

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

PRINTED: 03/02/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G258	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/01/2022
NAME OF PROVIDER OR SUPPLIER IOTLA STREET GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 406 IOTLA STREET FRANKLIN, NC 28734		
(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 observations, record review and interview, the facility failed to assure the individual habilitation plan (IHP) for 1 of 4 sampled clients (#6) included training in dining skills. The finding is:</p> <p>Observation in the group home on 2/28/22 at 6:30 PM revealed client #6 to participate in the dinner meal. Continued observation throughout the meal revealed staff to provide client #6 close supervision with sitting next to the client. Client #6 was further observed to load her fork with a large portion of food while using her butter knife to scoop the food onto the fork at a rapid pace. Staff were further observed to answer questions client #6 would ask while eating at a rapid pace. Client #6 was observed to finish her plate of roast beef, carrots, potatoes, greens beans and pudding in under 5 minutes.</p> <p>Morning observations in the group home on 3/01/22 at 8:30 AM revealed client #6 to participate in a breakfast meal. Continued observation throughout the breakfast meal revealed staff to provide client #6 with close supervision by sitting next to the client. Staff were further observed, as with the dinner meal, to engage in conversation with the client but provided no prompts to slow rate of eating. Subsequent observations revealed the client to again finish her meal in under 5 minutes.</p>	W 227	<p>MAR 16 2022</p> <p>Lic. & Cert. Section</p> <p>The QIDP contacted the dietician on 3/1/2022 to observe dining skills for Client #6. On 3/7/2022 and 3/8/2022, efforts were made to remove Client #6's knife from the table after she finished using it to cut her food (as a means to minimize her ability to load her other utensils). Client #6 responded by using her fingers to push more food onto her spoon and fork in both meals.</p> <p>The dietician observed Client #6 on 3/9/2022 and recommended using appetizer-size utensils as a means of honoring Client #6's independence in self-feeding while minimizing prompting from staff. Please see the attached note from the dietician.</p> <p>The QIDP will develop and implement a training program to utilize the smaller utensils in an effort minimize the amount of food Client #6 can load (please see attached program). A set of smaller utensils will also be utilized at MCE, the day program, for consistency. Staff will be trained on the new program as well as ways to encourage Client #6 to slow down eating without over-prompting her, something that can cause her to become agitated. Evidence of training will be documented on an in-service training sheet.</p> <p>The QIDP and Group Home Manager will monitor Client #6 during mealtimes at least twice a week for 8 weeks to ensure the program and informal support from staff are being implemented appropriately. Observations of mealtimes will also include monitoring the other residents to ensure they are practicing proper dining skills.</p>	3/8/2022 3/9/2022 3/15/2022	

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

Christi Hays

TITLE

Executive Director

(X6) DATE

3-11-2022

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 227	<p>Continued From page 1</p> <p>Record review for client #6 on 3/01/22 revealed an IHP dated 3/04/21. Review of the IHP revealed training objectives to address independence in home management, money management, meal prep, laundry/hanging clothes and making bed. Further review of program goals revealed guidelines to ensure privacy, increase independence with recreational skills and money earned. Continued review of client #6's guidelines revealed procedures for cleaning her glasses, maintaining appropriate communication and walking.</p> <p>Subsequent review of records for client #6 revealed a comprehensive functional assessment (CFA) dated 3/01/21. Review of the CFA for client #6 revealed a skill assessment; "does require prompts to take small bites on occasion".</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/01/22 verified client #6 did not have formal programming to address her rate of eating. Continued interview with QIDP revealed client #6 could benefit from programming to address rate of eating to reduce her risk of choking.</p>	W 227			