

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

PRINTED: 08/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G327	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/16/2023
NAME OF PROVIDER OR SUPPLIER ELLENDALE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4165 NC HWY 127 TAYLORSVILLE, NC 28681		
(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	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a continuous active treatment program consisting of needed interventions were implemented as identified in the individual program plan (IPP) for 2 of 3 sampled clients (#3 and #4). The findings are:</p> <p>A. The facility failed to implement a program goal for client #3 relative to chopping food to bite size pieces before eating. For example:</p> <p>Observation during the 8/15/23-8/16/23 recertification survey revealed client #3 to participate in various activities including bingo, medication administration, personal care and to participate in mealtimes. Continued observations on 8/15/23-8/16/23 revealed client #3 to be given a slice of whole wheat bread during the dinner meal and 2 slices of whole wheat toast during the breakfast meal. At no point during the observation did staff prompt client #3 to chop her bread to bite size pieces before eating.</p> <p>Review of record for client #3 revealed an IPP dated 1/11/23 which included the following</p>	W 249			
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 249	<p>Continued From page 1</p> <p>program goals: chop food to bite size pieces before eating, walk or exercise 3 times a day, increase toileting success, identify coins, community signs, safe eating routine, care of glasses by storing them, and put on glasses in the morning. Continue review of the goals for client #3 revealed that the client is training to chop up her food to bite size pieces before eating with 100% independence.</p> <p>Interview with the qualified intellectual disability professional (QIDP) revealed that the IPP is current. Continued interview with the QIDP confirmed that staff are trained and should have implemented client #3's goal to chop food to bite size pieces during mealtimes.</p> <p>B. The facility failed to implement a program goal for client #4 relative to wiping counter or table. For example:</p> <p>Observation during the 8/15/23-8/16/23 recertification survey revealed client #4 to participate in various activities including bingo, medication administration, operate the food processor, and to participate in mealtimes. Continued observation on 8/15/23 at 4:50 PM revealed client #4 to use the food processor on a small table in the kitchen with staff assistance. Further observations revealed client #4 to go to the dining room table carrying dinner mat with staff assistance. Subsequent observation revealed client #4 to be removed from the dining room table after finishing the dinner meal. At no point during the observation did staff prompt client #4 to wipe the table.</p> <p>Review of record for client #4 revealed an IPP dated 4/12/23 which included the following</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>program goals: wipe the inside of lunch box, tooth brushing preparations, assist with grooming, wipe the counter or table down after meal prep or meals, leisure activity, and assist with hair dryer. Continue review of the goals for client #4 revealed that the client is training to wipe the counter down after meal prep or meals with 100% independence.</p> <p>Interview with the QIDP revealed that the IPP is current. Continued interview with the QIDP confirmed that staff are trained and should have implemented client #4's goal to wipe down the counter or table after meal prep or meals.</p>	W 249			