PRINTED: 07/18/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
		34G110	B. WING _			07/	11/2019
NAME OF PROVIDER OR SUPPLIER  MOSS II GROUP HOME				10	TREET ADDRESS, CITY, STATE, ZIP CODE 615-B MOSS SPRINGS ROAD LBEMARLE, NC 28001		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 227	objectives necessary as identified by the co required by paragraph	m plan states the specific to meet the client's needs, emprehensive assessment in (c)(3) of this section.	W 2	227			
	Based on observation interviews the team for Habilitation Plan (IHP (#2, #4, #5) included needs relative to compose belts appropriate findings are:	not met as evidenced by: ons, record reviews, and ailed to ensure the Individual ) for 3 of 3 sampled clients objectives to meet identified munication and wearing ely during transport. The include objective training to					
	address communicati and #5.  1. Client #2 failed to	on needs for clients #2, #4 have objective training					
	verified by interview v disabilities profession	tion. For example:  he 7/10-7/11/19 survey,  vith the qualified intellectual al (QIDP), revealed client #2 and receptive communication					
	objective training to comparticipate in a leisure utilize his eating utens tolerate brushing his to for client #2 revealed	client #2 on 7/11/19 4/21/19 which included lose the bathroom door, to e activity for 5 minutes, to sils appropriately and to leeth. Further record review "client #2 requires a lot of ssistance." Continued					

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G110	B. WING			07/	11/2019
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W 227	Language Evaluation "evaluation requested communication" with rehabilitation potential level of functioning". #2's record on 7/11/1 training goal to addrefor the client.  Interview with the QIE there was no current client #2's communication related to communication during the verified by interview with the QIE there was no current client #4 to have expressive to the communication needs.  Review of records for IHP which included of participate in a leisure lather his wash cloth attention the control of the contr	and the most recent Speech dated 5/25/2012 stating of for decreased functional a prognosis of "excellent of the reach and maintain prior Subsequent review of client of the revealed no current of the revealed of	w	227			
		ent training objective to					

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		34G110	B. WING _			07/11/2019	
NAME OF PROVIDER OR SUPPLIER  MOSS II GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE  1615-B MOSS SPRINGS ROAD  ALBEMARLE, NC 28001		6771172013		
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W 227	related to communic Observations during verified by interview client #5 to have exp communication need Review of records for dated 11/2/18 which participate in a leisur brush his teeth, to ta after dinner, to exerc carry supplies to the Further record reviev current Behavioral L 6/17/19 which stated sentence conversativ encourage client #5 known and for him to language skills". Co client #5 revealed the Language Evaluation "client #5 has great e potential". "Caregive	have objective training ation. For example:  the 7/10-7/11/19 survey, with the QIDP, revealed pressive and receptive ls.  It client #5 revealed an IHP included objective training to be activity for 20 minutes, to ke his plate to the kitchen be for 20 minutes, and to bathroom for his bath. We for client #5 revealed a life Skills assessment dated life Skills assessment dated life It is important for staff to to talk to make his needs to continue to use his intinued record review for the most recent Speech life dated 5/23/11 that indicated expressive communication ers are encouraged to require	W 2				
	needs". Recommen "increase receptive/e and increase mean I spoken, encourage u activities as well as a requiring a response and having him repe of client #5's IHP rev place to address clie communication.  Interview with the QI	express his wants and dations included the need to expressive vocabulary skills, ength of utterance # of words use of language during daily asking him questions and , and modeling sentences at them." Subsequent review realed there was not a goal in ant #5's identified deficits in					

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		(X3) DATE SURVEY COMPLETED	
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address communicate B. The team failed the address needs relate correctly for clients:  1. Client #2 failed to related to appropriate example:  Observations on 7/10 client #2 to be seated transport. Continue #2 to put on his seated transport and shoulder belt revealed staff A to reagain put on his shoulder strap off.  Observations at 07/10 client #2 to be seated the day program. For Staff A to request an shoulder strap. Subtrevealed client #2 to shoulder strap and strap for transport.  Review of the recordated 4/21/19 which close the bathroom leisure activity for 5 utensils appropriate teeth. Continued record Behavioral Life Skill	o include objective training to ive to wearing a seat belt #2, #4, and #5.  o have objective training te seat belt use. For  10/19 at 4:00 PM revealed ed in the van ready for dobservation revealed client to belt and to immediately take. Further observations equest and assist client #2 to oulder strap to which client #2 proceeded to take his  11/19 at 9:00 AM revealed ed on the van for transport to curther observations revealed assist client #2 to wear his obsequent observations immediately remove his refuse to wear his shoulder  d for client #2 revealed an IHP included objective training to door, to participate in a minutes, to utilize his eating ly, and to tolerate brushing his cord review revealed a sassessment dated 6/17/19	W 22			
	ROVIDER OR SUPPLIER  SUMMARY S (EACH DEFICIEN REGULATORY OF  Continued From page address communicate B. The team failed to address needs related to appropriate example:  Observations on 7/1 client #2 to be seated transport. Continue #2 to put on his seated transport. Continue #2 to put on his seated transport and shoulder strap off.  Observations at 07/1 client #2 to be seated transport. Continue #2 to put on his shoulder strap off.  Observations at 07/1 client #2 to be seated the day program. F Staff A to request are shoulder strap off.  Observations at 07/1 client #2 to be seated the day program. F Staff A to request are shoulder strap off.  Review of the record the day for transport.  Review of the record dated 4/21/19 which close the bathroom leisure activity for 5 utensils appropriate teeth. Continued record Behavioral Life Skill which stated client #2 vehicle independent	ROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3 address communication deficits for client #5.  B. The team failed to include objective training to address needs relative to wearing a seat belt correctly for clients #2, #4, and #5.  1. Client #2 failed to have objective training related to appropriate seat belt use. For example:  Observations on 7/10/19 at 4:00 PM revealed client #2 to be seated in the van ready for transport. Continued observation revealed client #2 to put on his seat belt and to immediately take off the shoulder belt. Further observations revealed staff A to request and assist client #2 to again put on his shoulder strap to which client #2 responded "no" and proceeded to take his shoulder strap off.  Observations at 07/11/19 at 9:00 AM revealed client #2 to be seated on the van for transport to the day program. Further observations revealed Staff A to request and assist client #2 to wear his shoulder strap. Subsequent observations revealed Client #2 to immediately remove his shoulder strap and refuse to wear his shoulder	ROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3 address communication deficits for client #5.  B. The team failed to include objective training to address needs relative to wearing a seat belt correctly for clients #2, #4, and #5.  1. Client #2 failed to have objective training related to appropriate seat belt use. For example:  Observations on 7/10/19 at 4:00 PM revealed client #2 to be seated in the van ready for transport. Continued observation revealed client #2 to put on his seat belt and to immediately take off the shoulder belt. Further observations revealed staff A to request and assist client #2 to again put on his shoulder strap to which client #2 responded "no" and proceeded to take his shoulder strap off.  Observations at 07/11/19 at 9:00 AM revealed client #2 to be seated on the van for transport to the day program. Further observations revealed Staff A to request and assist client #2 to wear his shoulder strap. Subsequent observations revealed client #2 to immediately remove his shoulder strap and refuse to wear his shoulder strap and refuse to wear his shoulder strap for transport.  Review of the record for client #2 revealed an IHP dated 4/21/19 which included objective training to close the bathroom door, to participate in a leisure activity for 5 minutes, to utilize his eating utensils appropriately, and to tolerate brushing his teeth. Continued record review revealed a Behavioral Life Skills assessment dated 6/17/19 which stated client #2 "can exit and enter a vehicle independently, and is able to	ROUPHOME    STREET ADDRESS, CITY, STATE, ZIP CODE	

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W 227	was no goal to add wearing a seat belt Interview with staff #2 has needs in lea correctly. Interview confirmed no intervand there currently client #2 with learni appropriately.  2. Client #4 failed related to appropriate example:  Observations on 7/ client #4 to be seat transport. Continue #4 to put on his sea shoulder belt. Furt A to request and as shoulder strap. Sub client #4 to then taken observations on 7/ client #4 to be seat transport to the day observations revea belt and immediate	ient #2's record revealed there ress the client's deficits in correctly.  A on 7/10/19 confirmed client arning to wear a seatbelt with the QIDP on 7/11/19 rentions have been attempted is no goal in place to assisting to wear a seat belt  to have objective training ate seat belt use. For  10/19 at 4:00 PM revealed ed in the van ready for red observation revealed client at belt and to take off his her observations revealed staff esist client #4 to put on his obsequent observation revealed ate his shoulder strap off again.  11/19 at 9:00 AM revealed ed on the van ready for a program. Continued led client #4 to put on his seat ly remove his shoulder belt.	W 22	27			
	client #4 to put his subsequent observer refused to put his subsequent observer refused to put his subsequent of the record dated 10/24/18 that lather his washclotted.	ns revealed Staff A to request shoulder strap back on. Vation revealed client #4 houlder strap on for transport.  The for client #4 revealed a IHP to included objective training to an and to tolerate brushing his and review revealed a					

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W 227	which indicated clie using the van for transport to the day observation revealed shoulder strap off a shoulder strap off a sobservation revealed transport to the day observation revealed belt and immediate Further observation and assist client #5 Subsequent observation observ	Is assessment dated 6/17/19 ent #4 to be independent in ansport. Subsequent record revealed no current training s client #4's need of wearing a ely.  A on 7/10/19 confirmed client d need of learning to wear a Interview with the QIDP on no interventions have been e currently is no goal in place with learning to wear a seat belt to have objective training ate seat belt use. For  0/19 at 4:00 PM revealed the van ready for transport to a Continued observation o put on his seat belt and ove his shoulder strap. Further ed staff A to request and assist his shoulder strap. Subsequent ed client #5 to then take his again and refuse to wear his	W 22	7		

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W 227	Life Skills Plan dated #5 is "capable of inde exiting on the van and tasks asked to comple Interview with staff A 6 #5 has an identified in seatbelt correctly. Int 7/11/19 confirmed no attempted and there of	transport. ent #5 revealed a Behavioral 6/17/19 that indicated client pendently entering and d needs modeling for any	W 2	27			