OF DEFICIENCIES	(X1) PROVIDER/SUPPLIED/CLIA	O(2) MIII TIE	E CANOTE LOTION	OMB N	M APPRO 0. 0938-0
AUVEONOV.	IDENTIFICATION NUMBER:		A BUILDING		
	34G272	B. WING			С
			STREET ADDRESS, CITY, STATE, ZIP CODE	06	/12/2019
OAD GROUP HOME			114 GREENHOUSE LANE		
SUMMARY STA	TEMENT OF DEFICIENCIES				
(EACH DEFICIENCY	MUST BE OBECEDED BY CULL	PREFIX TAG	EACH CORRECTIVE ACTION BHOLIL	חמת	COMPLET DATE
INITIAL COMMENTS		W 000	JUN 2 1 2019	*	
#NC00152057. Deficie	for complaint intake ncies were cited		Lic. & Cert. Section		
PROGRAM IMPLEMENT CFR(s): 483.440(d)(1)	NTATION	W 249	The facility will ensur	neall	
formulated a client's inn	ciplinary team has		l :	1	
each client must receive	a continuous activo		active treatment mad	1000	
treatment program cons	sisting of needed			ue.	
and frequency to suppo	rt the achievement as the		More specifically, all		
objectives identified in (	he Individual program				
plan.	• • • • • • • • • • • • • • • • • • • •		materials have been r	e-	
	a .		placed as needed, ar	>	
		1 1			
This STANDARD is not	met as evidenced by:			- 1	
nterviews, the facility fai	record review and		villadar developed	ana	
Herits (#4, #5) received	a continuous activo		staff inserviced on c	ul	
reament plan consisting	of needed interventions		formal Informal		
rogram Plan (IPP)'s Ti	in the Individual		training objectives		
			The wasternants to	20	
lirect care staff did not o	ffer leisure choices or	1	caining will be a said	101	
ngege clients #4, #5 in Uring observations on Ri	home living activities		naile in the month	brea	
			tening by Home mand	iger	
uring observations in the	facility on 6/12/19 from	n	nonthly by Habilitation	う	
2.00am-11:00am and fro	m 12:00pm-2:30pm	18	pecialist and quarte	rlv	
e living area of the facili	with the blinds aloned	1	N BIND	7	
id no activities offered. (	Client #4 set on the		1 -1.05		
atching the Disney telow	back and forth		*		
ranged broken puzzies	and small animated				
	PROVIDER OR SUPPLIER  SUMMARY STA  (EACH DEFICIENCY REGULATORY OR LE  #NCO0152057. Deficie PROGRAM IMPLEME!  CFR(s): 483.440(d)(1)  As soon as the interdise formulated a client's inceech client must receive treatment program corns interventions and service and frequency to suppose objectives identified in the plan.  This STANDARD is not Based on observations, interviews, the facility fail dients (#4, #5) received reatment plan consisting and services as identified in the plan.  This STANDARD is not because the facility fail inceech clients are facility fail inceech care staff did not on a services as identified in the plan consisting and services as identified in the plan consisting observations on the plan	OF DEFICIENCIES OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  An unannounced complaint survey was completed on 6/12/19 for complaint intake #NC00152057. Deficiencies were cited. 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 review and interviews, the facility falled to ensure 2 of 3 audit ficients (#4, #5) received a continuous active reatment plan consisting of needed interventions and services as identified in the Individual program Plan (IPP)'s. The findings are:  Infect care staff did not offer leisure choices or ingage clients #4, #5 in home living activities uring observations on 6/11/19.  uring observations in the facility on 6/12/19 from 0:00am-11:00am and from 12:00pm-2:30pm ents #4, #5 were either in their bedrooms or in the living area of the facility with the blinds closed did no activities offered. Client #4 sat on the ing room couch rocking back and forth atching the Disney television channel Client #5	A BUILDING SPECORRECTION  (X1) PROVIDER/SUPPLIER  (X2) MULTIFICATION NUMBER:  34G272  B. WING  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  AN Unannounced complaint survey was completed on 6/12/19 for complaint intake MNC00152057. Deficiencies were cited. 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 review and interviews, the facility falled to ensure 2 of 3 sudit lients (#4, #5) received a continuous active reatment plan consisting of needed interventions and services as identified in the Individual rogram Plan (IPP)'s. The findings are:  Interct care staff clid not offer leisure choices or ingage clients #4, #5 in home living activities uring observations on 6/11/19.  Uring observations in the facility on 6/12/19 from 07:00am-11:00am and from 12:00pm-230pm ents #4, #5 were either in their bedrooms or in a living area of the facility with the blinds closed d no activities offered. Client #4 sat on the interior of the provided program of the processing back and forth attributes offered. Client #4 sat on the interior of the processing back and forth attributes offered. Client #4 sat on the interior of the processing back and forth attributes offered. Client #4 sat on the interior of the processing back and forth attributes offered. Client #4 sat on the	SUMMARY STATEMENT OF DEFICIENCIES (RACH DEPICIENCY MUST SEP PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  An unannounced complaint survey was completed on 8/12/19 for complaint Intake #NCOO152057. Deficiencies were oited. 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 intervantions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan, each client for the objectives identified in the individual program plan, each client must receive a continuous active restment program consisting of needed interventions and services in sufficient number each required to a special continuous active seather). This STANDARD is not met as evidenced by: Based on observations, record review and iterviews, the facility filled to ensure 2 of 3 sudit lients (#4, #5) received a continuous active seather) plan consisting of needed interventions and services as identified in the individual program plan, each client program plan (19P)'s. The findings are:  This STANDARD is not met as evidenced by: Based on observations, record review and iterviews, the facility filled to ensure 2 of 3 sudit lients (#4, #5) received a continuous active estment plan consisting of needed interventions and services as identified in the individual program plan (19P)'s. The findings are:  The implementation of the interventions on 6/11/19 from 200am-11:00am and from 12:00pm-2:30pm entals #4, #5 were either in their bedrooms or in a living area of the facility with the blinds closed of no activities offered. Client #4 sat on the ingroom couch procking back and facth to p	OMB IN PROVIDER SUPPLIER  A DUEDNO STRUCTION NUMBER:  346272  3672000000000000000000000000000000000000

Any deficiency elatement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that, other adequards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days days following the date of correction are plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 program participation.

DEPARTMENT OF HEALTH A CENTERS FOR MEDICARE 8 ATEMENT OF DEFICIENCIES	MEDICAID SERVICES			PRINTED: FORM A	APPROV
AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULI A. BUILDI	OMB NO. ( (X3) DATE SU COMPLET	IRVEY	
	34G272	B. WNG_		C	- 10
IAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	08/12/	/2019
REST ROAD GROUP HOME		1	114 GREENHOUSE LANE		
		- 1	SOUTHERN PINES, NC 28387		
LUCLIA   COURT DELICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE	HOLE DOE	(X5) COMPLETION DATE
Both staff were seated facility and checked or clients in the bedroom interview on 6/12/19 with many of the leisure surpuzzles, an Uno game broken and needed to interview on 6/12/19 with several puzzle pieces in Uno game was incompother working leisure at had mentioned this to the Further interview revea of school for their summore clients could stay in the television or play with a When asked what training were working on she money management obtain management before leadlients for community outings were	the activity room. At the activity room chair in the led television.  If in the living area of the in clients #4, #5 and other is at intervals.  With client #5 revealed that pplies including several and other activities were be replaced.  With staff #A revealed had been misplaced, the plete and there were no ctivities. She stated staff the residential manager. Bed client #4, #5 were out mer vacation. She stated our vacation. She stated our bedrooms, watch ctivities in the facility, ing objectives clients #4, a stated both clients have electives that are trained interview revealed direct approval from wing the facility with the utings. When asked if any a planned for this week, we to ask the residential in 6/12/19 revealed he facility for about one se leisture supplies had	W2			

## DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 06/14/2019 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED QMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER (X3) DATE BURVEY A. BUILDING\_ COMPLETED C 34G272 B. WING NAME OF PROVIDER OR SUPPLIER 08/12/2019 STREET ADDRESS, CITY, STATE, ZIP CODE 114 GREENHOUSE LANE CREST ROAD GROUP HOME SOUTHERN PINES, NC 28387 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG W 249 Continued From page 2 W 249 9/26/18 revealed she has needs in the area of increasing her leisure skills continuing community outings, continue formal program to use a communication program, improve self-help skills and improve prevocational skills. Further review of the IPP revealed she has training objectives to improve money management with 40% independence, brush teeth with 45% independence, and display appropriate toileting skills (wiping after tolleting) with 40% independence. Review on 6/12/19 of client #5's IPP dated 5/24/18 revealed she has needs to increase leisure skills, continue community outings. encourage group activities, improve dressing skills, improve toothbrushing skills, use utensils during mealtime, take clothing off hangers, continue her formal behavior support program and improve money management. Further review of the IPP revealed formal objectives to display appropriate toileting skills, brush her teeth thoroughly with 40% accuracy, identify money with 40% accuracy and decrease inappropriate behaviors through implementation of her behavior support program. Interview on 6/12/19 with the residential manager (RM) revealed clients #4, #5 are out of school and are at home this week. He stated several clients will be attending summer school which will Include client #5 starting around June 24, 2019. The RM stated there are not definite plans for the other clients to be enrolled in other programs this summer and an alternate active treatment schedule for the clients that are out of school has not been developed. interview on 6/12/19 with the qualified intellectual

IATEMENT OF DEFICIENCIES	& MEDICAID SERVICES			OMP	RM APPROVE	
AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	34G272	B. WING			C	
NAME OF PROVIDER OR SUPPLIER		5	TREET ADDRESS, CITY, STATE, ZIP CODE		6/12/2019	
CREST ROAD GROUP HOME		1	14 GREENHOUSE LANE			
(X4) ID SUMMARY			OUTHERN PINES, NC 28387			
PREFIX   (EACH DEFICIE	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRE REGULATORY OR LSC IDENTIFYING INFORMATION)  TA		PROVIDER'S PLAN OF CORRECTION FIX (EACH CORRECTIVE ACTION SHOULD B G CROSS-REFERENCED TO THE APPROPRI		COMPLETION DATE	
confirm that several summer school where summer school where around June 24, 20 alternate summer and been developed. She stated staff are community outlings, activities, leisure ac acknowledge seven broken.  W 260 PROGRAM MONITY CFR(s): 483.440(f)()  At least annually, the must be revised, as process set forth in particular and process set forth in grand process set forth in grand individual program particular annually as required in the set of th	onal (QIDP) revealed clients of school until August. She did I clients will be attending the includes client #5 starting the start includes client #5 starting the start includes client she are citive treatment schedule has if for the clients in the home. Able to take clients on carry out home living tivities. She did however, all of the table top activities are ORING & CHANGE  2)  a individual program plan appropriate, repeating the paragraph (c) of this section.  not met as evidenced by: view and interview, the disabilities professional the 1 of 6 clients (#5) ans (IPP's) were updated at ulred. The findings include:  s not updated annually.	1	The GIDP will ensure the are updated a equired to include a special IPP will be as required anonitored manthly by Hab Spec and a	all s lient		

DEPAR	RTMENT OF HEALTH AN	ND HUMAN SERVICES			DOINE	FD: 4044.155
CENTE	RS FOR MEDICARE &	MEDICAID SERVICES			POF	ED: 08/14/20*RM APPROVE
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	OMB N (X3) DAT	O. 0938-039
		340272	B. WNG			C
NAME OF	PROVIDER OR SUPPLIER			CTDEET ADDRESS CITY AT THE	08	3/12/2019
CREST	ROAD GROUP HOME	Ä.		STREET ADDRESS, CITY, STATE, ZIP CODE 114 GREENHOUSE LANE 8OUTHERN PINES, NC 28387		
(X4) ID PREFIX	(EACH DEFICIENCY	YEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECT	ON	- Arm
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL OROSS-REFERENCED TO THE APPROL DEFICIENCY)	O DE	COMPLETION DATE
; ;	CFR(s): 483.470(g)(1)  The facility must proving equipment in dining, living recreation, and progress adequately equipped a hearing and other evaluated in the facility clients with needed sets subpart and as identified program plan.  This STANDARD is not assed on observational review, the facility failed available for informal action be implemented. The During observations in the living area of the facility and no activities offered living room couch rocking watching the Disney telearranged broken puzzles animals on a table in the living room and watched	de sufficient space and ving, health services, am areas (Including and sound treated areas for uations if they are y) to enable staff to provide roices as required by this ad in each client's individual of the each client ware each each client ware each each client was and each client was and forth each each client was and forth a living room chair in the latelevision.  In client #5 revealed that each of the activities were each of the each of th		The facility administ will ensure an adequal supply of recreation leisure activities as materials are availator both informal and training objectives.  Materials will be ever for condition weekly as replaced or repaired. Staff will docume daily of defective ite and Home Marager is requisition repair and replace as well as additions.  All staff will be inseen the process and much by by Home maneral and monthly by Italis and quarterly by a mplementation.	ate al/ nd blu formal aluatee nd ent will elor litional anitonal ager	ecl .
li h	nterview on 6/12/19 with save mentioned to the re	staff #A revealed they sidential manager (RM)				

STATEMENT	OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	No. sun min		ОМВ	RM APPROVE NO. 0838-038	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  34G272  NAME OF PROVIDER OR SUPPLIER		IDENTIFICATION NUMBER:	A. BUILDING	(2) MULTIPLE CONSTRUCTION BUILDING		(XS) DATE SURVEY COMPLETED	
		B. WING			C		
	OAD GROUP HOME		114	REET ADDRESS, CITY, STATE, ZIP CODE GREENHOUSE LANE UTHERN PINES, NG 28387	0	6/12/2019	
(X4) ID PREFIX TAG	LACH DEFICIEN	STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL R L9C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHIC CROSS-REFERENCED TO THE APPL DEFICIENCY)	HII D DE	COMPLETION DATE	
	that several of the leand need to be replied interview on 6/12/19 disabilities profession #4 and #5 are out of also confirmed an all treatment scheduler the clients in the hon to take clients on corhome living activities	sisure activities are broken aced.  with the qualified intellectual nal (QIDP) revealed clients is school until August. She ternate summer active nas not been developed for ne. She stated staff are able munity outings, carry out it, leisure activities. She did ge several of the table ton	W 435				