff and others. Experience and new staff will be trained to ensure consistency while communicating with individual.</p> <p>Staff will be retraining and get familiar with communication board when working with client #3 by QP and Group Home Coordinator by providing an in-service during staff meeting.</p>	12/15//2021
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W 249	Continued From page 4 Continued From page should be using client #3's communication board at all opportunities.			
W 268	<p>CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)(i)</p> <p>These policies and procedures must promote the growth, development and independence of the client. This STANDARD is not met as evidenced by: W 268 Based on observation and interview, the facility failed to promote the growth and independence of 3 of 4 sampled clients (#2, #3 and #5) and 1 non-sampled client (#4) in regards to dignity related to the use of incontinence pads. The finding is:</p> <p>Observations in the home on 10/25/21 revealed incontinence pads positioned in various seating of living room furniture while seating was not used by clients. Continued observations on 10/25/21 revealed the incontinence pads to remain in seating of the living room recliners throughout the survey observation evening including times when no clients were present in the living room. Additional observations upon entry of the group home on 10/26/21 at 7:00 AM revealed living room recliners to remain covered with incontinence pads although no recliner was in use by any client.</p> <p>Interview with the home manager (HM) on 10/26/21 revealed clients #2, #3, #4 and #5 have specific recliners that each client uses. Continued interview with the HM revealed incontinence pads are placed in each recliner to protect the furniture from toileting accidents. Further interview with the HM verified client #2 and #5 have incontinence issues and have</p>	W 268	<p>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 to address toileting needs to ensure all individuals are treated with dignity and respect as well as meeting their needs.</p> <p>QP will provide an agenda with Staff signatures they have had the in-service training.</p>	12/15/2021

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W 268	Continued From page 5 training programs to address toileting needs. Subsequent interview with the HM revealed client #3 and #5 did not have toileting programs. Interview with the HM further verified incontinence pads should not be left out at all times.			
W 371	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(4)</p> <p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. This STANDARD is not met as evidenced by: W 371 Based on observation, record review and interview, the system for drug administration failed to assure 2 of 2 clients (#3 and #4) observed during medication administration were provided the opportunity to participate in medication self-administration. The findings are:</p> <p>A. The system for drug administration failed to assure client #3 was provided the opportunity to participate in medication self-administration. For example:</p> <p>Observation in the group home on 10/25/21 at 4:42 PM revealed client #3 to enter the medication room and to sit in a chair while staff B prepared and administered medication to the client. Continued observation revealed staff B to wash her own hands, reconcile medications from a bubble pack with the medication record, punch a medication for client #3 into a medication cup and feed client #3 medication in yogurt. Staff B was not observed to provide any identification or education regarding purpose or</p>	W 371	<p>The individual's physician, Group Home Coordinator and Director of Services have the responsibility of determining which individuals can take their medications correctly. The physician, Group Home Coordinator and Director of Services will use the following additional criteria in conjunction with the recommendations listed above to determine if individuals shall self-medicate:</p> <ol style="list-style-type: none"> 1. The individual must be recommended to self-medicate by the DDA Administrative staff and the Group Home Coordinator. 2. The individual must be able to verbalize necessary information about his/her medications. 3. The individual must remember to take his/her medications on time and as prescribed. 4. The individual must be able to properly package his/her medications in a weekly pill box with staff supervision. 5. At the discretion of the physician and the DDA Qualified Professional, (Director of Services) an individual may be approved to self-medicate. This may include some or all an individual's medication regimen. PRN medications are not included. 6. The individual physician must complete and sign the form titled "Physicians Authorization for Self-Medicating"; the Director of Services must also sign this form. <p>2. The Human Rights Committee has to approve the Self-medication as well.</p> <p>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.</p>	12/15/21

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W 371	<p>Continued From page 6 side effects to the client.</p> <p>Observation on 10/26/21 at 7:25 AM revealed staff C to administer medications to client #3 in the medication room of the group home. Continued observation revealed staff C to wash her own hands, punch all of client #3's medications into a medication cup, mix 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.</p> <p>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 revealed a skill assessment (dated 2021). Review of the 2021 skill assessment revealed client #3 to have independence with eating with a fork and spoon, pulling on/off socks and removing mittens/gloves.</p> <p>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 medication administration, the client does not participate due to the concern the client will drop medications on the floor.</p> <p>B. The system for drug administration failed to assure client #4 was provided the opportunity to</p>		<p>The individual will be trained by staff on how to take his/her medication. After three months of accomplishing 100% accuracy in relation to the following information and independently self-medicating, the individual will be approved for self-administration.</p> <ul style="list-style-type: none"> a. Name of Medication b. Strength of Medication c. Purpose of Medication d. Times of administration e. Method of administration <p>The individual will meet the criteria listed on the Self-Medication Checklist (Appendix 44).</p> <p>After learning and being approved to self-medicate, the individual will package his/her oral medications in a medication dispensing case on a weekly basis, with staff supervision. This will continue as long as the individual lives in a group home. The individual</p> <p>Training will be provided to all current staff by QP and group home coordinator and will continue across all shift and inexperienced staff as an ongoing training.</p>	12/15/21
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G0	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2021
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W 371	<p>Continued From page 7 participate in medication self-administration. For example:</p> <p>Observation on 10/25/21 at 4:38 PM revealed client #4 to enter the medication room and to sit in a chair while staff B prepared and administered medication to the client. Continued observation revealed staff B to wash her own hands, reconcile medications from a bubble pack with the medication record, punch a medication for client #4 into a medication cup and the client to take the medication independently. Staff B was not observed to provide any identification of medication or education regarding purpose or side effects to the client.</p> <p>Observation on 10/26/21 at 8:06 AM revealed staff C to administer medications to client #4 in the medication room of the group home. Continued observation revealed staff C to punch medications into a medication cup, mix medications with a spoonful of yogurt and to feed client #4 all medications. Staff C was not observed to provide any identification of medication or education regarding purpose or side effects to the client. It should be noted client #4 was given the opportunity to identify the name and purpose of (1) medication that staff C punched from a bubble pack.</p> <p>Review of records for client #4 on 10/26/21 revealed a habilitation plan dated 9/1/21. Continued review of records for client #4 revealed a skill assessment (dated 1/29/2021). Review of the 9/2021 skill assessment revealed client #4 to have independence with eating with a fork and spoon, cuts with a knife and chooses correct utensil to use.</p>	W 371	<p>The Group Home staff shall monitor the individual's continued ability to self-medicate by reviewing the self-medication checklist and medication storage case.</p> <p>Training will be provided to all current staff by QP and group home coordinator and will continue across all shift and inexperienced staff as an ongoing training. Evidence will be signed and dated.</p> <p>The "Physicians Authorization for Self-Medicating form" will be re-approved and signed yearly by the individual physician and the Director of Services (QP).</p> <p>Other - if it is noted that individuals are having difficulty with self-administering medications, the practice of self-medicating will cease immediately. Staff will retrain individuals in all areas of self-medication administration. If at any time medication cases are left unsecure, re-training by staff in all areas of self-medication administration will occur.</p>	12/15/21
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G0	(X2) MULTIPLE CONSTRUCTION C. BUILDING _____ D. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2021
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W 371	Continued From page 8 Interview with the group home manager on 10/26/21 verified client #4 has independence with eating skills and is able to do various tasks independently. Continued interview with the home manager verified although client #4 is capable of participating in various tasks involved in medication administration, the client does not participate due to the concern the client will drop medications on the floor.			
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: W 475 Based on observation, record reviews and interview, the facility failed to ensure appropriate utensils were provided during meal time for 5 out of 5 clients. The finding is: Observation in the group home of the dinner meal on 10/25/21 revealed the meal to consist of chicken alfredo, a garden salad, green beans and a roll. Continued observation of the dinner meal revealed the place setting for each client to include the following utensils: a fork only for client #1, #2 and #3; a weighted fork only for client #4 and a fork and maroon spoon for client #5. Continued observation revealed during the meal for client #4 to request a knife from staff to spread butter on her dinner roll. Further observation revealed staff to provide client #4 with a non-sharp knife that the client used to spread butter on her roll with independence. Review of records for client #1 on 10/26/21 revealed a habilitation plan dated 10/1/2021.	W 475	The facility will ensure appropriate utensils will be provide during mealtime for 5 out of 5 individuals. These utensils are as follow: a fork only for client #1, #2 and #3; a weighted fork only for client #4 and a fork and maroon spoon for client #5. According with the 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 revealed a skill assessment dated 2021 that reflected client #3 eats with a spoon and fork. Furthermore, review of records for client #4 on 10/26/21 revealed a habilitation plan dated 9/1/2021. Continued review of records for client #4 revealed a skill assessment dated 1/29/2021 that reflected client #4 eats with a spoon, fork, and cuts with a knife. Further review of the 2021 skills assessment revealed client #1 can choose the correct utensil to use from a place setting. Therefore, retrain will be provide by the Group Home staff by the Qualify Professional and Group Home coordinator and will be address to current and inexperienced staff. Each staff will sign and acknowledge training.	12/15/21

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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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W475	<p>Continued From page 9 a skill assessment dated 2021 that reflected client #1 eats with a spoon, fork and cuts with a knife. Further review of the 2021 skills assessment revealed client #1 is able to choose the correct utensil to use from a place setting.</p> <p>Review of records for client #2 on 10/26/21 revealed a habilitation plan dated 5/6/2021. Continued review of records for client #2 revealed a skill assessment dated 2021 that reflected client #2 eats with a spoon and fork with the ability to choose the correct utensil to use from a place setting.</p> <p>Review of records for client #5 on 10/26/21 revealed a habilitation plan dated 4/1/21. Continued review of records for client #5 revealed a skill assessment dated 1/25/21 that reflected client #5 can use a spoon, fork, and knife independently. Further review of the 2021 skills assessment revealed client #5 can cut food into appropriately sized bites using a knife and fork independently.</p>			
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G0 57	(X2) MULTIPLE CONSTRUCTION G. BUILDING _____ H. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2021
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NAME OF PROVIDER OR SUPPLIER HAYWOOD COUNTY GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 401 WOODLAWN CIRCLE CLYDE, NC 28721
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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 475	Continued From page 10 W 475 Interview with the group home manager revealed full place settings should be provided to all clients.			
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