

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

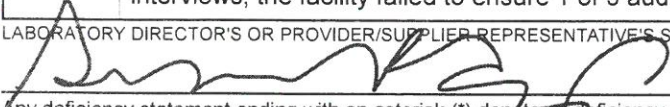
PRINTED: 01/03/2024
FORM APPROVED
OMB NO. 0938-0391

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 01/03/2024
--	---	--	---

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	<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>	W 436	<p>W 436 Facility managers will ensure the facility furnish, maintain in good repair, and teach clients specific to use of eye glasses as identified by the interdisciplinary team as needed for each client. A core team meeting will be held to discuss all clients' current vision assessment and strength and needs with regards to eye wear training. All staff will be in serviced on the facilities procedures for ensuring that all equipment be properly maintained as well as each client's IPP with regards to objective training as well as each client's strength and needs specific to eye glass wear. The QI, Habilitation Manager, RN and /or Day Program Manager will monitor at least 3 times monthly to ensure future compliance with this regulation. A record of this recording will be recorded on a monthly monitoring random inspections</p>	3/1/2024
W 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 3 audit</p>	W 460	<p style="text-align: center;">RECEIVED JAN 22 2024 DHSR-MH Licensure Sect</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Director of ICF	(X6) DATE 01-16-2024
---	---------------------------------	--------------------------------

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: 01/03/2024
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 01/03/2024
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 1</p> <p>clients (#4) received their specially prescribed diet as indicated. The finding is:</p> <p>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.</p> <p>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.</p> <p>Record review on 1/3/24 of client #3's Individual Program Plan (IPP) dated 1/12/23 revealed the 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>	W 460	<p>W460</p> <p>Facility will ensure all receive a nourishing well balance diet to include all modification as ordered. A core team meeting will be held to discuss all clients in the facility in regards to OT assessments and review the recommendations to ensure all clients' needs are addressed. Any clarifications needed will be obtained and shared with team members. All staff will be in serviced on client training specifically all clients' needs and capabilities with regards to OT assessments as well as diet orders as prescribed. QPI, LPN., Habilitation Manager and Day Program Manager will monitor training at least 6 times monthly to ensure future compliance with this regulation. A record of this monitoring will be recorded on an observation form as well as monthly random inspections</p>	3/1/2024	