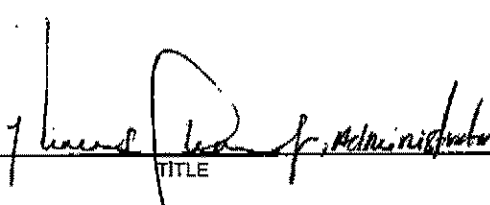


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/11/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/10/2022
NAME OF PROVIDER OR SUPPLIER GRANVILLE ICF/MR GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5509 DORSEY ROAD OXFORD, NC 27565		
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #3's Individual Program Plan (IPP) included specific objectives to meet his needs. This affected 1 of 3 audit clients. The finding is:</p> <p>Review on 5/9/22 of client #3's IPP dated 10/13/21 revealed he "...continues to work on formal money goals using sign language. The team agrees that [Client #3] does not understand the concept of money and they will keep up with his money for him. When ordering and paying at restaurants the staff will assist him with paying and waiting for change and receipt to help with future training." Additional review of the plan indicated the client had completed an objective to identify a quarter correctly 85% of the time for two consecutive review periods on 10/19/21. Further review of the IPP did not include current objectives to address client #3's money/ management needs.</p> <p>Interview on 5/10/22 with the Habilitation Specialist (HS) confirmed client #3 had completed an objective to identify a quarter; however, no additional training in the area of money management had been implemented or discussed by interdisciplinary team members.</p>	W 227	W 227-Team meeting will be held to discuss client # 3 skills relevant to Money-Management. The Habilitation Specialist will in-service staff on results of team meeting. The Qualified Professional will revise the Person Centered Plan with results of the client #3 Money Management objective through Interaction Assessment 2 times per week for 1 month and then on a routine basis. In the future the Qualified Professional will ensure the Person Centered Plans include intervention to address client needs.	7/10/22	
W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has</p>	W 249		05.19.22	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X8) 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 249	<p>Continued From page 1</p> <p>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: Based on observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of meal preparation and mealtime guidelines. This affected 3 of 3 audit clients (#1, #3 and #4). The finding is:</p> <p>A. During morning observations in the home on 5/10/22, Staff A and Staff C completed all necessary tasks to prepare the breakfast meal. The meal consisted of instant oatmeal, pre-packaged muffins, and juice. The staff were noted to gather necessary items, heat water on the stove, stir-in individual packets of oatmeal, and heat the muffins on the stove top. During this time, client #1 and client #3 periodically came into the kitchen. The clients were not prompted or encouraged to assist with meal preparation tasks.</p> <p>Interview on 5/10/22 with Staff A revealed they don't let the clients deal with "hot stuff". Additional interview confirmed the clients could have prepared their own individual packets of oatmeal and assisted with heating the muffins in the microwave.</p>	W 249	<p>A.-W 249-The Qualified Professional will inservice all staff on proper mealtime preparation interactions with people supported. The Habilitation Specialist will inservice staff on all people we support previously accomplished habilitation goals, including clients #1 and #3. The Clinical Team will monitor participation in meal preparation 2x weekly for 30 days, and then on a routine basis, throughout meal assessment. In the future, the Qualified Professional will ensure that all people we support assist will meal preparation to the best of their ability.</p> <p>B.-The Qualified Professional and Nursing will inservice staff on Client #4 and each person's supported diet consistency per physician orders. The Clinical team will monitor diet consistencies are implemented as prescribed through mealtime assessment completed at least 2x week for 1 month and than on routine basis. In the future the Qualified Professional will ensure staff consistently implement each person supported PCP including their mealtime guidelines.</p>	<p>07/10/22</p> <p>7/10/22</p>
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W 249	<p>Continued From page 2</p> <p>Review on 5/10/22 of client #1's Adaptive Behavior Inventory (ABI) dated 11/10/21 indicated he can identify fruits and vegetables independently and requires partial assistance to identify dairy products, meats, breads/cereals. The ABI also noted the client has had objective training in the past to identify various food groups. Further review of the ABI revealed client #1 can independently prepare beverages requiring mixing but he has needs in the areas of preparing sandwiches and salads, using an electric can opener and identifying kitchen equipment.</p> <p>Review on 5/10/22 of client #3's ABI dated 9/27/21 indicated he can identify meats, breads and cereals given verbal cues, and can prepare a beverage and bake muffins/cookies/breads with hand-over-hand assistance. Additional review of the client's Habilitation Evaluation dated 9/27/21 noted, "He participates in meal preparation and setting the table with prompting."</p> <p>Interview on 5/10/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients should be assisting with meal preparation tasks and staff have been trained to do so.</p> <p>B. During 3 of 3 mealtime observations throughout the survey on 5/9 - 5/10/22, client #4 was consistently served his entire meal in one sitting. Client #4 was observed to consume regular meal portions with second servings as desired.</p> <p>Review on 5/9/22 of client #4's IPP dated 6/9/21 and physician's orders dated April 2022 revealed the client's diet consisted of "...6 small meals per day, split breakfast, lunch, dinner - give 1/2 of the meal and wait 30 minutes to give the other half."</p>	W 249		

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W 249	Continued From page 3	W 249		
W 252	<p>Interview on 5/10/22 with Staff A and Staff B revealed client #4 used to have his meals split up; however, that had recently changed and they were not splitting them anymore.</p> <p>Interview on 5/10/22 with the QIDP confirmed client #4's meals should continue to be provided as indicated on his current physician's orders.</p> <p>PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure data relative to the accomplishment of criteria specified in Individual Program Plan (IPP) objectives were documented in measurable terms. This affected 1 of 3 audit clients (#1). The finding is:</p> <p>Review on 5/9/22 of client #1's IPP dated 11/17/21 revealed a service goal (OSG 1) for a Hip Flexor Stretching Program (implemented 5/7/13). Additional review of the service goal noted, "[Client #1] spends much time sitting in his wheel chair. To prevent hip flexor contractures, this passive positioning program will stretch his hip flexors and prevent contractures. [Client #1] is to be placed prone (on his stomach) daily after he returns from the CVC in the afternoon during the week and on weekends x 30 minutes per</p>	W 252	<p>W 252-The Qualified Professional will inservice regarding tracking and monitoring habilitation goals. A review of all formal programing goals for client # 1 and all people we supported will be completed to ensure progress is being monitored and changes are taking place as needed. The Clinical Team will go into the home 1x week and monitor to ensure data sheets for all objective are in place. Monitoring will occure through Core Team Meetings. In the future, Interdisciplinary Team will ensure all goals are being discontinued or modified as progress is made.</p>	07/10/22

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W 252	Continued From page 4 stretch." The program noted the target date as "on-going" for an "indefinite" period. Further review of documentation sheets for the program indicated no documentation after March 2022. Interview on 5/10/22 with Staff C confirmed client #1 is repositioned on his stomach in the afternoon for 30 minutes after returning from the day program. The staff noted this positioning helps with his hips. Interview on 5/10/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 should continue to be repositioned as indicated in his service goal and staff should be documenting as indicated.	W 252		
W 257	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii) The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Individual Program Plan (IPP) was reviewed/revised as necessary after 3 of 3 audit clients (#1, #3, and #4) failed to progress towards identified objectives. The findings are: A. Review on 5/9/22 of client #1's IPP dated 11/17/21 objectives to state coin values correctly 85% of the time for three consecutive review periods (implemented 3/3/21, 4 steps) and to correctly identify primary colors 85% of the time	W 257	w 257 -The Qualified Professional will inservice thhe Habilitation Specialist regarding tracking and monitoring of habilitation goals. A review of all formal programing goals for client #1, #3 and #4 and all the people we supported in the home will be completed to ensure progress is being monitored and changes are taking place as needed. The Clinical team will go into the home 1x week and monitor to ensure data are being discontinue or modified as progress is made. Monitoring will occure through Core Team Meetings and the Chart Review process. In the future, the Interdisciplinary Team will ensure all goals are being discontinued or modified as progress is made.	7/10/22

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W 257	<p>Continued From page 5</p> <p>for two consecutive review periods (implemented 5/9/19, 3 steps). Additional review of progress notes for the objectives revealed the following:</p> <p>Coin Values</p> <p>04/21 - 88% Step 1 05/21 - 33% Step 1 06/21 - "Not enough data collected" 07/21 - 50% Step 1 08/21 - 60% Step 1 09/21 - 67% Step 1 10/21 - 87% Step 1 11/21 - 62% Step 1 12/21 - 33% Step 1 01/22 - 33% Step 1 02/22 - 29% Step 1 03/22 - 0% Step 1 04/22 - 10% Step 1</p> <p>Primary Colors</p> <p>04/21 - 69% Step 2 05/21 - 50% Step 2 06/21 - 58% Step 2 07/21 - 67% Step 2 08/21 - 67% Step 2 09/21 - 67% Step 2 10/21 - 67% Step 2 11/21 - 33% Step 2 12/21 - 67% Step 2 01/22 - 33% Step 2 02/22 - 30% Step 2 03/22 - 0% Step 2 04/22 - 15% Step 2</p> <p>Interview on 5/10/22 with the Habilitation Specialist (HS) confirmed client #1 has not made progress on the two objectives; however, no</p>	W 257		

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W 257	<p>Continued From page 6 revisions have been made.</p> <p>B. Review on 5/9/22 of client #3's IPP dated 10/13/21 revealed objectives to retrieve mail from the mailbox 85% of the time for three consecutive review periods (implemented 12/10/20, 5 steps) and to clean dining room furniture requiring no more than verbal prompts 85% of the time for two consecutive review periods (implemented 8/8/19, 7 steps). Additional review of progress note indicated the following:</p> <p>Retrieve mail</p> <p>11/21 - 0% Step 5 12/21 - 0% Step 5 01/22 - 0% Step 5 02/22 - 0% Step 5 03/22 - 0% Step 5 04/22 - 0% Step 5</p> <p>Clean Furniture</p> <p>06/21 - 42% Step 3 07/21 - 48% Step 3 08/21 - 47% Step 3 09/21 - 0% Step 3 10/21 - 0% Step 3 11/21 - 0% Step 3 12/21 - 0% Step 3 01/22 - 0% Step 3 02/22 - 0% Step 3 03/22 - 0% Step 3 04/22 - 0% Step 3</p> <p>Interview on 5/10/22 with the HS confirmed client #3 has not made progress on the two objectives; however, no revisions have been made.</p>	W 257		

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W 257	<p>Continued From page 7</p> <p>C. Review on 5/9/22 of client #4's IPP dated 6/9/21 revealed an objective to separate his laundry requiring no more than verbal prompting 85% of the time for two consecutive review periods (implemented 3/3/21, 3 steps). Review of progress notes for the objective indicated the following:</p> <p>04/21 - 13% Step 1 05/21 - 30% Step 1 06/21 - 0% Step 1 07/21 - 0% Step 1 08/21 - 0% Step 1 09/21 - 0% Step 1 10/21 - 0% Step 1 11/21 - 0% Step 1 12/21 - 0% Step 1 01/22 - 0% Step 1 02/22 - 0% Step 1 03/22 - 0% Step 1 04/22 - 0% Step 1</p> <p>Interview on 5/10/22 with the HS confirmed client #4 has not made progress on the objective; however, no revisions have been made.</p>	W 257		
W 441	<p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p> <p>and under varied conditions to- Based on review of fire drill as evidenced by... the facility failed to ensure fire evacuation drills were conducted at varied times/conditions. This potentially affected all clients residing in the home (#1, #2, #3, #4, and #5). The finding is:</p> <p>Review on 5/9/22 of fire drill reports from April '21 - March '22 revealed three fire drills were</p>	W 441	<p>W 441-The Administrator will inservice all Residential Team Leader to ensure Fire Drills are conducted monthly and quarterly on each shift to include varied times and conditions. Residential Team Leader will ensure Fire Drill are kept in a neat binder. Fire Drill monthly to ensure they are completed and at varied times and conditions.</p>	7/10/22

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W 441	Continued From page 8 conducted on third shift at 12:20am, 12:11am, and 12:18am. Interview on 5/10/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff should be conducting fire drills at varied times throughout each shift.	W 441			