

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

PRINTED: 03/15/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G260	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 03/14/2024
NAME OF PROVIDER OR SUPPLIER MCKEEL LOOP ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5910 FARMWOOD LOOP ROAD WILSON, NC 27893		
(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 000	INITIAL COMMENTS	W 000			
{W 436}	<p>A revisit was conducted on March 14, 2024 for all previous deficiencies cited on January 3, 2024. All deficiencies were recited. However, no new non-compliance was found.</p> <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, 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 3 audit clients (#3) were taught to use and make informed choices about the use of adaptive equipment. The finding is:</p> <p>During observations throughout the survey on 1/2/24 and 1/3/24, client #3 was observed doing various activities. At no time did client #3 utilize eyeglasses.</p> <p>Review on 1/2/24 of client #3's Individual Program Plan (IPP) dated 9/11/23 revealed the client is prescribed eyeglasses.</p> <p>Interview on 1/3/24 with the Program Specialist revealed client #3 is supposed to wear glasses and received training from 11/29/22 - 7/31/23 when criteria was met.</p> <p>Review on 3/14/24 of the facility's Plan of Correction (POC) dated 3/1/24 revealed a core team meeting would be held to discuss all client's</p>	{W 436}			

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.

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

PRINTED: 03/15/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G260	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 03/14/2024
NAME OF PROVIDER OR SUPPLIER MCKEEL LOOP ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5910 FARMWOOD LOOP ROAD WILSON, NC 27893		
(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 436}	Continued From page 1 vision assessments and strengths and/or needs with regards to eye wear training, all staff would be in serviced in regards to each client's objective training as well as needs and strengths specific to eye wear, and the QI, Habilitation Manager, RN and/or Day Program manager would monitor monitor and record at least 3 times monthly. An interview on 3/14/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that the facility had not completed the POC. Therefore, the facility remains out of compliance.	{W 436}			
{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 interviews, the facility failed to ensure 1 of 3 audit clients (#4) received their specially prescribed diet as indicated. The finding is: During observations in the home on 1/2/24 at 5:40pm, the clients sat at the table to begin dinner. Client #4 received chicken, a biscuit and tomatoes and squash all ground consistency. Further observations in the home on 1/3/24 at 7:40am, client #4 received raisin toast, a boiled egg and pineapple all ground consistency. Record review on 1/3/24 of client #3's Individual Program Plan (IPP) dated 1/12/23 revealed the	{W 460}			

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

PRINTED: 03/15/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G260	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 03/14/2024
NAME OF PROVIDER OR SUPPLIER MCKEEL LOOP ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5910 FARMWOOD LOOP ROAD WILSON, NC 27893		
(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}	<p>Continued From page 2</p> <p>client is to receive a pureed diet with pudding consistency.</p> <p>Interview with staff C revealed client #4 is supposed to receive a pureed diet.</p> <p>Interview on 1/3/24 with the Program Specialist revealed client #4's food should be pureed with a pudding like consistency.</p> <p>Review on 3/14/24 of the facility's Plan of Correction (POC) dated 3/1/24 revealed the facility would hold a core team meeting to discuss all client's in regards to Occupational Therapy (OT) assessments and review recommendations made, all staff would be in serviced on diet orders as prescribed and the QPI, LPN, Habilitation Manager and Day program Manager would monitor at least 6 times per month.</p> <p>During the follow-up survey on 3/14/24, interview with the Qualified Intellectual Disabilities Professional (QIDP) revealed that the facility had not completed the POC. Therefore, the facility remains out of compliance.</p>	{W 460}			