PRINTED: 05/10/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G176	B. WING _			05/	07/2019	
NAME OF PROVIDER OR SUPPLIER AIRPORT ROAD GROUP HOME SUMMARY STATEMENT OF DESICIENCIES				19	REET ADDRESS, CITY, STATE, ZIP CODE 5 AIRPORT ROAD OLDSBORO, NC 27530			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 247	Based on observation failed to ensure 3 of 6 afforded opportunity of The findings are: Clients #2, #4 and #8 acknowledged during a. During breakfast of am, the clients were stable, participating in passed bowls of food client could serve her slice of American che told client #2 "Can yo you don't have to eat b. During breakfast of am, the clients were stable, participating in passed bowls of food client could serve her scrambled eggs. The #4 "You still have to pool to be compared to be am, the clients were stable, participating in passed bowls of food client could serve her stable, participating in passed bowls of food client could serve her stable, participating in passed bowls of food client could serve her slice of American che	m plan must include t choice and not met as evidenced by: ns and interviews, the facility clients (#2, #4, #5) were or individual choice making. 5 food preferences were not meal time. 5 servation on 5/7/19 at 7:45 sitting at the dining room family style dining. Clients to each other so that each self. Client #2 did not want a ese. The house manager u just put it on your plate, it." 5 bservation on 5/7/19 at 7:45 sitting at the dining room family style dining. Clients to each other so that each self. Client #4 did not want a house manager told client tut it on your plate." 5 servation on 5/7/19 at 7:45 sitting at the dining room family style dining. Clients to each other so that each self. Client #4 dining room family style dining. Clients to each other so that each self. Client #5 did not want a ese. The house manager u just put it on your plate,	W	247				

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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		34G176	B. WING			05/	07/2019
NAME OF PROVIDER OR SUPPLIER AIRPORT ROAD GROUP HOME				1	STREET ADDRESS, CITY, STATE, ZIP CODE 95 AIRPORT ROAD GOLDSBORO, NC 27530		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 247	Continued From page	e 1	W	247			
	manager revealed that that if an item was on	t 11:10 am, the house at it was her understanding the menu, the food must be the client did not have to eat					
	intellectual disability p	t 11:15 am, the qualified professional (QIDP) revealed want a food item, staff did od on clients plates.					
W 249	director revealed that	ENTATION	W	249			
	each client must rece treatment program co interventions and ser and frequency to sup	ndividual program plan, ive a continuous active					
	Based on observation reviews, the facility far received a continuous consisting of needed identified in the individual the area of appearance.	not met as evidenced by: ns, interviews and record illed to ensure each client s active treatment plan interventions and services dual program plan (IPP) in ce and dental hygiene. This clients (#1 and #2). The					

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		34G176	B. WING			05/07/2019		
	ROVIDER OR SUPPLIER ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP COE 195 AIRPORT ROAD GOLDSBORO, NC 27530				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE		
W 249	During evening obset 5/6/19 at 5:38 pm, aff her bedroom and got toothpaste, then walk went to the bathroom brushing teeth. The topower button per planall surfaces. During morning obse 5/7/19 at 6:10 am, all were on folding table marked. Inside of clie toothbrush. At 8:00 a toiletries kit and went C to brush her teeth. on brush, turned it on toothpaste to fly off or proceeded to brush his supervised. Staff C his her teeth with the too second time. Review on 5/6/19 of c stated "Brush all surfatothbrush." Interview with client # revealed that client # toothbrush for the first a regular toothbrush.	revation in the home on the dinner client #1 went to a manual toothbrush and the dot the bathroom. Staff B with client #1 to supervise bothbrush did not have a in, to aide client with cleaning revation in the home on of the client's toiletries kits in foyer, with names and #1's kit was an electric into the bathroom with staff Client #1 placed toothpaste which caused all of the fithe brush; client #1 repeat brushing the treeth, while staff C ad client #1 repeat brushing the staying intact the client #1's IPP dated 5/1/19 aces of teeth using electric at time. Yesterday, she used Client #1 commented that had to throw out the other	W 24	49				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION IG		DATE SURVEY COMPLETED
		34G176	B. WING _			05/07/2019
	ROVIDER OR SUPPLIER ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP COL 195 AIRPORT ROAD GOLDSBORO, NC 27530)E	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 249	manager revealed that toothbrushes were not meant, very worn, so night. 2. Client #3 was not pusing hand to wipe m During meal prep obs 5/6/19 from 4:30 pm to supervised by staff A green beans for dinned drooling from her mouth, while Minutes later, client # hand to wipe her mouth was not encouraged to did not address client. Interview on 5/7/19 of did not address client. There was not a form but staff would promp prevent spitting or wip manager felt that client wipe her mouth. Interview on 5/7/19 we disability professional.	at clients #1, #3 and #5 at clients #1, #3 and #5 at "up to par" explaining that they were replaced last frompted to refrain from outh when drooling. ervation in the home on o 5:15 pm, client #3 was to prepare beef tacos and er. Client #3 was observed outh and was told by staff A to e cooking over the stove. 3 used the back of her right outh, due to drooling. Client #3 to get a napkin to wipe drool. elient #3's IPP dated 9/20/19 #3's drooling.	W 2	49		
W 268	drooling. CONDUCT TOWARD CFR(s): 483.450(a)(1	CLIENT	W 2	68		
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	ROVIDER OR SUPPLIER ROAD GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 195 AIRPORT ROAD GOLDSBORO, NC 27530		, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BE D TO THE APPROPRIAT ICIENCY)	(X5) COMPLETION DATE	
W 268	growth, development client. This STANDARD is a Based on observation failed to provide a parto support 1 of 5 auditowards client #4. During observations of clients #2 and #4 were table. Client #2 was signed up from the table, egg odor" in the air. It sitting in the family rown and kitchen. Structure family rown and kitchen. Structure family rown area, referring to client #4. saying, "She's (Client #4. saying, "She's (Client #4. saying, "She's (Client #4. saying, "She's (Client #4. saying, "Oh my God!" turn the fan on," and (Client #4.) lit it up."	and independence of the and independence of the not met as evidenced by: Instantial inst	W 2		(CIENCY)		
	about client #4 passir spoke with the staff a inappropriate.	ng gas revealed that she bout their comments being ne qualified intellectual (QIDP confirmed staff					

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W 454	This STANDARD is Based on observat facility failed to prevassisting with meal contamination. The Staff did not provide client #3 to wash has contaminated. During observations 5:15 pm, client #3 whelping to prepare the for dinner. Client #3 the mouth and was mouth. Client #3 us wipe her mouth but before continuing to Client #3 was told thair but was not prowhen she did scrate client #3 was given boxes to throw in the swing lid. Most of the client #3 to wash he trash can. However supervise client #3 to	ovide a sanitary environment of transmission of infections. In not met as evidenced by: ions and interviews, the vent 1 of 3 clients (#3) preparation from cross finding is: It consistent verbal prompts for ands after hands were It on 5/6/19 from 4:30 pm to vas in the kitchen with staff A oper tacos and green beans as has a tendency to drool from told by staff A to wipe her led the back of her hand to did not wash her hands of stir the ground beef in skillet. By staff A to not scratch her compted to wash her hands, on the hair. During the meal prepole discarded wrappers and the times, staff A would instruct the remaining the meal prepole is staff A did not always visually dumping trash to further wash hands again, after	W	154					
	client #3 to wash he trash can. However supervise client #3 prompt client #3 to touching trash lid. C room table with plat Interview on 5/7/19	er hands after going to the staff A did not always visually dumping trash to further							

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W 454	Continued From pag	ne 6	W 4	54				
W 460	#3 when touching tra FOOD AND NUTRIT CFR(s): 483.480(a)(TION SERVICES	W 4	60				
	Each client must rec well-balanced diet in specially-prescribed	cluding modified and						
	Based on observation interviews, the facility 5 audit clients (#1, #2	not met as evidenced by: ons, record reviews and y failed to ensure that 3 out of 2 and #3) received their ed diets. The findings are:						
	Client #1 should n sugar at meals.	ot receive beverages with						
	#3 set the dining roo ounce can of Sprite s settings. None of the soda. Client #1 sat d am. After eating her	on 5/6/19 at 11:45 am, client m table and placed a 12 soda in front of the six place cans contained sugar free lown to eat lunch at 11:53 meal, client #1 was observed intents in can of Sprite.						
	functional assessme revealed that client # with sugar free beve	client #1's comprehensive int (CFA) dated on 5/1/19 #1 was on a 1800 calorie diet, rages and that portion sizes ired. Client #1 was in excess t range.						
	manager revealed th	at 11:20 am, the house nat there was sugar free ld have been made available						
	I							

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NAME OF PROVIDER OR SUPPLIER AIRPORT ROAD GROUP HOME (X4) ID SUMMARY STATEMENT OF DEFICIENCIES				STREET ADDRESS, CITY, STATE, ZIP CODE 195 AIRPORT ROAD GOLDSBORO, NC 27530			
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W 460	2. Client #3's low cho followed. During breakfast obseam, client #3 ate grits 1/2 a piece of cheese menu revealed no cheese with the contract of the contract		W 4	60			