STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G230	A. BUILDING ______ B. WING ______	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE GROUP HOME	723 HILLS FARM STREET LENOIR, NC 28645

(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 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 interviews, the facility failed to ensure that 4 of 6 clients (#1, #2, #3, and #5) received a continuous active treatment program as identified in the individual program plan (IPP). The findings are: A. The facility failed to provide adaptive equipment for client #1. For example: Evening observations in the group home on 12/7/22 revealed the dinner meal to include barbeque chicken, beans, zucchini squash, and crushed pineapples. Continued observations of the dinner meal revealed client #1's mealtime adaptive equipment to include a dycem mat and lip plate. Further observations revealed client #1 to consume the dinner meal. Review of client #1's record on 12/8/22 revealed an IPP dated 8/29/22. Continued review of IPP revealed mealtime adaptive equipment for client #1 to consist of plate guard, inner lip plate and dycem mat. Further review of the record revealed an occupational therapy (OT) evaluation dated 8/19/22. Subsequent review of the OT	W 249		

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 249	Continued From page 1 evaluation revealed that client #1 benefits from using an inner lip plate with plate guard attached to the left side of his plate to assist with scooping food. Interview with the qualified intellectual disabilities professional (QIDP) verified client #1's mealtime adaptive equipment recommendations are current. Continued interview with QIDP confirmed staff should provide client #1 with all prescribed adaptive equipment to support his mealtime needs. B. The facility failed to provide adaptive equipment for client #2. For example: Evening observations in the group home on 12/7/22 revealed the dinner meal to include barbeque chicken, beans, zucchini squash, and crushed pineapples. Continued observations of the dinner meal revealed client #2's mealtime adaptive equipment to include a dycem mat. Further observations revealed client #2 to consume the dinner meal. Morning observations in the group home on 12/8/22 revealed the breakfast meal to include dry cereal, banana, fruit muffin, milk, and coffee. Continued observations of the breakfast meal revealed client #2's mealtime adaptive equipment to include a dycem mat. Further observations revealed client #2 to consume the breakfast meal. Review of client #2's record on 12/8/22 revealed an IPP dated 3/25/22. Continued review of IPP revealed mealtime adaptive equipment for client #2 to consist of plate guard, scoop bowl and dycem mat. Further review of the record	W 249		

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	34G230	A. BUILDING ______ B. WING ______	12/08/2022

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W 249	Continued From page 2	W 249		

revealed an OT evaluation dated 4/27/22. Subsequent review of OT evaluation revealed that client #2 uses a plate guard on the side of plate closest to him to help him with scooping food on the spoon. Additionally, the OT evaluation revealed that client #2 benefits from using a scoop bowl to maximize ease of eating food such as cereal, soup and diced fruit.

Interview with the QIDP verified client #2's mealtime adaptive equipment recommendations are current. Continued interview with QIDP confirmed staff should provide client #2 with all prescribed adaptive equipment to support his mealtime needs.

C. The facility failed to provide adaptive equipment for client #5. For example:

Evening observations in the group home on 12/7/22 revealed the dinner meal to include barbeque chicken, beans, zucchini squash, and crushed pineapples. Continued observations of the dinner meal revealed client #5's mealtime adaptive equipment to include a dycem mat. Further observations revealed client #5 to consume the dinner meal.

Morning observations in the group home on 12/8/22 revealed the breakfast meal to include dry cereal, banana, fruit muffin, milk, and coffee. Continued observations of the breakfast meal revealed client #5's mealtime adaptive equipment to include a dycem mat. Further observations revealed client #5 to consume the breakfast meal.

Review of client #5's record on 12/8/22 revealed an IPP dated 1/11/22. Continued review of IPP

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W 249	Continued From page 3 revealed mealtime adaptive equipment for client #2 to consist of plate guard, scoop bowl and dycem mat. Further review of the record revealed an OT evaluation dated 9/27/22. Subsequent review of OT evaluation revealed that client #5 uses a plate guard on the left side of his plate to assist him with scooping food. Additionally, the OT evaluation revealed that client #5 uses a scoop bowl to eat foods. Interview with the QIDP verified client #2's mealtime adaptive equipment recommendations are current. Continued interview with QIDP confirmed staff should provide client #2 with all prescribed adaptive equipment to support his mealtime needs. D. The facility failed to implement behavior support plan as prescribed for client #3. For example: Evening Observations in the group home on 12/7/22 at 4:00 PM revealed client #3 to stand in the kitchen and walk around. Continued observation at 4:17 PM revealed client #3 to participate with a habilitation goal for privacy with staff A. Further observation at 4:45 PM client #3 was sitting in a living room chair asking staff A where abouts of another client repeatedly and staff A informed the client that she would get a write up if she continued to obsess. Subsequent observation at 4:50 PM staff A told client #3 again that she was writing the client up for obsession. Review of client #3's record on 12/8/22 revealed an IPP dated 3/15/22. Continued review of record for client #3 revealed a behavior support plan (BSP) dated 7/21/22 with target behaviors for noncompliance, verbal disruption, telling	W 249		

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W 249	Continued From page 4 untruths, stealing, bothering others, interrupting privacy of others, PICA, Inappropriate clothing wear, physical aggression, property destruction and obsessive activity. Further review of BSP revealed guidelines for obsessive activity to include interrupt the behavior by saying "No" firmly, "it is not okay to do that". Then provide client with an alternative appropriate activity to engage in. Offer choices and attempt to get client to be a "helper". Interview with the QIDP verified that client #5's BSP was current. Continue interview with QIDP confirmed that the staff did not follow client #5's BSP as prescribed.	W 249		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 1 of 2 clients (#1) observed during medication administration. The finding is: Observation in the group home on 12/8/22 at 6:34 AM revealed staff G to sanitize hands and punch medications into a medicine cup for medication administration. Continued observation revealed staff G to give client #1 prescribed Ensure, for client to take medications whole, and drink all the Ensure. Further observation revealed staff G to apply olopatadine HCL 0.2% with 1 drop in each eye. Subsequent observation revealed staff G to spray nasal saline spray with 1 spray in each	W 369		

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W 369	Continued From page 5 nostril. Review of records for client #1 on 12/8/22 revealed physician orders dated 11/8/22. Review of the 11/8/22 physician orders revealed medications to administer at 7:00 AM to be high calorie drink Ensure, fluticasone nasal spray 50 mcg spray, levocetirizine 5mg tab, omeprazole DR 20mg cap, quetiapine fumarate 200mg, vitamin D3 25mcg, and olopatadine HCL 0.2% eye drops. Further review of physician orders revealed client #1 prescribed fluticasone nasal spray 50 mcg with 1-2 sprays in each nostril daily for allergy symptoms. During the survey observation staff G was not observed to administer fluticasone nasal spray 50 mcg with 1-2 sprays in each nostril. Interview with the facility nurse on 12/8/22 verified the physician orders dated 11/8/22 to be current. Continued interview with the facility nurse confirmed that staff should have administered the prescribed nasal spray as ordered by physician. Further interview with the facility nurse revealed that staff G administered a prn nasal saline spray.	W 369		
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 interviews, the system for drug administration failed to assure 2 of 2 clients (#1, and #5)	W 371		

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observed during medication administration were provided the opportunity to participate in medication self-administration or provided teaching related to name, purpose and side effects of medications administered. The findings are:

A. The system for drug administration failed to assure client #1 was provided the opportunity to participate in medication self-administration. For example:

Observation in the group home 12/8/22 at 6:34 AM revealed staff G to prepare medications for administering for client #1 by punching them into the medication cup. Continued observation revealed staff G to hand client #1 medication cup, the client to take all medications with Ensure and the client to exit the medication area. Client #1 was not observed to receive any training during medication pass or to participate beyond taking medications from staff G and drinking Ensure.

Review of records for client #1 revealed an individual program plan (IPP) dated 8/29/22. Continued review of record revealed an adaptive behavior assessment dated 12/8/22 that revealed client #1 identifies medication and identifies use of medicine with no independence and needs prompting.

Interview with staff G on 12/8/22 revealed that staff G does not educate or train clients during medication administration. Interview with the facility nurse on 12/8/22 verified that staff should train and educate all clients during medication administration. Continued interview with the facility nurse revealed that staff are provided a list of medications and side effects located in the

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medication room.

B. The system for drug administration failed to assure client #5 was provided the opportunity to participate in medication self-administration. For example:

Observation in the group home 12/8/22 at 7:15 AM revealed staff G to remove medications for client #5 from medication closet and prepare medications for administering by punching them into the medication cup. Continued observation revealed staff G to hand client #5 medication cup and the client to take all medications. Further observation revealed staff G to hand client #5 a can of soda to drink and client to exit the medication area. Client #5 was not observed to receive any training during medication pass or to participate beyond taking medications from staff G.

Review of records for client #2 revealed an IPP dated 1/11/22. Continued review of record revealed an adaptive behavior assessment dated 1/6/22 that revealed client #5 identifies medication with moderate independence and the client can perform all the task with prompting. Further review revealed that client #5 identifies use of medicine with minimal independence and can perform some of the tasks with prompting.

Interview with staff G on 12/8/22 revealed that staff G does not educate or train clients during medication administration. Interview with the facility nurse on 12/8/22 verified that staff should train and educate all clients during medication administration. Continued interview with the facility nurse revealed that staff are provided a list of medications and side effects located in the

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W 371	Continued From page 8 medication room.	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: Based on observations and interviews, the facility failed to implement an active program for the prevention and control of infection and communicable diseases. The finding is: Observation upon entry into the group home on 12/8/22 at 6:15 AM revealed staff F to meet surveyor at the front door with client #5 and staff G to exit the bathroom with client #1. Continued observations revealed both staff to be without a face mask which is a current requirement by the Centers for Medicare and Medicaid Services (CMS) to limit the spread of the COVID-19 virus. Further observations revealed both staff to put on a face mask upon the home manager entry into the home at approximately 7:59 AM. Interview on 12/8/22 with the facility nurse verified that all staff working in the group home should be wearing a face mask. Continued interview with the facility nurse confirmed that both staff F and staff G should have been wearing a mask during the surveyors observations.	W 455		