

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

PRINTED: 12/14/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G149</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/13/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WILMINGTON ROAD GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>800 WILMINGTON ROAD FAYETTEVILLE, NC 28304</b>
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(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
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W 240	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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</p>	W 240	<p>DHSR - Mental Health</p> <p>DEC 29 2022</p> <p>Lic. &amp; Cert. Section</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Samantha Scott, BS CP Administrator TITLE: Administrator (X6) DATE: 12/20/22

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.

#### **W240 INDIVIDUAL PROGRAM PLAN**

The facility will ensure 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.

The QP will discuss client #3 one-to-one support needs in the person-centered plan. The QP and Home Manager will identify a one-to-one person on every shift per the schedule.

The QP, Habilitation Specialist, Vocational Manager, and Behavior Specialist will conduct an interaction assessment 2x per week for two consecutive months.

**TARGET DATE: 02/11/2023**

#### **W249 PROGRAM IMPLEMENTATION**

The Facility will ensure that all clients receive 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.

QP and or OT/PT Assistant will in-service all DSA's and Vocational staff on person supported #3 use of appropriate adaptive equipment, straw, as ordered on the physician's orders and all other person supported adaptive equipment as ordered for Wilmington Road Home.

The QP, Habilitation Specialist and Nursing support staff will conduct meal assessments 2x per month for three consecutive months to ensure client #3 adaptive equipment is being utilized per the physician orders.

**TARGET DATE: 02/11/2023**

#### **W255 PROGRAM MONITORING & CHANGE**

The facility will ensure the individual program plans are reviewed and revised as necessary by a Qualified Professional, including but not limited to situations in which the client has successfully completed an objective identified in the IPP.

The IDT met and agreed to discontinue client #3 BSP due to meeting the objective goal.

Interdisciplinary Team will increase chart reviews to 2 times a month for #3 and other clients to ensure behavior medications and behaviors reflect each other.

**TARGET DATE: 02/11/2023**

### **W312 DRUG USAGE**

The facility will ensure drug usage is only used as an integral part of the clients IPP that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.

The LPN and Behavior Specialist will review and discuss client #3 medication needs with the physician to determine if a reduction/and or elimination is warranted.

Interdisciplinary Team will increase Wilmington Road chart reviews to 2 times a month for two consecutive months to ensure all behavior plans target reduction or elimination for medications.

**TARGET DATE: 02/11/2023**

### **W 350 DENTAL SERVICES**

The facility will ensure that data from program objectives are documented for all individuals per training schedule.

The Hab. Spec will revise client #1 and #3 toothbrushing objective to reflect the needs of oral hygiene.

The Hab. Spec will conduct toothbrushing training assessments for 2x per month for consecutive months for clients #1 and #3.

**TARGET DATE: 02/11/2023**

### **W369 DRUG ADMINISTRATION**

The facility will ensure all medications are administered in compliance with physicians' orders.

The LPN will re-in-service staff on client #1's Nostril spray administration per physician orders

The LPN will conduct medication observations two times per month for two consecutive months to ensure medications are administered appropriately.

**A TARGET DATE: 02/11/2023**

### **W 460 FOOD AND NUTRITION SERVICES**

Each client must receive a nourishing, well-balanced diet including modified and specially prescribed diets.

The LPN/QP will re-in-service staff on clients #1 and #2 diets and any feeding guidelines per the physician orders.

The QP, Habilitation Specialist and Home Manager will conduct meal assessments 2x per month for three consecutive months to ensure client #1 and #3 diets are followed per the physician orders.

**TARGET DATE: 02/11/2023**

**W488 DINING AREAS AND SERVICE**

The facility will ensure each client, during dining time, eats in a manner that is not stigmatizing.

The Nursing support staff will in-service staff on #3's adaptive equipment proper use.

The QP, Habilitation Specialist and Nursing support staff will conduct meal assessments 2x per month for three consecutive months to ensure client #3 is using the appropriate dining equipment per the physician orders.

**TARGET DATE: 02/11/2023**

*Samantha Scott, BSOP*

*12/20/22*