STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G132	A. BUILDING _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTY WOODS GROUP HOME	10100 MT. OLIVE ROAD MOUNT PLEASANT, NC 28124

(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	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 3 sampled clients (#1) received consistent opportunities for choice and self-management relative to feeding guidelines. The finding is: Observations in the facility on 3/13/23 at 5:37 PM revealed staff C to feed client #1 during the dinner meal. The dinner meal consisted of pureed chicken, pureed brussels sprouts and mashed potatoes. During the meal, staff C was observed to use the spoon to push client #1's tongue down and when client #1 would bite down on the spoon, staff C was observed to repeatedly move the spoon up and down as well as side to side, moving client #1's head with the spoon with a jerking motion. Further observation revealed staff C to wait an insufficient amount of time to allow the client to clear their mouth before spooning additional food into the client's mouth, causing the client to turn their head away from staff C. Staff C was then observed to place their hand under client #1's chin and move the client's head so that they were facing staff C. At no point during the observation did staff allow client #1 sufficient time to ingest their food prior to continuing to put food in the client's mouth. Review of the record on 3/14/23 for client #1 revealed a plan of care dated 9/16/22. Continued review of the record for client #1 revealed feeding guidelines to include the following positioning guideline: "If needed staff may provide physical	W 247		

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

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W 247	Continued From page 1 assistance to client's chin (hand under chin and slightly help them close their mouth) during feeding/drinking for jaw stability." Additional review on 3/14/23 of the feeding guidelines for client #1 revealed the following presentation guidelines: " Staff should present food to client's right side of their mouth. Client tends to bite down on the spoon - when they do this do not pull it out; hold it there until they open their mouth to release the spoon. Provide small bites at a time remembering to give ample time between bites or sip (e.g. 10 seconds or so)." Interview on 3/14/23 with the Qualified Intellectual Disabilities Professional (QIDP), Assistant Quality Assurance Manager, and interim Facility Director revealed that staff C should have waited when client #1 grasped the spoon, that they should use a gentle motion during feeding, and that they should "be patient" and wait for client to clear food from their mouth before offering more food.	W 247		
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 observation, interview and record	W 249		

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W 249	Continued From page 2	W 249		

review, the facility failed to ensure a continuous active treatment program consisting of needed interventions were implemented as identified in the plan of care for 1 of 3 sampled clients (#5). The finding is:

Observations throughout the survey period from 3/13/23-3/14/23 revealed client #5 to participate in various activities to include leisure activities, a structured activity, participate in mealtimes, assist with meal preparation and participate in medication administration. At no point during the observation period did staff use a communication book with picture cues to assist client #5 to transition to various activities and make leisure choices.

Review of the record for client #5 on 3/14/23 revealed a plan of care dated 3/18/22 which includes the following program goals: manage excitability and intense reactions, hand over hand assistance with ADLs, increase strength and voluntary release of hands, range of motion (ROM) exercise goal and communication book (PODD notebook). Continued review of the plan of care revealed client #5 should use picture cues to make leisure choices.

Interview with the qualified intellectual disabilities professional (QIDP) and Assistant Quality Assurance (QA) Manager on 3/14/23 revealed staff should have used the communication book to offer client #5 leisure choices and to transition to various activities. Continued interview with the QIDP revealed all of client #5's program goals are current. Further interview with the Assistant QA Manager and QIDP revealed staff have been trained to follow all of client #5's program goals as identified in the plan of care. Additional

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W 249	Continued From page 3 interview with the QIDP revealed staff should follow client #5's communication goals as prescribed.	W 249		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation and interviews, the facility failed to assure all medications and biologicals remained locked except when being prepared for medication administration for 1 of 3 sampled clients (#4). The finding is: Observations in the facility on 3/14/23 at 7:08 AM revealed staff to assist client #4 to the medication room to prepare for medication administration. Continued observations at 7:20 AM revealed staff to exit the medication room and to leave client #4 in the room unattended. Further observation also revealed staff to leave the medication door unlocked with client #4 to remain in the room. Observations also revealed client #4 to ambulate out of the medication room to the living room. Additional observations at 7:22 AM revealed staff to re-enter the medication room with water and resume medication administration for client #4. Interview with the facility nurse and qualified intellectual disabilities professional (QIDP) on 3/14/23 revealed staff have been trained to not leave clients unattended in the medication room with the medication door unlocked. Interview with the Assistant Quality Assurance (QA) Manager on 3/14/23 revealed client #4 should not have been	W 382		

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W 382	Continued From page 4 left unattended with surveyors in the medication room with the medication door unlocked.	W 382		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure that adaptive equipment was furnished as prescribed for 1 of 3 sampled clients (#4) relative to a wrist splint. The finding is: Observations in the facility on 3/14/23 from 6:30 AM - 8:30 AM revealed client #4 to participate in various activities without a wrist splint for the left hand. Continued observations revealed the wrist splint to be attached to the back of client #4 wheelchair throughout the morning observations. At no point during the observation period was client #4 offered to wear the wrist splint for the left hand. Review of the record for client #4 revealed a plan of care dated 1/13/23 which indicated the following program goals: maintain extremity in joint range of motion (ROM) and maintain optimal skeletal alignment. Continued review of the record revealed an OT assessment dated 1/11/23 which indicated that client #4 should wear a "comfy" left forearm-based hand splint during the day on an in-between meals schedule. Review of the plan of care for client #4 did not reveal a	W 436		

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W 436	Continued From page 5 program goal for wearing the forearm wrist splint. Interview with the facility nurse and qualified intellectual disabilities professional (QIDP) on 3/14/23 revealed client #4 should wear the forearm wrist splint on the left arm in between mealtimes. Continued interview with the QIDP and Assistant QA Manager verified staff have been trained to place the wrist splint on client #4's left hand to improve musculoskeletal alignment. Further interview with the QIDP revealed staff should place the forearm wrist splint on client #4's left hand as prescribed.	W 436		