

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

PRINTED: 01/10/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G350	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2019
NAME OF PROVIDER OR SUPPLIER CAROLINA FARMS GROUP HOME #3			STREET ADDRESS, CITY, STATE, ZIP CODE 31713 HERB FARM CIRCLE ALBEMARLE, NC 28001		
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: The facility failed to assure the individual program plan (IPP) for 1 of 3 sampled clients (#2) included objective training to meet the client's behavioral needs as evidenced by use of personal care items. The finding is:</p> <p>During the medication pass in the group home on 1/8/19, observations in the medication room revealed body wash and body lotion marked with client #2's name.</p> <p>Interview with the home manager and the qualified individual disabilities professional (QIDP) on 1/8/19 revealed client #2's body wash and body lotion were removed from his room and were being kept in the medication room due to his overuse of the products. Further interview revealed there is an informal objective for client #2 to go to the medication room and dispense the product into a pill cup. Additional interview revealed client #2 had been obtaining the products from the medication room for approximately 3 months and is believed to be making progress, although there has been no collection of data.</p> <p>Record review of client #2's IPP dated 12/18/18 revealed independence in self care in activities of daily living (ADLs), but, did not reveal</p>	W 227			

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 227	Continued From page 1 documentation of a training objective for modifying behavior in the use of these products. The QIDP agreed client #2 would benefit from having a formal training objective to keep the body wash and body lotion in his room and dispense appropriately.	W 227		