

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER GRANVILLE ICF/MR GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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 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 observations, record reviews, and interviews, the facility failed to ensure 3 of 4 audit clients (#1 #2 and #4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of leisure, food preparation, meal guidelines and adaptive equipment use. The findings are:</p> <p>A. During observations at the day program and in the home throughout the survey on 6/3 - 6/4/24, client #2 consistently placed blocks and small foam toys in a bin and dumped them out on the floor or on the table. The client repeatedly placed these toys in his mouth and chewed on them. With the exception of one prompt to go outside (which he refused), Client #2 was not offered any other leisure choices or opportunities.</p> <p>Interview on 6/4/24 with Staff E revealed client #2 only likes to play with the toys in his bin.</p> <p>Review on 6/4/24 of client #2's IPP dated 3/25/24 revealed he should be exposed to a variety of leisure/recreational activities. Additional review of</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>the client's Adaptive Behavior Inventory (ABI) dated 2/1/24 revealed he has partial independence with table games, art/crafts, exercise and card games. The ABI also identified strengths with using music/TV and hobbies for leisure.</p> <p>Interview on 6/4/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 likes to play with his bin of toys; however, he should continue to be offered a variety of leisure choices.</p> <p>B. During morning observations in the home on 6/4/24 at 6:29am, Staff C began preparing breakfast items (pancakes and sausage) in the kitchen without any client involvement. Although client #1 was in the kitchen at the time, he was not prompted to assist with preparing any food.</p> <p>Interview on 6/4/24 with Staff C revealed client #1 sometimes assists with cooking tasks and can stir, pour, and mix food.</p> <p>Review on 6/4/24 of client #1's ABI dated 11/10/23 revealed he has worked on training objectives for identifying vegetables, dairy products, meats, fruits and breads/cereals and can independently prepare beverages with mixing.</p> <p>Interview on 6/4/24 with the QIDP confirmed clients should be involved in cooking tasks and can perform tasks such as pouring, stirring, and using the microwave. The QIDP noted clients should be allowed to be as independent as possible with meal preparation tasks.</p> <p>C. During breakfast observations in the home on</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>6/4/24 at 7:18am, client #4 was assisted to serve himself a full serving of food items before consuming them. No additional food was left over after the breakfast meal and client #4 was not provided more food before leaving for the day program.</p> <p>Interview on 6/4/24 with Staff A and Staff C indicated client #4 receives his full serving of food divided into two plates of food. The staff noted his second plate of food is provided 30 minutes after he consumes his first plate.</p> <p>Review on 6/3/24 of client #4's IPP dated 6/7/23 and physician's orders dated 4/18/24 revealed he should receive "6 small meals per day, split breakfast, lunch, dinner - give 1/2 of meal and wait 30 minutes to give other half."</p> <p>Interview on 6/4/24 with the QIDP confirmed client #4 should receive his food as indicated in his plan.</p> <p>D. During observations of medication administration in the home on 6/4/24 at 7:38am, client #4 took his medications while drinking from a Styrofoam cup.</p> <p>Review on 6/3/24 of client #4's IPP dated 6/7/23 revealed he uses a metered cup at meals.</p> <p>Interview on 6/4/24 with the Medication Technician (Staff A) revealed they have not been told to use client #4's adaptive cup during medication administration. The staff stated, "I guess we could...that makes sense."</p> <p>Interview on 6/4/24 with the QIDP confirmed client #4's adaptive cup should be used</p>	W 249			

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W 249	Continued From page 3 "whenever he drinks".	W 249			
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 reviews and interviews, the facility failed to ensure the special-prescribed and modified diets for 2 of 4 clients (#2 and #5) were provided as indicated. The findings are: A. During breakfast observations in the home on 6/4/24 at 7:07am, Staff C placed client #5's sausage in a processor, added an undetermined amount of water from the faucet and processed the meat for approximately 5 - 10 seconds before placing it on the client's plate. Closer observation of the sausage revealed it was chunky and thick with visible pieces of sausage throughout. Client #5 consumed the sausage without difficulty. Interview on 6/4/24 with Staff C revealed for client #5's pureed diet, they "make sure there are no lumps" in his food. Additional interview indicated they have not been told any specific amount of time to blend his food to obtain the pureed consistency. Review on 6/4/24 of client #5's Individual Program Plan (IPP) dated 5/1/24 and physician's orders dated 4/18/24 revealed he consumes a pureed diet. Additional review of information posted in the kitchen of the home noted,"Pureed	W 460			

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

PRINTED: 06/05/2024
FORM APPROVED
OMB NO. 0938-0391

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W 460	Continued From page 4 food should be smooth with no lumps." Further review of the home's menu book also indicated a pureed diet includes, "Soft foods BLENDERIZED to a smooth, soft, pudding-like consistency that requires no chewing." The book also noted meats (pork and beef) should be placed in the blender for "25 sec or longer". Interview on 6/4/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5's pureed food should be smooth and "like baby food". B. During 3 of 3 meal observations at the day program and in the home throughout the survey on 6/3 - 6/4/24, client #2 consumed his meals without having a dietary supplement along with his food. Review on 6/3/24 of client #2's IPP dated 3/25/24, physician's orders dated 4/18/24 and a list of each client's diet (no date) located in the kitchen of the home revealed he should receive "Benecalorie with meals PO TID for weight gain." Interview on 6/4/24 with Staff C confirmed they following client #2's diet as indicated on the diet list in the kitchen. Interview on 6/4/24 with the QIDP and facility nurse confirmed client #2 should be receiving Benecalorie with his meals.	W 460			
W 488	DINING AREAS AND SERVICE CFR(s): 483.480(d)(4) The facility must assure that each client eats in a manner consistent with his or her developmental level.	W 488			

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W 488	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure client #2 ate in a manner which was not stigmatizing. This affected 1 of 4 audit clients. The finding is:</p> <p>During lunch observations at the day program on 6/3/24 at 11:56am, client #2 consumed his food with the lower portion of his clothing protector spread across the table in front of him and the upper portion secured around his neck. While consuming his food, client #2's plate was positioned on top of the lower portion of his clothing protector. Throughout the observations, Staff A sat next to the client providing verbal and physical prompts. A small amount of food fell onto the clothing protector as the client ate his lunch.</p> <p>Interview on 6/4/24 with Staff A revealed client #2's clothing protector had been placed onto the table in this manner in order to keep food from falling onto the floor.</p> <p>Review on 6/3/24 of client #2's Individual Program Plan (IPP) dated 3/25/24 revealed he eats independently and uses a clothing protector during meals. Additional review of the plan did not indicate the client's clothing protector should be applied in the manner previously described.</p> <p>Interview on 6/4/24 with the Qualified Intellectual Disabilities Professional (QIDP) indicated client #2's clothing protector should not have been positioned in this manner at the meal.</p>	W 488			