STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G013	A. BUILDING _____ B. WING _____	05/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANVILLE ICF/MR GROUP HOME	5509 DORSEY ROAD OXFORD, NC 27565

(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 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) 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, record review and interview, the facility failed to ensure clients were afforded privacy during personal care. This affected 1 of 3 audit clients (#2). The finding is: During observations in the home on 5/23/23 at 7:25am, client #2 was observed undressed and toileting with the door open. At 7:33am staff B came to notify surveyor that medication pass was about to begin and closed the bathroom door. Review on 5/23/23 of client #2's Adaptive Behavior Inventory (ABI) dated 3/26/23 revealed that client #2 has partial independence in the area of privacy. Interview on 5/23/23 with the habilitation specialist confirmed that when client #2 is in the bathroom he requires supervision for privacy and is currently working on a goal to close doors for privacy.	W 130	W130 The Habilitation Specialist will in-service on client #2 privacy program and ensure the doors are closed when undressed and toileting. The Clinical team will monitor to ensure client #2 privacy program is implemented through 2 interaction assessment a week for a month and than on routine basis. In future, QP will ensure staff are trained to ensure clients right to privacy during toileting, undressing and dressing.	7/22/2023
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.	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 06.01.23

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	Continued From page 1 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 (#2) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of program implementation regarding the use of protective mitts.. The finding is: During observations at the day program on 5/22/23 at 11:55am, client #2 finished his lunch. At no time during the observation after lunch did staff place protective mitts on client #2's hand. Further observation in the home on 5/22/23 at 5:40pm, client #2 finished his dinner and went to the living room and sat on the floor. At no time during the observation after dinner did staff place protective mitts on client #2's hands. Observations in the home on 5/23/23 at 8:15am, client #2 finished his breakfast and went into the living room. At no time during the observation after breakfast did staff place protective mitts on client #2's hands. Review on 5/22/23 of client #2's Behavior Support Plan (BSP) dated 2/28/23 revealed client #2 is to wear protective mitts on his hands for 60 minutes following meals or snacks to prevent rumination/regurgitation. Interview on 5/23/23 with staff A revealed client #2 is supposed to wear protective mitts after meals if he is in a behavior.	W 249	W249 The Behavior Analyst will in-service staff on client # 2 Behavior support plan to use protective mitts after mealtimes and snacks to prevent rumination/ regurgitation. The Clinical team will complete Interaction Assessment 2x per week for 1 month and then on a routine basis to ensure staff are following Behavior Support Plan for client #2. In the future the QP will ensure staff are trained and implement order for protective mitts.	7/22/2023

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W 249	Continued From page 2 Interview on 5/23/23 with the behavior specialist confirmed client #2 should have had protective mitts on following meals and he revealed staff have been trained on the use of the protective mitts following meals and snacks.	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: Based on observations, record reviews and interviews, the facility failed to ensure data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 2 of 3 audit clients (#2 and #5). The findings are: A. Review on 5/22/23 of client #2's Individual Program Plan (IPP) dated 3/22/23 revealed formal training programs for closing doors for privacy with data to be collected Monday through Friday on 1st and 2nd shift, shampooing hair with data to be collected Monday through Friday on 2nd shift and to match shapes with data to be collected Monday through Friday on 1st shift. Review on 5/23/23 of client #2's program plan data sheets for April 2023 revealed 15 days of documentation for privacy on 1st and 2nd shift, 13 days of documentation for shampooing hair and 8 days of documentation for matching shapes.	W 252	W252 A & B The Habilitation Specialist will in-service staff on program implementation, documentation and frequency of data collection for all clients. The Clinical team will monitor through routine observations and assessments 2x a week for one month and then on a routine basis to ensure staff are implementing and documenting program objective as prescribed. In the future the Qualified Professional will ensure staff are trained to implement and document program objections as prescribed in their Person-Centered Plans.	7/22/2023

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W 252	Continued From page 3 B. Review on 5/22/23 of client #5's IPP dated 5/3/23 revealed a formal training program for identifying numbers 1-5 with data to be collected Monday through Friday on 1st shift and asking staff to close the door for privacy with data to be collected Monday through Friday and 1st and 2nd shift. Review on 5/23/23 of client #5's program plan data sheet for May 2023 revealed 8 days of documentation for identifying numbers 1-5 and 9 days of documentation on 1st and 2nd shift for asking to staff to close door for privacy. Interview on 5/23/23 with the habilitation specialist confirmed several days of documentation were missing for goals for clients #2 and #6.	W 252		
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: The facility failed to assure fire drills were conducted quarterly for each shift of personnel as evidenced by interview and record verification. The finding is: Review on 5/22/23 of the facility's fire drill evacuation reports revealed for the time period of June 2022 through April 2023, fire drills were not conducted for September 2022, October 2022, December 2022 and March 2023. Interview with the qualified intellectual disabilities professional (QIDP) revealed that the fire drills that were reviewed were the only drills completed	W 440	The Administrator will in-service all home Manager to ensure Fire Drills are conducted on a monthly basis with at least one drill per shift. Home Manager will ensure Fire Drills are kept in a neat blinder in the home. In the future, the Administrator will review Fire Drill monthly to ensure they are completed once per shift per quarter.	7/22/2023

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W 440	Continued From page 4 to her knowledge.	W 440		