STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G149	A. BUILDING _____ B. WING _____	12/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILMINGTON ROAD GROUP HOME	**800 WILMINGTON ROAD FAYETTEVILLE, NC 28304**

(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 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #3's Individual Program Plan (IPP) included specific interventions to support the use of a one-on-one staff throughout her day. This affected 1 of 4 audit clients. The finding is: During observations in the home and at the day program throughout the survey on 12/12 - 12/13/22, various staff assisted client #3 with aspects of her daily routine including eating, walking, toothbrushing and toileting. Across each shift observed, no single staff person was noted to provide direct support to client #3 with the exclusion of other clients in the home. Interviews on 12/12 - 12/13/22 with Staff D and Staff I revealed client #3 has a "one-to-one" staff assigned to her on each shift. Additional interview indicated this person would be identified on the schedule for the day/shift (staff work schedule posted in the medication room and office). Further interview noted the one-to-one staff person assists client #3 with walking and toileting. Review on 12/12/22 of client #3's IPP dated 5/12/22 revealed due to her history of falls, an unsteady gait and vision problems, the client requires assistance with walking throughout the home and on uneven surfaces. Additional review of the plan noted a mini-team meeting had been held on 4/12/22 to discuss recent falls and safety concerns for client #3. The report noted a request	W 240		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 240	Continued From page 1 for a "one on one" had been submitted and was awaiting approval. Further review of the client's IPP did not include any information regarding a one-on-one staff person assigned to client #3 or interventions needed from staff as a one-on-one staff person. Interview on 12/13/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the interdisciplinary team had met in April '22 regarding the need for a one-on-one staff person to assist client #3 and this request had been submitted and approved as of May '22. The QIDP indicated a one-on-one staff is currently assigned to the client on each shift and this person should be "with her at all times" and is "responsible for her and no other individual." The QIDP acknowledged client #3's IPP needs to include specific information regarding her one-on-one staff and their responsibilities.	W 240		
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 review and interviews, the facility failed to ensure 1 of 4 audit clients (#3) received a continuous active	W 249		

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W 249	Continued From page 2 treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of adaptive equipment use. The finding is: During 3 of 3 mealtime observations throughout the survey on 12/12 - 12/13/22, client #3 was provided and assisted to use a blue mug with a handle and a lid containing a small hole. No straw was used while drinking from the mug. During afternoon observations in the home at 3:55pm and at 4:42pm, the client was assisted to use a regular cup for drinking. Review on 12/12/22 of client #3's IPP dated 5/12/22, the client's Occupational Therapy (OT) update dated 9/8/22 and her current physician's orders dated 10/3/22 revealed the client uses a blue mug with a straw. Interview on 12/13/22 with the Home Manager revealed client #3 drinks from a blue mug containing a lid with a small hole. Additional interview indicated a straw inserted in the hole in the lid of the mug had been tried but the client would drink from the straw too fast so the straw had been discontinued. Interview on 12/13/22 with the Qualified Intellectual Disabilites Professional (QIDP) indicated client #3 should be using a straw when drinking from her blue mug as noted in her plan. The QIDP noted use of the straw had not been discontinued. Further interview indicated a regular cup should not be used with client #3 for drinking.	W 249		
W 255	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i)	W 255		

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W 255	Continued From page 3	W 255		

The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.
This STANDARD is not met as evidenced by:
Based on record review and interviews, the facility failed to ensure client #3's Individual Program Plan (IPP) was revised after she had successfully completed an objective. The finding is:

Review on 12/13/22 of client #3's Behavior Support Plan (BSP) dated 1/7/22 revealed an objective to exhibit 0 incidents of challenging behaviors for 11 out of 12 consecutive months. The plan included target behaviors of severe disruption/verbal aggression, self-injurious behavior, threats to self and physical aggression. Additional review of the plan also incorporated the use of Abilify to address her behaviors. Further review of client #3's behavior progress notes and interview with the Behavior Specialist (BS) revealed from January 1, 2021 - December 12, 2022, the client exhibited one behavior a year ago with no other documented behaviors for 23 months.

Interview on 12/13/22 with Staff C indicated client #3 does not have behaviors.

During an interview on 12/13/22, the BS acknowledged client #3 had completed her behavior objective; however, it remained an active part of her IPP.

Interview on 12/13/22 with the Qualified Intellectual Disabilities Professional (QIDP)

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W 255	Continued From page 4 confirmed client #3's BSP had been completed with no changes to her IPP.	W 255		
W 312	DRUG USAGE CFR(s): 483.450(e)(2) be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure client #3 was considered for a reduction and/or elimination of Abilify used to control behaviors after a significant decrease in the behaviors was identified. This affected 1 of 4 audit clients. The finding is: Review on 12/13/22 of client #3's Behavior Support Plan (BSP) dated 1/7/22 revealed an objective to exhibit 0 incidents of challenging behaviors for 11 out of 12 consecutive months. The plan included target behaviors for severe disruption/verbal aggression, self-injurious behavior, threats to self and physical aggression. Additional review of the plan also incorporated the use of Abilify to address her behaviors. The client's physician's orders dated 10/3/22 included an order for Abilify 5mg, take 1 tablet by mouth daily for behaviors at 8:00am. Further review of client #3's behavior progress notes and interview with the Behavior Specialist (BS) revealed from January 1, 2021 - December 12, 2022, the client exhibited one behavior a year ago with no other documented behaviors for 23 months. Review of the plan did not indicate client #3 had been considered for a reduction and/or elimination of her Abilify.	W 312		

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W 312	Continued From page 5 Interview on 12/13/22 with Staff C indicated client #3 does not have behaviors. During an interview on 12/13/22, the BS confirmed client #3 continues to ingest Abilify even though no behaviors have been documented for almost two years. During an interview on 12/13/22, the Qualified Intellectual Disabilities Professional (QIDP) acknowledged the Interdisciplinary Team needs to discuss client #3's continued need for Abilify based on her lack of behaviors.	W 312		
W 350	DENTAL SERVICES CFR(s): 483.460(e)(3) The facility must provide education and training in the maintenance of oral health. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure training was provided for the maintenance of each client's oral health. This affected 2 of 4 audit clients (#1 and #3). The findings are: A. Review on 12/12/22 of client #1's dental report dated 8/9/22 revealed his oral hygiene "Needs improvement." The report noted the client's teeth needed to be brushed and flossed twice daily. Additional review of the client's Individual Program Plan (IPP) dated 11/3/22 identified an objective to brush his teeth with 75% accuracy for 2 consecutive review periods (implemented on 3/1/22). Interview on 12/13/22 with Qualified Intellectual Disabilities Professional (QIDP) confirmed client	W 350		

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W 350	Continued From page 6 #1's last dental visit indicated his oral hygiene needed improvement; however, no changes had been made to his existing toothbrushing objective and no training had been provided to staff. B. Review on 12/12/22 of client #3's dental report dated 8/24/22 revealed "heavy bleeding and plaque build up." The report also indicated her oral hygiene "Needs improvement." Additional review of the client's IPP dated 5/12/22 noted she had met criteria on objectives to brush her teeth with 85% accuracy (discontinued on 7/1/21) and to use a proxy brush with 85% accuracy (discontinued on 9/1/22). No current toothbrushing objectives were identified. Interview on 12/13/22 with Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3's last dental visit indicated her oral hygiene needed improvement; however, no toothbrushing objectives had been implemented and no training had been provided to staff.	W 350		
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 ensure all medications were administered without error. This affected 1 of 2 client's (#1) observed receiving medications. The finding is: During observations of medication administration in the home on 12/13/22 at 7:25am, two sprays of Flonase 50mcg were administered into both	W 369		

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W 369	Continued From page 7 nostrils of client #1's nose. Review on 12/13/22 of client #1's physician's orders dated 10/3/22 revealed an order for Flonase 50mcg, use one spray in each nostril daily at 8:00am. Interview on 12/13/22 with the facility's nurse confirmed client #3's physician's orders were current and he should have received one spray of Flonase.	W 369		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client's modified diet was followed as indicated. This affected 2 of 4 audit clients (#1 and #2). The findings are: A. During lunch observations at the day program on 12/12/22 at 11:13am, client #1 consumed pureed tuna pasta salad. Closer observation of the food revealed it was thick, lumpy and dry. Client #1 consumed the tuna pasta salad without difficulty. During dinner observations in the home on 12/12/22 at 5:25pm, client #1 consumed pureed shrimp with vegetables and noodles. Closer observation of the food revealed it was thick, lumpy and dry. Client #1 consumed the shrimp	W 460		

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W 460	Continued From page 8	W 460		

and noodles entree without difficulty.

During breakfast observations in the home on 12/13/22 at 7:59am, client #1 consumed pureed turkey sausage. Closer observation of the sausage revealed it was loose, watery with visible bits of sausage. After staff added moist bread crumbs to the sausage mixture, visible bits of sausage remained. Client #1 consumed only a portion of the food without difficulty.

Interview on 12/13/22 with Staff G revealed client #1 consumes a pureed diet which would be smooth "like baby food."

Review on 12/12/22 of client #1's Individual Program Plan (IPP) dated 11/3/22 revealed he ingests a pureed diet.

Interview on 12/13/22 with the Qualified Intellectual Disabilites Professional (QIDP) confirmed client #1's food should be pureed and would resemble "applesauce."

B. During breakfast observations in the home on 12/13/22 at 7:35am, client #2 consumed pureed oatmeal and ground up turkey sausage. The client consumed the food without difficulty.

Interview on 12/13/22 with Staff G revealed client #2 is on a pureed diet and his turkey sausage should have been served pureed but it doesn't puree well.

Review on 12/13/22 of client #2's IPP dated 6/2/22 revealed he consumes a regular pureed consistency.

Interview on 12/13/22 with the QIDP confirmed all

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W 460	Continued From page 9 of client #2's food should be pureed.	W 460		
W 488	DINING AREAS AND SERVICE CFR(s): 483.480(d)(4) The facility must assure that each client eats in a manner consistent with his or her developmental level. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure client #5 ate in a manner which was not stigmatizing. This affected 1 of 4 audit clients. The finding is: During breakfast observations in the home on 12/13/22, client #3 consumed her food with lower portion of her clothing protector spread across the table in front of her and the upper portion secured around her neck. While consuming her food, client #3's bowl and cup were positioned on top of the lower portion of her clothing protector. During the observations, the client consumed the meal independently. A few bread crumbs fell on the clothing protector as the client consumed her breakfast. Interview on 12/13/22 with Staff A revealed she wasn't thinking when she spread client #3's clothing protector across the table. Review on 12/13/22 of client #3's Individual Program Plan (IPP) dated 5/12/22 revealed she uses a clothing protector at meals. The plan did not indicate her clothing protector should be used in the manner previously described. During an interview on 12/13/22, the Qualified Intellectual Disabilities Professional (QIDP) acknowledged using the clothing protector in this	W 488		

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W 488	Continued From page 10 manner could be stigmatizing.	W 488		