

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

PRINTED: 05/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G086	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2023
NAME OF PROVIDER OR SUPPLIER DAL-WAN HEIGHTS GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 748 SHARON DR. STATESVILLE, NC 28677	
(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 104	<p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation and interview, the governing body and management failed to exercise general policy and operating direction over the facility by failing to assure facility repairs were conducted timely. The finding is:</p> <p>Observation in the home for 2 of 2 days of survey on May 15th -16th, 2023 revealed the home's main living area to have two leather couches with all seat cushion leather to be torn and peeling off.</p> <p>Interview with staff A on 5/15/2023 at 8:15 AM revealed both couches needed repair during the last survey. Interview with the homes intellectual disabilities professional (QIDP) substantiated the couches needed to be replaced. A further interview with the agency director revealed the couches will be replaced.</p>	W 104		
W 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure an identified need was implemented as identified in the individual habilitation plan (IHP) for 1 of 3 sampled clients (#5). The finding is:</p> <p>Afternoon observations in the group home on 5/15/23 from 4:15 PM to 5:45 PM revealed client</p>	W 189		

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 189	<p>Continued From page 1</p> <p>#5 to have her hair pulled back in a ponytail and secured by a single rubber band. At no point during the observation did staff offer a headband, hat, or scarf to client #5.</p> <p>Morning observations in the group home on 5/16/23 from 6:00 AM to 8:15 AM revealed client #5 to wake and complete her morning self-care routine of showering, tooth brushing, dressing and hair care. Continued observations at 6:45 AM revealed client #5 to enter the kitchen with her hair pulled back into a ponytail and secure by a single rubber band to begin preparing her breakfast with staff assist. Further morning observations revealed client #5 to finish breakfast, clear her dishes, carry them to the kitchen, brush teeth, and join peers in the living room to actively engage in her preferred activities. At no point during any of the observation did staff offer a head band, hat, or scarf to client #5.</p> <p>Review of records on 5/16/23 revealed an individual habilitation plan (IHP) dated 7/13/2022. Continue review of the IHP revealed an identified need: "what others need to know or do to support me" described as follows: "It is important for me to wear head bands, hats or scarves instead of pulling my hair into a ponytail due to significant hair loss". At no point during any of the morning observations did staff offer a headband, hat, or scarf to client #5.</p> <p>Interview with homes the qualified intellectual disabilities professional (QIDP) on 5/16/23 revealed that at one point in time client #5's family felt a headband, hat or scarf was a necessity for client #5 to prevent further loss of her hair caused by pulling it back into a ponytail and securing it</p>	W 189			

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W 189	Continued From page 2 with a rubber band. Continued interview with the QIDP revealed the need to re-address this with the family so that the IHP can be revised to reflect the identified need has changed.	W 189		