STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G057	A. BUILDING _____ B. WING _____	11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAYWOOD COUNTY GROUP HOME #3	401 WOODLAWN CIRCLE CLYDE, NC 28721

(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 371	DRUG ADMINISTRATION CFR(s): 483.460(k)(4) The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the system for drug administration failed to assure 2 of 2 clients (#2 and #3) were provided the opportunity to participate in mediation self-administration or provided teaching relative to name, purpose, and side effects of medication administered. The findings are: A. The system of drug administration failed to assure client #2 was provided the opportunity to participate in medication self-administration. For example: Observation in the group home on 11/29/23 at 7:50 AM revealed client #2 to enter the medication room. Continued observation revealed Staff A to remove mediation packets from a locked medication closet and prepare medications for administering by punching them into the medication cup. Further observation revealed Staff A to pour medications into the mouth of client #2. Subsequent observation revealed Staff A to place one drop of Timolol 0.5 eyedrops into each of client #2's eyes. Client #2 was not observed to receive any training during medication pass or to participate beyond receiving medications from Staff A. Review of records on 11/29/23 for client #2 revealed a Comprehensive Functional	W 371	- Contact all client PCP(Primary Care Physicians) and Contracted Nurse to establish appropriate level of client functioning for medication administration. - Completed by [redacted] Coordinator by 2/01/24 DHSR - Mental Health DEC 20 2023 Lic. & Cert. Section	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [redacted] TITLE: Executive Director (X6) DATE: 12/12/23

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 371	Continued From page 1 Assessment (CFA) dated 1/7/23. Continued review of the CFA revealed client #2 has the skill level to punch and pour with assistance. Interview with the program coordinator (PC) on 11/29/23 verified client #2 should participate in the medication administration. Continued interview with the PC revealed client #2 should have punched medications into a medication box which lessens spills during medication administration. B. The system of drug administration failed to assure client #2 was provided the opportunity to participate in medication self-administration. For example: Observation in the group home on 11/29/23 at 8:08 AM revealed client #3 to enter the medication room. Continued observation revealed Staff A to remove mediation packets from a locked medication closet and prepare medications for administering by punching them into the medication cup. Further observation revealed Staff A to mix Equate Daily Fiber in water, stir and give to client #3 to drink. Subsequent observation revealed Staff A to pour medications into yogurt and feed to client #3. Client #3 was not observed to receive any training during medication pass or to participate beyond taking medications from Staff A. Review of records for 11/29/23 for client #3 revealed a Comprehensive Functional Assessment (CFA) dated 1/7/23. Continued review of the CFA revealed client #3 has the skill level to punch and pour with assistance. Interview with the PC on 11/29/23 verified client	W 371		

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W 371	Continued From page 2 #3 should participate in the medication administration. Continued interview with the PC revealed client #3 should have punched medications into a medication box which lessens spills during medication administration.	W 371		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) 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 interview, the facility failed to assure that adaptive equipment was furnished as prescribed for 4 of 5 clients (#1, #2, #4 and #5). The findings are: A. The facility failed to ensure eyeglasses were furnished as prescribed for client #1. For example: Observation in the group home during recertification survey 11/28/23-11/29/23 revealed client #1 to participate in various activities to include ball toss, IPAD, arts and crafts, dinner and breakfast meal, and medication administration. At no point during the survey period was client #1 observed to wear prescribed eyeglasses nor did any staff prompt the client to obtain eyeglasses. Review of records for client #1 on 11/29/23 revealed an individual habilitation plan (IHP) dated 10/1/23. Continued review of IHP revealed client #1 wears prescribed eyeglasses. Further	W 436	We will continually remind the clients to wear their glasses, however, we cannot make them wear them. One of these 2 clients has constantly refused to wear her glasses & often hides them. The other client becomes upset after constant reminders. -to be conducted through staff meeting w/ all employees by 12/31/23	

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W 436	Continued From page 3 review of record revealed an eye exam on 8/24/23 which revealed client #1 to have edema eyelids on right upper lid and prescribed Medrol dose pack and Maxitrol Ung. Subsequent review of record revealed a diagnosis of Myopia in both eyes and Presbyopia with new eyeglass prescription. Interview with the program coordinator (PC) on 11/29/23 verified client #1 has prescribed eyeglasses. Continued interview with the PC verified client #1 was not wearing her prescribed eyeglasses; however, her eyeglasses are available and stored in a box in the office. Further interview revealed that the client will take off eyeglasses and sit them on the couch. Additionally, a spare pair of eyeglasses is available in the office for client #1. B. The facility failed to ensure eyeglasses were furnished as prescribed for client # 5. For example: Observation in the group home during recertification survey 11/28/23-11/29/23 revealed client #5 to watch television and participate in the dinner meal. At no point during the survey period was client #5 observed to wear prescribed eyeglasses nor did any staff prompt the client to obtain eyeglasses. Review of records for client #5 on 11/29/23 revealed an individual habilitation plan (IHP) dated 10/31/23. Continued review of IHP revealed client #5 wears prescribed eyeglasses to improve her ability to see. Further review of record revealed an eye exam on 1/7/22 which revealed client #5 has combined form of senile cataract, dry eye syndrome, and Presbyopia with	W 436		

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W 436	Continued From page 4 eyeglasses prescribed. Interview with the PC on 11/29/23 confirmed client #5's prescribed eyeglasses. Continued interview with the PC confirmed that client #5 is required to wear eyeglasses daily and they are kept in a box located in the office. Further interview with the PC revealed that client #5 will take her eyeglasses off, toss them and throw them when agitated and there are no goals in place for the client's eyeglasses. C. The facility failed to ensure mealtime adaptive equipment was furnished as prescribed for client #2. For example: Observation in the group home on 11/28/23 revealed client #2 to participate in the dinner meal. Continued observation revealed client #2 to have a plate with plate guard and regular cup. Further observation revealed client #2 to eat chicken, green beans, macaroni & cheese, and drink tea from a regular cup. At no point during the dinner observation was client #2 offered a cup with lid and straw. Observation in the group home on 11/29/23 revealed client #2 to participate in a breakfast meal. Continued observation revealed client #2 to have a bowl and cup during the breakfast meal. Further observation revealed client #2 to eat cereal and drink milk during the breakfast meal. Subsequent observation revealed client #2 to drink tea throughout the morning observations from a regular cup. At no point during the breakfast observations or throughout the morning intake of the tea beverage was client #2 offered the prescribed cup with lid and straw.	W 436	- Possibility of mistaken identity of clients? [redacted] who has been prescribed weighted utensils for her d.t. is adamant about having "her" utensils and will not eat without them. - Hmmm, we will make sure that she has her weighted utensils @ each meal for meals.	

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W 436	Continued From page 5 Review of records on 11/29/23 revealed an individual habilitation plan (IHP) dated 5/18/23. Continued review of the IHP revealed a "feeding program of family-styled dining, uses a plate guard, beverages from a cup with a lid and straw to aid with eating and drinking beverages. Further review of the IHP reveals "he is an independent eater and leans over his plate, eats fast, and frequently scoops food into his mouth; frequently asks for additional beverages at meals and between meals." Review of records on 11/29/23 revealed a Nutritional Assessment (NA) dated 5/3/22. Continued review of the NA revealed client #2's feeding program is family style dining, uses a plate guard, beverages from a cup with a lid, and straw to aid with eating and drinking beverages. Interview with the PC on 11/29/23 confirmed client #2's prescribed adaptive equipment is a plate with plate guard and cup with lid and straw. Continued interview with the PC verified client #2 should have had his cup with lid and straw with meals and while drinking tea throughout the morning. D. The facility failed to ensure mealtime adaptive equipment was furnished as prescribed for client #4. For example: Observation in the group home on 11/28/23 revealed client #4 to set her place setting with a pink handled fork, silver knife, one cup and a napkin. Continued observation revealed client #4 to participate in the dinner meal of chicken served in bite size pieces, green beans, macaroni & cheese, and tea. Further observation revealed client #4 to use a regular pink handled fork to eat	W 436		

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W 436	Continued From page 6 her meal. At no point during the dinner meal was client #4 offered a weighted fork. Observation in the group home on 11/29/23 revealed client #4 to participate in the breakfast meal of cereal and coffee. Continued observation of the breakfast revealed client #4 to use the prescribed weighted spoon. Review of records for client #4 revealed a Nutritional Assessment (NA) dated 6/30/22. Further review of the NA revealed client #4 to be prescribed a plate guard, weighted silverware (spoon, fork & knife) gait belt and walker. Interview with the PC on 11/29/23 verified client #4's prescribed weighted fork. Continued interview with the PC verified client #5 is required to use her weighted silverware for all meals. Further interview with the PC revealed that client #4 had the weighted place setting and missed placing it out for the dinner meal.	W 436		
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: Based on review of record and interview, the facility failed to show evidence quarterly fire drills were conducted with each shift of personnel relative to second and third shift. The finding is: Review of the facility fire drill reports from 11/22 through 10/23 revealed missing fire drills for 12/22, 5/23, 6/23, and 9/23. Further review of the fire drill reports revealed a first shift drill conducted on 11/7/22, 3/24/23, 4/10/23, 7/31/23, 10/9/23 second shift drill conducted on 1/9/23,	W 440	- The Director of HR + QP will work w/ the group home coordinator to establish a schedule of all fire drills across all shifts. - effective 12/12/23 - HR + QP responsible	

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W 440	Continued From page 7 and third shift drills completed on 2/28/23 and 8/25/23. There was no additional documentation available about conducting second and third shift drills during the review year. Interview with the program coordinator (PC) on 11/29/23 confirmed facility fire drills should have been conducted quarterly for each shift. Continued interview with the PC confirmed there was no additional documentation to reflect the missing drills were conducted during the review year.	W 440		