STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G101	A. BUILDING _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MYRTLE GROVE GROUP HOME	6732 MYRTLE GROVE ROAD WILMINGTON, NC 28409

(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	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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of communication and behavior prevention. This affected 1 of 3 audit clients (#2). The finding is: During observations in the home throughout 8/5/25 and 8/6/25, staff were not observed to utilize either a visual schedule or pictures when communicating with client #2. During activity and mealtime communication, staff offered verbal prompts for transitions, but failed to use visual means of communication for prompting. On 8/6/25 from 7:10am to 7:20am, client #2 repeatedly asked for cereal and a biscuit. Staff A and B verbally communicated to her that she would first take her medications and then have breakfast. A "first, then" visual was observed to be on the wall, but staff did not use it. At 7:25am, client #2 went to receive her medications and returned to the kitchen at 7:35am and repeatedly asked for cereal. Staff A and B then told her	W 249		

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

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W 249	Continued From page 1	W 249		

medication administration was ongoing, and she needed to wait. Client #2 appeared to be irritable, sat on the sofa, stared at the table and said, "I'll just take the day off. (unknown name) lied." She continued to sit on the couch and stare at the food, asking for cereal until breakfast was served at 7:55am.

Review on 8/6/25 of client #2's IPP, dated 11/21/24, revealed staff have had good success communicating some changes to her using a picture schedule, and staff should implement picture schedule on a more consistent basis to help with transitions and to manage her expectations. Sorting tasks and pictures can be used throughout the day to ensure she knows what activities are coming up next and to structure down time.

Review on 8/6/25 of client #2's behavior support plan (BSP), dated 7/18/24, revealed target behaviors of self-injurious behavior (SIB), severe disruptive behavior (SDB), and noncompliance. Preventative techniques for staff to manage behaviors includes using a visual schedule, especially during transitions and changes. In addition, staff should not try to reprimand or reason with her as it is likely to increase behavior.

Interview on 8/6/25 with Staff A revealed client #2 has visuals and pictures that can be used to communicate.

Interview on 8/6/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #2 has always concentrated on food, and she was probably hungry. Client #2 does have visuals at the home that have been used with her in the past, but staff have probably become lax in using

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W 249	Continued From page 2 them because she has good expressive and receptive communication. However, staff should use visuals to help her understand.	W 249		
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to provided nursing services in accordance with the needs of 1 of 3 audit clients (#2) relative to assuring that physician's orders were documented. The finding is: Review on 8/6/25 of client #2's individual program plan (IPP), dated 11/21/24, revealed she had Type 2 Diabetes, and multiple medications have been tried with an endocrinologist. She receives a sugar free diet with no extra portions. She has lost over 25 lbs. from 2023 - 2024. Review on 8/6/25 of client #2's nutritional evaluation, dated 11/18/24, revealed she is within range for body mass index (BMI) and takes Jardiance for diabetes. She receives a regular, sugar free diet with no extra portions. Review on 8/6/25 of client #2's physician's orders, dated 5/8/25, revealed her diet had been changed to a low carb, sugar-free diet, with double portions of protein source and vegetables at meals. In addition, weekly weight monitoring was added to the orders. Review on 8/6/25 of client #2's nurses notes, dated 5/6/25, revealed her previous diet should be discontinued and a new diet to include double	W 331		

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W 331	Continued From page 3 portions of protein source and vegetables should be ordered, as well as weekly weight checks. Review of the nursing weigh in chart revealed the following: *May: 5/13/25 (114); 5/20/25 (111.8); 5/28/25 (113/6) *June: 6/2/25 (111); 6/10/25 (111.2); 6/24/25 (112.8) *July and August - No weight recordings could be located. Interview on 8/6/25 with the facility nurse revealed she had hand-written the weigh ins on back of the weigh in chart to notify the guardian of weights as requested because this was "informal, and I would let mom know". Interview on 8/6/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #2 should have her weight checked weekly due to her diabetes and weight loss due to the guardian requesting a report, but was unaware if was on the physician's order. The facility nurse is attentive to completing the weigh ins. However, the QIDP confirmed that weekly weigh in documentation was missing for May, June, July, and August. Interview on 8/6/25 with the Director of Nursing revealed the facility nurse has completed the weight ins, but possibly should have documented better.	W 331		