

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G085	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2022
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NAME OF PROVIDER OR SUPPLIER OAKDALE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 436 MOCKSVILLE HWY STATESVILLE, NC 28625
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W 209	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(2)</p> <p>Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate.</p> <p>This STANDARD is not met as evidenced by: The facility failed to assure 3 of 3 sampled clients (#1, #3 and #4) were present for their person centered plans (PCPs) as evidenced by interview and record verification. The finding is:</p> <p>Review of client #4's PCP dated 2/25/22, substantiated by interview with the qualified intellectual disabilities professional (QIDP), revealed client #4 is his own guardian. Further review of the PCP and interview with the QIDP revealed client #4 was not present at his own PCP meeting to discuss and plan his programming and his coming year.</p> <p>Further review of client #3's PCP dated 8/16/22 revealed the client was not in attendance at his PCP plan. In addition, review of client #1's most recent available PCP dated 11/3/2020, also revealed the client was not in attendance and participated in his PCP as required.</p>	W 209		
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.</p> <p>This STANDARD is not met as evidenced by: The facility failed to assure the person centered plan (PCP) for 1 of 3 sampled clients (#1) included objective training to meet the client's needs as evidenced by observations, interviews</p>	W 227		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 227	Continued From page 1 and record verification. The finding is: Afternoon observation in the group home on 10/4/22 from 3:35 PM until supper at 4:30 PM revealed client #1 to spend the time in the living room standing or sitting in a chair in the corner of the room. Further observations revealed the client to spend 5 minutes stacking large plastic blocks but otherwise spent the remainder of the time unengaged. Staff in the living room was noted to verbally ask the client what he was doing and if he wanted to go outside but no other attempts were made to engage client #1 in activities. Review of client #1's most recent available PCP dated 11/3/22 revealed the client to currently have objective training to use a knife, close the bathroom door and follow a TEACCH object schedule. Interview with the qualified intellectual disabilities professional (QIDP) revealed in addition to these 3 objectives, the client had a program to wash his face and a vocational program to maintain focus that was about to be implemented. Further review of the client's PCP revealed an adaptive behavior inventory dated 10/29/20 which noted the client has no independence in wiping, brushing teeth, dressing self, meal preparation or housekeeping skills. Further interview with the QIDP revealed the client has many personal care and self-help skill needs that could be implemented to assist the client with learning needed skills and manage down time more effectively.	W 227			
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include	W 247			

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W 247	<p>Continued From page 2</p> <p>opportunities for client choice and self-management.</p> <p>This STANDARD is not met as evidenced by: The facility failed to assure the person centered plans (PCPs) for 3 of 3 sampled clients (#1, #3 and #4) included opportunities for client choice and self-management related to meal preparation as evidenced by observations, interviews, and record verification. The finding is:</p> <p>Afternoon observations in the group home on 10/4/22 at 3:50 PM revealed staff starting to prepare to cook supper. Staff was observed to remove frozen shrimp stir fry from the freezer and pour the bag contents in a pan to heat it on the stove. Staff also started rice on the stove. Further observations at 4:00 PM and 4:05 PM revealed staff opening jello cups with fruit and pouring them into a bowl before making an apple dessert. Continued observations revealed no client participation was noted until 4:20 PM when client #4 entered the kitchen and poured Koolaid into everyone's cups on the bar. Subsequent observations revealed staff to complete other tasks such as pureeing food, pouring clients milk and rinsing dishes without client participation.</p> <p>Review of client #1, #3 and #4's PCPs dated 11/3/20, 8/16/22 and 2/25/22, respectively revealed each client to be able to participate in meal preparation. Further review of client PCPs revealed the clients to have varying strengths and needs in meal preparation. For example, review of client #4's PCP, substantiated by interview with the qualified intellectual disabilities professional (QIDP), revealed client #4 to currently have an objective to prepare a vegetable on the stove independently. The facility failed to assure the clients had the opportunity for self-management</p>	W 247			

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W 247	Continued From page 3	W 247			
W 249	<p>in meal preparation to learn needed skills.</p> <p>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: The facility failed to assure a communication program contained in the person centered plan (PCP) for 1 of 3 sampled clients (#1) was implemented as prescribed during the 10/4-5/22 survey as evidenced by observation, interview and record verification. The finding is:</p> <p>Observations in the group home during the 10/4-5/22 survey revealed the client to have limited interventions and spend most of his time standing or sitting in the living room. All staff throughout the survey were observed to only verbally prompt the client to different areas of the group home or to complete different tasks such as going to the bathroom to wash hands for supper. No object items or schedules were observed to be used in the group home. Further observations at the day program on 10/5/22 at 10:30 AM, substantiated by interview with day program staff, revealed no object schedule board was available in the client's room for use.</p>	W 249			

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W 249	Continued From page 4 Review of client #1's most recent available PCP dated 11/4/20 revealed the client to have a TEACCH communication object schedule objective to use objects to transition through his daily routine. Staff should present objects for designated cues of cup (eat or drink), toothbrush, dust cloth (household chores) and a ball (for outside). Staff should pair the object with a gesture and tell the client "time to . . ." Interview with the QIDP revealed the TEACCH program is still a part of the client's active treatment and should be implemented throughout the day. The facility failed to assure this objective was implemented during the 10/4-5/22 survey as prescribed.	W 249			
W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: The facility failed to assure the person centered plans (PCPs) for 4 of 5 clients in the group home (#1, #3, #4 and #5) were reviewed and revised annually as required as evidenced by interview and record verification. The finding is: Review of client #1's record, substantiated by interview with the qualified intellectual disabilities professional (QIDP), revealed no current PCP was available for review. Further review of record and interview with the QIDP revealed the most recent PCP available to be dated 11/3/20. Continued interview with the QIDP revealed a PCP was completed in 2021 but was not able to be located.	W 260			

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W 260	Continued From page 5 Review of client #3, #4 and #5's PCPs dated 8/16/22, 2/25/22 and 5/4/22, respectively revealed each of the client's PCP to be completed past the annual due date. For example, client #3's prior PCP was completed 5/21/21, making his most recent PCP almost 3 months late. Client #4's previous PCP was completed 2/11/21, a delay of 2 weeks before the current PCP was completed and client #5's previous PCP meeting was 3/30/21, meaning the client's current PCP was delayed over a month.	W 260			