

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

PRINTED: 02/14/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2024
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NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409
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E 036	<p>EP Training and Testing CFR(s): 483.475(d)</p> <p>§403.748(d), §416.54(d), §418.113(d), §441.184(d), §460.84(d), §482.15(d), §483.73(d), §483.475(d), §484.102(d), §485.68(d), §485.542(d), §485.625(d), §485.727(d), §485.920(d), §486.360(d), §491.12(d), §494.62(d).</p> <p>*[For RNCHIs at §403.748, ASCs at §416.54, Hospice at §418.113, PRTFs at §441.184, PACE at §460.84, Hospitals at §482.15, HHAs at §484.102, CORFs at §485.68, REHs at §485.542, CAHs at §486.625, "Organizations" under 485.727, CMHCs at §485.920, OPOs at §486.360, and RHC/FHQs at §491.12:] (d) Training and testing. The [facility] must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years.</p> <p>*[For LTC facilities at §483.73(d):] (d) Training and testing. The LTC facility must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.</p>	E 036		
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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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E 036	<p>Continued From page 1</p> <p>*[For ICF/IIDs at §483.475(d):] Training and testing. The ICF/IID must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years. The ICF/IID must meet the requirements for evacuation drills and training at §483.470(i).</p> <p>*[For ESRD Facilities at §494.62(d):] Training, testing, and orientation. The dialysis facility must develop and maintain an emergency preparedness training, testing and patient orientation program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training, testing and orientation program must be evaluated and updated at every 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure direct care staff were trained on the facility's Emergency Preparedness Plan (EPP) as required. The finding is:</p> <p>Review of the facility EPP manual on 2/6/24 revealed an EPP manual dated 10/2020. Continued review of the EPP did not reveal evidence of updated in-service training, mock drills or tabletop exercises.</p> <p>Interview with the home manager (HM) on 2/7/24</p>	E 036			

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E 036	Continued From page 2 revealed that staff have not received current EPP in-service training during staff meetings. Interview with the SS also revealed she was not aware that staff needed tabletop and/or mock drill exercises at least every two years. Continued interview with the SS revealed that facility mock drills and tabletop exercises could not be located during the survey. Interview with the QA Manager verified that in-service training on the facility's EPP should be completed at least annually or as deemed necessary.	E 036			

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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 interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to assure repairs to the facility's bathroom toilets (2 of 3) were conducted in a timely, sanitary and orderly. The finding is:</p> <p>During observations in the home throughout the survey on 2/06/24-2/07/24, both resident bathroom toilets were broken. Additional observations revealed both toilets were filled with feces and an orange-like substance around the inside of the tank of bathroom #1.</p> <p>Subsequent observations on 2/07/24 at 7:00 AM revealed staff to transition client #1 to the medication room to participate in medication administration. Continued observations revealed client #1 to refuse his medication in which the medication causes a loose stool due to two bathrooms being inoperable. Further observations revealed client #1 to state "I don't want to take that medicine that makes me go to the bathroom because I don't want to sit on top of someone else mess because of the broken toilets".</p> <p>Review on 2/06/24 of email correspondence dated 2/04/24 indicated that two of the bathrooms were out of order. Continued review of email correspondence from executive management provided instructions to plunge the toilet prior to dispatching maintenance to assess the repairs. Review of the email correspondence did not</p>	W 104		
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W 104	<p>Continued From page 1 reveal a maintenance work order to dispatch maintenance prior to 2/06/24.</p> <p>Subsequent review of facility documentation dated 2/07/24 revealed a work order from maintenance that indicated both toilets were functioning at 12:00PM. Continued review of the work order did not include extensive details of the underlying issue with the toilets being clogged and often inoperable. Further review of email correspondence and work orders placed at this home revealed the toilets has clogged and/or leaked out onto the floor four other times within the last six months.</p> <p>Interview on 02/07/24 with the Home Manager (HM) revealed the two toilets that are primarily used by the clients must be plunged and unclogged several times a week. Continued interview with the HM revealed that the underlying issue has not be determined. Further interview with the HM verified she submitted work order requests to the home's maintenance person, however, the toilet repairs were not made prior to the date of the survey (2/06/24).</p> <p>Interview on 02/07/24 with the program manager (PM) indicated there have been several work orders and maintenance repairs with the two toilets in the home. Continued interview with the PM revealed that the clogged toilets could potentially be due to someone stuffing the toilets regularly. Further interview with the PM verified that the toilets were unclogged during the exit conference, however, the underlying issue has not been determined. Additional interview with the PM revealed that all toilets occupied by the clients should be operable at all times.</p>	W 104		
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<p>W 130 W 130</p>	<p>Continued From page 2 PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure privacy during medication administration for 1 non-sampled client (#1). The finding is:</p> <p>Observations during the medication administration on 2/07/24 at 7:35AM revealed staff to transition client #1 into the medication room in his wheelchair. Continued observations at 7:42AM revealed client #6 to open the door to the medication room and enter while client #1 was participating in medication administration. Further observations revealed client #6 to scream into the medication room requesting food and drinks from the medication technician. Additional observations revealed client #6 to again open the door and scream into the medication room during the medication administration for client #1.</p> <p>Interview with the home manager (HM) on 2/07/24 revealed client #6 has a hard time listening to staff redirection. Interview with the facility nurse revealed that staff have been trained to ensure that clients receiving privacy during medication administration.</p>	<p>W 130 W 130</p>		
<p>W 218</p>	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include sensorimotor development. This STANDARD is not met as evidenced by:</p>	<p>W 218</p>		

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W 218	<p>Continued From page 3</p> <p>Based on observations, record review and interviews, the facility failed to ensure client #1 was assessed for his use of an adaptive bowl. This affected 1 of 6 clients(client #1). The finding is:</p> <p>During lunch and dinner observations in the home on 2/06/24 and 2/07/24, client #1 utilized a dycem mat, sippy cup, and a divided dish to consume his meals. Further observations revealed Client #1 had some difficulty getting food off the side of the divided dish and staff assisted him.</p> <p>Record review on 2/7/24 revealed client #1's Individual Program Plan (IPP) dated 2/07/24 noted, "He likes to be independent and can feed himself with minimal assistance." An additional review of the IPP revealed no listed adaptive equipment used during mealtimes. Further review of client #1's record revealed no OT/PT evaluation and no Nutritional assessment.</p> <p>Interview on 2/07/24 with the QA manager revealed client #1 needed to be reassessed for the appropriate adaptive dining equipment necessary at meals. QA stated that they did not have an OT/PT specialist employed with the company and will need to find a way to get client #1 reassessed.</p>	W 218		
W 247	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by:</p>	W 247		

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W 247	<p>Continued From page 4</p> <p>Based on observations, record review and interviews, the facility failed to ensure that 3 of 3(#1, #4, and #6) audit clients were given opportunities for choice and self-management with respect to family-style dining. The finding is:</p> <p>Observations in the group home during the dinner meal on 2/06/24 and the breakfast meal on 2/07/24 revealed the staff to prepare all food, place servings of food into bowls or plates, and served the residents during family dining. Continued observation revealed clients were not offered the opportunity to make choices with respect to food preferences, choice of utensils, condiments or second helpings. Further observation revealed all three clients appear capable of serving themselves, passing dishes, and taking their dishes to the kitchen. Continued observations revealed staff removing dishes from the dining table, cleaning the dining table, and washing the dishes, with no assistance from the clients.</p> <p>Record review on 2/07/24 revealed current individual program plan (IPPs) and each client has a meal prep goal. Continued record review revealed all three clients to have at least some level of independence during mealtime activities.</p> <p>Interview with the QA manager on 2/07/24 confirmed that each client has some level of independence and can participate in meal preparation.</p>	W 247		
W 249	<p>PROGRAM IMPLEMENTATION</p> <p>CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan,</p>	W 249		

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W 249	<p>Continued From page 5</p> <p>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 observations, interviews and record reviews, the facility failed to ensure a continuous active treatment program consisting of needed interventions were implemented as identified in the individual support plan (ISP) for 2 of 6 clients (#1 and #3). The findings are:</p> <p>A. The facility failed to implement client #1's training program as prescribed relative to medication administration and meal preparation. For example:</p> <p>Afternoon observations on 2/06/24 at 6:00 PM revealed client #1 to participate in various activities to include personal care, watch television in his room and participate in the dinner meal. At no point during the afternoon observations did staff prompt client #1 to pick out ingredients for the dinner meal, pick out a pot or pan, and place the meat in a pot or pan.</p> <p>Morning observations on 2/07/24 at 7:00 AM revealed client #1 to transition to the medication room to prepare for medication administration. Continued observations revealed the medication technician to start the medication administration for client #1 without prompting the client to sanitize his hands. Further observations revealed the medication technician to administer client #1's</p>	W 249		
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W 249	<p>Continued From page 6</p> <p>medication by punching the medications into the cup and providing the client's medications. At no point during the observation was client #1 prompted to sanitize his hands or scan medication packets.</p> <p>Review of the record for client #1 on 2/07/24 revealed an ISP dated 11/08/23 which indicated the following program goals: bathroom/toileting goal, toothbrushing goal, sanitize hands during medication administration, scan medication during medication administration, laundry goal, assist with preparing a meal, and a bathing goal.</p> <p>Interview with the home manager (HM) and facility nurse on 2/07/24 revealed that client #1's program goals and interventions are current. Interview with the program manager (PM) on 2/07/24 revealed that staff have been trained and should follow client #1's program goals and objectives as prescribed.</p> <p>B. The facility failed to implement client #3's training program as prescribed relative to medication administration and meal preparation. For example:</p> <p>Afternoon observations on 2/06/24 from 4:45 PM-6:30 PM revealed client #3 to participate in various activities to include watch television and participate in the dinner meal. At no point during the afternoon observations did staff prompt client #1 to select a menu item to prepare, name the item needed from the menu, and place the item in the proper pot/pan.</p> <p>Morning observations on 2/07/24 at 7:00 AM revealed client #3 to transition to the medication room to prepare for medication administration.</p>	W 249		

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W 249	Continued From page 7 Continued observations revealed the medication technician to start the medication administration for client #3 without prompting the client to sanitize his hands. Further observations revealed the medication technician to administer client #3's medication by getting the medication packets, scanning the medication cards, punching the medications into the cup, providing the client's medications and putting away the medication box. At no point during the observation was client #1 prompted to sanitize his hands, get medication box and packets, scan medication packets or put away the medication box. Review of the record for client #3 on 2/07/24 revealed an ISP dated 3/01/23 which indicated the following program goals: fire drill program, toothbrushing goal, identify coins, walk independently to the dining room, meal preparation goal, sanitize hands during medication administration, medication administration goal, exercise goal, laundry goal, toileting goal, assist with preparing a meal, and a bathing goal. Interview with the home manager (HM) and facility nurse on 2/07/24 revealed that client #3's program goals and training objectives are current. Interview with the program manager (PM) on 2/07/24 revealed that staff have been trained and should follow client #3's program goal and objectives as prescribed.	W 249			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.	W 369			

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W 369	<p>Continued From page 8</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 2 of 6 clients (#1, #3). The findings are:</p> <p>A. The facility failed to assure all medications for client #3 were administered as prescribed. For example:</p> <p>Morning observations on 2/07/24 at 7:00 AM revealed client #3 to transition to the medication room to prepare for medication administration. Continued observations revealed the medication technician to start the medication administration for client #3 without prompting the client to wash his hands. Further observations revealed client #3 to receive the following medications: Amiloride 5MG, Amlodipine 5MG, Haloperidol 20MG, Lithium Carb Cap 150MG, Pantoprazole 40MG, Polyethylene Glycol Powder 3350, Propranolol 10MG, Quetiapine 400MG, Stimulant Lax 8.6-50MG, Vitamin D2 50,000IU, and Ensure liquid. Observations did not reveal client #3 to receive the following medications: Veltassa powder 8.4GM and Ingrezza 40MG.</p> <p>Review of the record for client #3 revealed an individual support plan dated 1/12/24. Continued review of the record for client #3 revealed a physician's order dated 2/07/24 which indicated the following orders: Ingrezza 40MG, take 1 capsule by mouth once daily at 8:00 AM and Veltassa Powder 8.4 GM, take one packet by mouth once daily at 8:00 AM.</p> <p>Interview with the medication technician on 2/07/24 revealed client #3 ran out of the Ingrezza and Veltassa medications a few days ago.</p>	W 369		
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W 369	<p>Continued From page 9</p> <p>Continued interview with the medication technician revealed that there was a problem with getting the medications from the pharmacy that is used by the facility.</p> <p>Interview with the facility nurse on 2/07/24 revealed she was not aware that there were problems retrieving prescriptions refills for Ingrezza and Veltassa for client #3 from the pharmacy. Continued interview with the facility nurse verified that staff have been trained on medication administration for all clients. Further interview with nursing revealed client #6 should have all medications administered as prescribed.</p> <p>B. The facility failed to assure all medications for client #1 were administered as prescribed. For example:</p> <p>Morning observations in the facility on 2/07/24 at 7:30AM revealed staff to transition client #1 to the medication room in his wheelchair. Continued observation revealed the medication technician to start the medication administration for client #1 without prompting him to sanitize his hands. Further observations revealed client #1 to be administered the following medications: Chest Congestion tab 400MG, Citalopram 20MG, Fish Oil Cap 1000MG, Furosemide 20MG, Gabapentin 100MG, Loratadine 10MG, Omeprazole 40MG, Oxcarbazepine 300MG, Oxybutynin Chloride 5MG, Potassium Chloride 10MEQ ER, Quetiapine 100MG, Tylenol 8HR tab 650MG, and Vitamin D3 50MCG. Observations did not reveal client #1 to receive Clonazapem 1MG.</p> <p>Review of the record for client #1 revealed an ISP dated 1/25/24. Continued review of the record for client #1 revealed a physician's order dated</p>	W 369		
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W 369	Continued From page 10 2/07/24 which indicated that the client should receive the following medication: Clonazepam 1MG, take one pill by mouth once daily. Interview with the medication technician on 2/07/24 revealed client #1's physician temporarily discontinued the medication Clonazepam 1MG. Interview with the facility nurse on 2/07/24 revealed client #1 was discontinued Clonazepam 1MG on 2/06/24 and should have been discontinued in the facility's QuickMAR system. Continued interview with the nurse verified a new prescription for Clonazepam 1MG was written to start on 2/07/24. Further interview with the nurse revealed client #1 should have be administered Clonazepam 1MG tab with his 8:00 AM medications.	W 369			
W 418	CLIENT BEDROOMS CFR(s): 483.470(b)(4)(ii) The facility must provide each client with a clean, comfortable mattress. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure two non-sampled clients (#5 and #6) had comfortable mattresses on their beds. The finding is: Observations in the facility during the 2/06/24-2/07/24 recertification survey revealed client #6's mattress to have two large dips in the center of the mattress. Subsequent observations revealed client #5 to have a large dip in the middle of the mattress. Interview with staff A and the home manager on 2/07/24 revealed that client #5 and #6's	W 418			

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W 418	Continued From page 11 mattresses have been worn with a dip in them for quite some time. Continued interview with the SS revealed client #6 will jump and punch his mattress which is aiding to it being worse over time. Interview with the SS verified that clients #5 and #6 were in need of a new mattress.	W 418		
W 420	<p>CLIENT BEDROOMS CFR(s): 483.470(b)(4)(iv)</p> <p>The facility must provide each client with functional furniture, appropriate to the clients needs. This STANDARD is not met as evidenced by: Based on observation and interviews, the facility failed to provide functional furniture for 1 non-sampled client (#6). The finding is:</p> <p>Observations during the recertification survey from 2/06/24-2/07/24 revealed client #6's dresser to be broken with no knobs on the drawers. Continued observation revealed the drawers to the dresser to be broken with wood fragments exposed.</p> <p>Interview with the home manager (HM) and staff on 2/06/24 revealed client #6 breaks his furniture often due to property destruction behaviors. Continued interview with the SS revealed client #6's dresser has been broken for quite some time. Interview with the HM verified that client #6 is in need of a new dresser for his room.</p>	W 420		
W 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>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,</p>	W 436		

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W 436	<p>Continued From page 12 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 interviews, the facility failed to ensure 1 of 6 audit clients (#5) were taught to use and make informed choices about the use of adaptive equipment. The findings are:</p> <p>Evening observations in the group home on 2/06/24 between 4:30 PM- 6:30 PM revealed client #5 sat in a living room chair wearing a helmet with chin strap unfastened. Continued observations revealed client #5 removed helmet off his head for seven minutes. Staff prompted him to put his helmet on but did not prompt him to fasten the chin strap. Further observations revealed client #5 continued to walk and sit around the home with helmet chin strap unfastened until surveyors left the facility.</p> <p>Morning observations in the group home on 2/07/24 between 6:45 AM- 8:00AM revealed client #5 to be dressed, sitting at the dining table and eating breakfast. Continued observation revealed client #5 chin strap unfastened. Further observations revealed client #5 helmet remained unfastened until surveyors left the facility. No staff prompted him to fasten the chin strap.</p> <p>Review of client #5's record on 2/07/24 revealed an ISP dated 2/07/24. Continued review of ISP revealed adaptive equipment for client #5 to consist of a helmet to be worn daily.</p> <p>Interview with the QA manager verified that ISP is current. Continued interview with the QA manager confirms that client #5 should wear prescribed protective helmet daily with chin strap</p>	W 436		
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W 436	Continued From page 13 secured.	W 436			
W 448	<p>EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv)</p> <p>The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to investigate all problems regarding fire drills including the reason for extended times needed for facility evacuation. The finding is:</p> <p>Review of facility fire drill reports on 2/07/24 indicated fire drill reports conducted over the survey review year. Continued review of the facility fire drills revealed multiple drills with extended evacuation times to evacuate clients from the facility. Further review of the fire drill reports revealed evacuations ranging from 6 minutes to 41 minutes in length. Additional review of the fire drill reports indicated extended evacuation times with no documented problems identified: 3/8/23 (41 minutes), 4/13/23 (6 minutes), 6/15/23 (21 minutes), 7/21/23 (30 minutes), 10/13/23 (6 minutes), 10/23/23 (20 minutes), 11/1/23 (30 minutes), 12/11/23 (11 minutes) , and 1/13/24 (10 minutes).</p> <p>Interview with the home manager (HM) on 2/07/24 revealed the facility did not investigate reasons for extended evacuation times during fire drill exercises on the following dates: 3/8/23, 4/13/23, 6/15/23, 7/21/23, 10/13/23, 10/23/23, 11/1/23, 12/11/23, and 1/13/24. Continued interview with the SS revealed that two clients (#1, and #2) are in wheelchairs and requires a two-person lift during emergencies in order to effectively reach appropriate evacuation times.</p>	W 448			

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W 448	Continued From page 14 Further interview with the SS revealed that clients would benefit from having a fire drill program and extra staff during facility fire drills.	W 448		
W 454	<p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview the facility failed to ensure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. This potentially affected 6 of 6 clients (#1, #2, #3, #4, #5, and #6) residing in the home. The finding is:</p> <p>A. During an observation on 2/06/24 at 6:01 PM, revealed clients #1, #2, #3, #4, #5, and #6 were prompted to come into the dining room for dinner. At no time were clients #1, #2, #3, #4, #5, and #6 prompt to wash their hands prior to coming to dinner and after dinner, nor was there any hand sanitizer on the table.</p> <p>During an observation on 2/07/24 at 6:45AM,</p>	W 454		

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W 454	Continued From page 15 revealed clients #1, #2, #3, #4, #5, and #6 were prompted to come into the dining room for breakfast. At no time during the observations were clients #1, #2, #3, #4, #5, and #6 prompt to wash their hands prior to coming to breakfast and after breakfast, no hand sanitizer was placed on table.	W 454			
W 475	Interview on 2/07/24 with the facility Nurse revealed staff should have prompt clients #1, #2 #3, #4, #5 and #6 to wash their hands before and after all mealtimes. MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure that 6 of 6 clients were provided with appropriate utensils to allow each client to eat as independently as possible. The findings are: Afternoon observations in the group home on 2/06/24 at 6:06 PM revealed all clients sitting at the dining waiting to be served dinner. Continued observations revealed staff provided all clients with their plate and a fork as they participated in the dinner meal. Subsequent observations revealed all clients to consume dinner utilizing the utensil provided with no concerns. At no point during the observation period were clients offered a full place setting of a fork, knife, spoon, napkins, and placemat during the dinner meal. Morning observations on 2/07/24 at 6:45 AM revealed all clients to sit at the dining table	W 475			

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W 475	Continued From page 16 waiting to be served breakfast meal. Continued observations revealed staff to provide clients with a spoon only as the clients participated in the breakfast meal. At no point during the observation period were clients offered a full place setting of a fork, knife, spoon, napkins, and placemat during the dinner meal.	W 475			
W 478	Interview with the QA manager on 2/07/24 revealed all clients should have been offered a full place setting including a fork, knife and spoon during all meals. MENUS CFR(s): 483.480(c)(1)(ii) Menus must provide a variety of foods at each meal. This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to assure clients residing in the home were offered the variety of foods listed on the menu. This affected 6 of 6 audit clients (#1,#2, #3, #4, #5 and #6). The finding is: Observation in the group home on 2/07/24 during the breakfast meal revealed clients to be served juice of choice, hot cereal, cinnamon toast, margarine, jelly, citrus sections, and 2% milk. Continued observation of the morning meal revealed clients #1, #2, #3, #4, #5 and #6 was served either cold cereal with 2% milk, and a cup juice, oatmeal with a cup of juice, or pancakes with syrup, with a cup of juice . Further observation revealed each client to eat all of the breakfast meal served to them. At no time were the clients offered or served additional items that	W 478			

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W 478	<p>Continued From page 17 were listed under the Wednesday breakfast menu.</p> <p>Review on 2/07/24 of the facility's menu book for 2/07/24 revealed juice of choice, hot cereal, cinnamon toast, margarine, jelly, citrus sections, and 2% milk.</p> <p>During an interview on 2/07/24 with QA manager confirmed the clients should have been offered a variety of food during breakfast.</p>	W 478		
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