

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

PRINTED: 12/06/2022
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 11/30/2022
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 247	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: The facility failed to assure opportunities for client choice and self-management regarding meal preparation were provided for 5 of 5 clients in the home (#1, #2, #3, #4 and #5) according to their individual habilitation plans (IHPs) as evidenced by observation, interview and record verification. The finding is:</p> <p>Afternoon observations in the group home on 11/29/22 from 3:20 PM until supper at 5:00 PM revealed all clients to be in the home participating in leisure activities such as puzzles or watching television. Further observations revealed staff to prepare all of the clients' supper which included baked chicken, peas, pasta salad, rolls and drinks. Continued observations revealed the clients were redirected out of the kitchen when staff were cooking the meal. The only participation in the meal preparation was noted to with client #3 setting the placemats and client #4 setting utensil and cups on the table. Morning observations in the group home on 11/30/22 revealed staff to again complete breakfast preparation without client participation even though breakfast only consisted of cold cereal and juice.</p> <p>Interview with current home manager revealed the clients do not currently work in the kitchen during meals but client #3 and client #4 do help make their own snacks several times a week. Review of client IHPs, substantiated by observations, revealed each client are able to</p>	W 247			

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 247	Continued From page 1 independently use utensils to eat and complete simple meal preparation at least at a partial physical assistance level. For example, review of client #4's IHP dated 9/1/22 revealed the client to have a current program to help prepare a snack but also have the ability to pour liquids independently, prepare beverage mixes with verbal prompts and use small kitchen appliances with partial physical assistance among other skills. Staff were observed to complete all of these tasks without allowing for client self-management in meal preparation as required.	W 247			
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: The facility failed to assure 4 of 5 clients in the home (#1, #2, #3 and #5) were taught to administer their own medications to the best of their ability as evidenced by observation, interview and record verification. The finding is: Morning observations in the group home on 11/30/22 at 7:36 AM revealed client #2 to take his medications at 7:36 AM, client #1 to take her medications at 7:49 AM followed by client #4 to take her medications at 8:01 AM. Further observations of the medication pass for these 3 clients revealed only client #4 to participate in her medication pass by identifying the purpose of her Calcium tablet. The staff person passing	W 371			

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W 371	Continued From page 2 medications was observed to gather and punch all medications from the medication pill packs, gather water or yogurt for the clients to take their medication and apply all topicals to the clients. Interview with the group home manager, substantiated by review of client records, revealed client #4 is the only client who has a formal self administration of medication program. Further interview revealed, at this time, none of the other clients are participating in any way with the medication pass.	W 371			
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: The facility failed to ensure an active program for the prevention and control of infection and communicable diseases was present in the group home as required as evidenced by observations and interviews. The finding is: Observations in the group home during the 11/29-30/22 survey revealed only 1 staff in the group home to wear a face mask to limit the potential spread of the COVID-19 virus as required at this time by the Centers for Medicare and Medicaid Services (CMS). Interview with the current group home manager revealed the facility stopped the staff mask requirements in the group home at the beginning of October which was based on Centers for Disease Control (CDC) guidelines. However, no additional CMS guidance to change masking	W 455			

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W 455	Continued From page 3 requirements has been issued as of the 11/29-30/22 survey.	W 455			