STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G083	A. BUILDING _____ B. WING _____	05/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLANCHE DRIVE	6208 BLANCHE DRIVE RALEIGH, NC 27607

(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 each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of objective implementation and self-help skills. This affected 3 of 3 audit clients (#1, #2 and #6). The findings are: A. During observations in the home throughout the survey on 5/10 - 5/11/23, various staff consistently assisted clients to utilize hand sanitizer to clean their hands. Clients were not prompted or assisted to wash their hands with soap and water. Interview on 5/11/23 with Staff G revealed all clients can wash their hands except client #1 who needs assistance. Review on 5/11/23 of client #1's Community Home Life Assessment (CHLA) dated 3/15/23 revealed she can complete handwashing given physical assistance.	W 249		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G083	A. BUILDING _____ B. WING _____	05/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLANCHE DRIVE	6208 BLANCHE DRIVE RALEIGH, NC 27607

(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	Continued From page 1	W 249		

Review on 5/11/23 of client #2's CHLA dated 5/11/22 revealed she can complete handwashing given verbal cues.

Review on 5/11/23 of client #6's CHLA dated 6/24/21 revealed she can complete handwashing given verbal cues.

Interview on 5/11/23 with the Home Manager (HM) confirmed all clients can wash their hands with assistance.

B. During morning observations in the home just before breakfast on 5/11/23, Staff G poured drinks for several clients and prompted another client to pour drinks for some of the clients. Although client #6 was present at the table at the time, she was not prompted to pour her own drinks.

Interview on 5/11/23 with Staff G revealed all of the clients can assist with pouring given hand-over-hand assistance.

Review on 5/11/23 of client #1's CHLA dated 3/15/23 noted she pours liquids from a pitcher with physical assistance.

Review on 5/11/23 of client #6's CHLA dated 6/24/21 indicated she pours liquids from a pitcher with physical assistance.

Interview on 5/11/23 with the HM confirmed clients can pour their drinks given assistance from staff.

C. During 3 of 3 mealtime observations in the home during the survey on 5/10 - 5/11/23, client #1 did not assist with setting her place before

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G083	A. BUILDING _____ B. WING _____	05/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLANCHE DRIVE	6208 BLANCHE DRIVE RALEIGH, NC 27607

(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	Continued From page 2 meals. Review on 5/10/23 of client #1's IPP dated 8/5/22 revealed an objective to help set table at least 3 times a week with 75% independence for 6 consecutive months (implemented 4/1/23). Additional review of the objective noted steps to gather a placemat, put the placemat on the table and place her plate on the table. D. During observations of medication administration on 5/10/23 at 11:45am, client #1 assisted with the punching her medication and placing her pills in her mouth. The client was not prompted to identify her medication. Review on 5/10/23 of client #1's IPP dated 8/5/22 revealed an objective to identify her medication with 50% independence for 6 consecutive months (implemented 4/1/23). Additional review of the objective indicated, "[Client #1] will match a picture of her medication with the correct blister pack during medication administration...[Client #1] will be presented with a picture of the medication and will identify the medicatioin in her basket...[Client #1] should still assist with all parts of the medication process informally."	W 249		
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by:	W 252		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G083	A. BUILDING _____ B. WING _____	05/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLANCHE DRIVE	6208 BLANCHE DRIVE RALEIGH, NC 27607

(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 252	Continued From page 3 Based on observations, record review and interview, the facility failed to ensure client #6's behavior data relative the accomplishment of criteria specified in the Individual Program Plan (IPP) was documented in measurable terms. This affected 1 of 3 audit clients. The finding is: During morning observations in the home on 5/10/23 at 9:28am, client #6 grabbed and pulled Staff A's hair while seated at the dining room table. During additional morning observations in the home on 5/11/23 at 6:36am, client #6 grabbed and pulled Staff E's hair while in the dining room. Interview on 5/11/23 with Staff E confirmed client #6 has aggressive behaviors. Additional interview with Staff C indicated objective data is collected by staff and documented the client's program book. Review on 5/11/23 of client #6's Behavior Support Plan (BSP) dated 5/2/23 revealed an objective to exhibit 0 episodes of physical aggression per month for 12 consecutive months. The BSP noted aggression "includes, but is not limited to, pinching, hitting, punching peers/staff, etc." Additional review of the client's program data book revealed no documented incidents of physical aggression for 5/10/23 or 5/11/23. Further review of the plan indicated, "Staff will document on the behavior data sheet by submitting the information requested on the sheet." Interview on 5/11/23 with the Home Manager indicated staff be documenting in each client's program book.	W 252		
W 255	PROGRAM MONITORING & CHANGE	W 255		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G083	A. BUILDING _____ B. WING _____	05/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLANCHE DRIVE	6208 BLANCHE DRIVE RALEIGH, NC 27607

(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 255	Continued From page 4 CFR(s): 483.440(f)(1)(i) 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 interview, the facility failed to ensure the Individual Program Plan (IPP) was revised as needed after clients have successfully completed objectives. This affected 1 of 3 audit clients (#6). The finding is: Review on 5/11/23 of client #6's previous Behavior Support Plan (BSP) dated 6/6/21 and her current BSP dated 5/2/23 both revealed objectives to exhibit 0 episodes of Noncompliance per month for 12 consecutive months and to exhibit 0 episodes of Physical Aggression per month for 12 consecutive months. Review of behavior progress notes from January 2021 - April 2022 revealed zero documented noncompliance and physical aggression behaviors. During an interview on 5/11/23, the acting Qualified Intellectual Disabilites Professional (QIDP) revealed no explanation for implementation of a new behavior plan with criteria that had already been met.	W 255		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health	W 340		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G083	A. BUILDING _____ B. WING _____	05/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLANCHE DRIVE	6208 BLANCHE DRIVE RALEIGH, NC 27607

(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 340	Continued From page 5 measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained to wear latex gloves appropriately. The finding is: During observations in the home throughout the survey on 5/10 - 5/11/23, various staff consistently wore latex gloves while completing cooking tasks and while assisting clients with serving and feeding themselves at meals. Interview on 5/11/23 with Staff G revealed we "definitely have to wear gloves all the time." The staff indicated this is how they were trained. Review on 5/11/23 of the facility's Emergency Preparedness Plan (last reviewed on 1/27/23) revealed, "Gloves will be worn when it can be reasonably anticipated that contact with blood, body fluids, mucus membranes and non-intact skin is likely, when performing vascular access procedures, and when handling/touching contaminated items or surfaces." Additional review of the plan did not indicate latex gloves were required while performing cooking tasks or while assisting clients at meals. Interview on 5/11/23 with the Home Manager (HM) indicated staff should be wearing gloves while working in the kitchen and at meals due to potential cross-contamination. Additional interview confirmed this practice was not included in a policy.	W 340		
W 368	DRUG ADMINISTRATION	W 368		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G083	A. BUILDING _____ B. WING _____	05/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLANCHE DRIVE	6208 BLANCHE DRIVE RALEIGH, NC 27607

(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 368	Continued From page 6 CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure client #2's medication was administered in accordance with physician's orders. This affected 1 of 3 clients observed to receive medications. The finding is: During observations of medication administration in the home on 5/11/23 at 6:14am, the Medication Technician (MT) mixed 17 gms of Miralax powder into 4 ounces of water and milk. Client #2 consumed the mixture without difficulty. Review on 5/11/23 of client #2's physician's orders signed 4/13/23 revealed an order for Miralax 3350 powder, "mix 17gms in 8 ounces and drink by mouth ounce daily." Interview on 5/11/23 with the MT confirmed the Miralax was mixed in 4 ounces of liquid which should have been 8 ounces.	W 368		
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 review and interview, the facility failed to ensure each client received their specially-prescribed diets. This	W 460		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G083	A. BUILDING _____ B. WING _____	05/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLANCHE DRIVE	6208 BLANCHE DRIVE RALEIGH, NC 27607

(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 460	Continued From page 7 affected 1 of 3 audit clients (#2). The finding is: During morning observations in the home on 5/11/23 at 7:25am, client #2 consumed cream of wheat, sausage and applesauce. Closer observation of the sausage revealed it was ground and moist with visible pieces of sausage throughout. Client #2 consumed the sausage without difficulty. Interview on 5/11/23 with Staff E revealed client #2 and two other clients are on pureed diets. Review on 5/10/23 of client #2's physician's orders signed 4/13/23 revealed the client's diet is a pureed consistency. A note posted on the refrigerator of the home indicated pureed food should be "like baby food". Interview on 5/11/23 with the Home Manager (HM) revealed client #2 consumes a pureed diet and her food should be "smooth".	W 460		