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

PRINTED: 03/12/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DAT COM	(X3) DATE SURVEY COMPLETED	
		34G253	B. WING	F		R-C 07/2019	
NAME OF F	PROVIDER OR SUPPLIER	0.0200		STREET ADDRESS, CITY, STATE, ZIP CODE	03/	0772019	
HELMSDALE GROUP HOME				1317 HELMSDALE DR CARY, NC 27511			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
{W 000}	7 000} INITIAL COMMENTS A revisit was conducted onn 3/7/19 for all		{W 00	00}			
	previous deficiencie deficiencies have b noncompliance was	es cited on 10/25/18. All een corrected, and no new s found. The facility is in regulations surveyed.					

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION . BUILDING		(X3) DATE SURVEY COMPLETED	
		34G253			R-C / 07/2019		
NAME OF PROVIDER OR SUPPLIER HELMSDALE GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP COD 1317 HELMSDALE DR CARY, NC 27511		01/2010	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
{W 000}	Continued From pa	nge 1	{W 00	00}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G253	B. WING			-C	
NAME OF PROVIDER OR SUPPLIER HELMSDALE GROUP HOME			B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE 1317 HELMSDALE DR CARY, NC 27511	03/	07/2019	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTI X (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE	
{W 000}	A revisit was condu deficiencies cited of been corrected, and	cted on for all previous n . All deficiencies have d no new noncompliance was is in compliance with all	(W O)	00}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	(X3) DAT CON	(X3) DATE SURVEY COMPLETED	
		34G253	B. WING			R-C 03/07/2019	
NAME OF PROV	IDER OR SUPPLIER	040200	1	STREET ADDRESS, CITY, STATE, ZIP CODE	03/	07/2019	
HELMSDALE GROUP HOME				1317 HELMSDALE DR CARY, NC 27511			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPRINTED DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
{W 000} Col	ntinued From pa	ge 3	{W 00	00}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		040050	B. WING		R-C		
34G253			B. WING			03/	07/2019
NAME OF PROVIDER OR SUPPLIER					STREET ADDRESS, CITY, STATE, ZIP CODE		
LIEL MOD	ALE CROUP HOME				1317 HELMSDALE DR		
HELMSD	ALE GROUP HOME				CARY, NC 27511		
(X4) ID		TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTIO		
PREFIX		/ MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD		COMPLETION DATE
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG		CROSS-REFERENCED TO THE APPROP DEFICIENCY)		
			ľ		,		
(/// 000)	0 " 15						
{W 000}	Continued From pa	ge 4	{W 00	00	}		
		cted on 3/7/19 for all previous					
		n 10/25/18. All deficiencies					
		d, and no new noncompliance					
		cility is in compliance with all					
	regulations surveye	cu.					