DEPART	MENT OF HEALTH AN	ID HUMAN SERVICES					M APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	D. 0938-0391
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	l` '	E SURVEY PLETED
		34G286	B. WING			01	/07/2020
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
	GREY FOX RUN GROU			3	12 GREY FOX RUN		
		TOME		N	NEWPORT, NC 28570		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
тад W 125	PROTECTION OF CI CFR(s): 483.420(a)(3) The facility must ensu Therefore, the facility individual clients to ex- of the facility, and as including the right to f to due process. This STANDARD is r Based on observatio interviews, the facility audited clients (#4) w the use of disposable wheelchair. The findir Client #4 was not affor regarding the use of i During observations a 1/6/2020 at 11:20 am wheelchair in the dinii with a cloth and blue pads, underneath his observation in the hor revealed that client #4 living room, after finis Underneath his bottor incontinence pad, tha	LIENTS RIGHTS) ure the rights of all clients. must allow and encourage kercise their rights as clients citizens of the United States, ile complaints, and the right not met as evidenced by: ns, record review and staff failed to ensure that 1 of 4 as afforded dignity regarding incontinence pads in ng is: orded the right to dignity ncontinence pads. At the day program on , client #4 was sitting in his ng area with other clients, disposable incontinence bottom. An additional me, on 1/6/2020 at 5:20 pm 4 was rolled back into the hing dinner by Staff A. m, was a blue disposable t was not present when he		125	DEFICIENCY)	IATE	DATE
		ning room chair. of client #4's individual ated 12/19/2018, revealed					
	that he toilet independ staff to get on/off of th	dently with assistance from ne toilet. Client #6 had and needed verbal prompts					
	disabilities profession	the qualified intellectual al (QIDP) on 1/7/2020, she					
ABORATORY	DIRECTOR'S OR PROVIDER/9	SUPPLIER REPRESENTATIVE'S SIGNATUR	(H		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.

PRINTED: 01/16/2020

						IO. 0938-039	
· ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			· · ·	(X3) DATE SURVEY COMPLETED	
		34G286	B. WING		0,	1/07/2020	
NAME OF P	ROVIDER OR SUPPLIER		STE	REET ADDRESS, CITY, STATE, ZIP CODE			
LIFE, INC	GREY FOX RUN GROU	РНОМЕ	-	2 GREY FOX RUN EWPORT, NC 28570			
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE	
W 125	indicated that staff ha	d been previously told to not	W 125				
W 249	use the disposable in PROGRAM IMPLEM CFR(s): 483.440(d)(1	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 observatio interviews, the facility received a continuous consisting of needed identified in the indivi	not met as evidenced by: ns, record review and staff r failed to ensure each client s active treatment plan interventions and services dual program program (IPP) e orthotic equipment for 1 of he finding is:					
	Staff did not assist cli shoes with orthotic su	ent #2 with wearing high top upports.					
	During observations i program, throughout 1/6/2020-1/7/2020, cl shoes to support orth	the survey ient #2 did not wear high top					
	therapy evaluation da that client #2 had pes	2020 of client #2's physical ated 7/28/2009, it indicated planus deformity with secondary to reduced medial					

Facility ID: 944843

If continuation sheet Page 2 of 5

RRECTION IDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Dontinued From page thad true limb discr de. It was recommer olded inserts to corro additional review o P dated 12/19/2018 nbulated with a limp p shoes.	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 2 2 2 2 2 2 2 2 2 2 2 2 2	. ,	STREET ADDRESS, CITY, S 312 GREY FOX RUN NEWPORT, NC 28570 PROVIDER' (EACH CORRE CROSS-REFERE		BE COMPLETI
SUMMARY STA (EACH DEFICIENCY REGULATORY OR LI Dentinued From page a had true limb discr de. It was recommer olded inserts to corre- n additional review o P dated 12/19/2018 nbulated with a limp p shoes. n interview on 1/7/20 tellectual disabilities dicated that staff we 2 use his orthotics da RUG ADMINISTRAT	P HOME ATTEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 2 2 repancy of 3/8" on the right nded that he use custom ect skeletal variation. on 1/6/2020 of client #2's and used inserts in high D20 with the qualified professional (QIDP) re supposed to have client aily. FION	ID PREFIX TAG	STREET ADDRESS, CITY, S 312 GREY FOX RUN NEWPORT, NC 28570 PROVIDER' (EACH CORRE CROSS-REFERE	'S PLAN OF CORRECTION ECTIVE ACTION SHOULD I ENCED TO THE APPROPR	N (X5) BE COMPLETI
SUMMARY STA (EACH DEFICIENCY REGULATORY OR LI Dentinued From page a had true limb discr de. It was recommer olded inserts to corre- n additional review o P dated 12/19/2018 nbulated with a limp p shoes. n interview on 1/7/20 tellectual disabilities dicated that staff we 2 use his orthotics da RUG ADMINISTRAT	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 2 2 2 2 2 2 2 2 2 2 2 2 2	W 24	312 GREY FOX RUN NEWPORT, NC 28570 PROVIDER' (EACH CORRE CROSS-REFERE	'S PLAN OF CORRECTION ECTIVE ACTION SHOULD I ENCED TO THE APPROPR	BE COMPLETI
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(EACH DEFICIENCY REGULATORY OR LE pontinued From page e had true limb discr de. It was recommer olded inserts to corre- n additional review o P dated 12/19/2018 nbulated with a limp p shoes. n interview on 1/7/20 tellectual disabilities dicated that staff we 2 use his orthotics da RUG ADMINISTRAT	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 2 2 repancy of 3/8" on the right nded that he use custom ect skeletal variation. 0n 1/6/2020 of client #2's 0, revealed that he 0 and used inserts in high 020 with the qualified professional (QIDP) re supposed to have client aily. FION	W 24	(EACH CORRE CROSS-REFERE	ECTIVE ACTION SHOULD I ENCED TO THE APPROPR	BE COMPLETI
e had true limb discr de. It was recommer olded inserts to corre n additional review o P dated 12/19/2018 nbulated with a limp p shoes. n interview on 1/7/20 tellectual disabilities dicated that staff we 2 use his orthotics da RUG ADMINISTRAT	repancy of 3/8" on the right nded that he use custom ect skeletal variation. on 1/6/2020 of client #2's , revealed that he and used inserts in high 020 with the qualified professional (QIDP) re supposed to have client aily. FION		49		
olded inserts to corre n additional review o P dated 12/19/2018 nbulated with a limp p shoes. n interview on 1/7/20 tellectual disabilities dicated that staff we 2 use his orthotics da RUG ADMINISTRAT	ect skeletal variation. on 1/6/2020 of client #2's , revealed that he and used inserts in high 020 with the qualified professional (QIDP) re supposed to have client aily. FION	VVI 26			
P dated 12/19/2018 nbulated with a limp p shoes. n interview on 1/7/20 tellectual disabilities dicated that staff we 2 use his orthotics da RUG ADMINISTRAT	, revealed that he and used inserts in high 020 with the qualified professional (QIDP) re supposed to have client aily. FION	VV 26			
tellectual disabilities dicated that staff we the use his orthotics da RUG ADMINISTRAT	professional (QIDP) re supposed to have client aily. TION	10/ 24			
		1/1/56	n o		
			99		
at all drugs, includin	-				
ased on observatior erviews, the facility edications were adm his affected 1 of 3 cli	ns, record reviews and failed to ensure all ninistered without error. ients (#3) observed				
ient #3's medication dered.	s were not administered as				
the home on 1/6/20. sisted client #3 to in edication was crush	20 at 3:35pm, Staff B ngest depakote 250mg. The ed and mixed with				
llf ni:a e e ni: c c u r t s e o p	-administered, are s STANDARD is n sed on observation rviews, the facility dications were adm s affected 1 of 3 cli eiving medications ent #3's medication ered. ing observations of he home on 1/6/20 isted client #3 to in dication was crush lesauce before clie	all drugs, including those that are -administered, are administered without error. -administered, are administered without error. -administered, are administered without error. 	A-administered, are administered without error. as STANDARD is not met as evidenced by: sed on observations, record reviews and rviews, the facility failed to ensure all dications were administered without error. as affected 1 of 3 clients (#3) observed eiving medications. The finding is: ent #3's medications were not administered as ered. ing observations of medication administration he home on 1/6/2020 at 3:35pm, Staff B isted client #3 to ingest depakote 250mg. The dication was crushed and mixed with lesauce before client had it.	A-administered, are administered without error. as STANDARD is not met as evidenced by: sed on observations, record reviews and rviews, the facility failed to ensure all dications were administered without error. as affected 1 of 3 clients (#3) observed eiving medications. The finding is: ent #3's medications were not administered as ered. ing observations of medication administration he home on 1/6/2020 at 3:35pm, Staff B isted client #3 to ingest depakote 250mg. The dication was crushed and mixed with lesauce before client had it.	-administered, are administered without error. as STANDARD is not met as evidenced by: sed on observations, record reviews and rviews, the facility failed to ensure all dications were administered without error. as affected 1 of 3 clients (#3) observed eiving medications. The finding is: ent #3's medications were not administered as ered. ing observations of medication administration he home on 1/6/2020 at 3:35pm, Staff B isted client #3 to ingest depakote 250mg. The dication was crushed and mixed with lesauce before client had it.

Facility ID: 944843

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES						FORM	APPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G286	B. WING			01/	07/2020
NAME OF PR	IAME OF PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	·	
LIFE, INC	GREY FOX RUN GROUF	РНОМЕ			12 GREY FOX RUN IEWPORT, NC 28570		
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 418	3:00pm, *DO NOT CF Interview on 1/7/2020 client #3 depakote wa consumes pureed die Interview on 1/7/2020 Intellectual Disabilities confirmed client #3's I taken whole. Further i nurse (via phone) con should not be crushed CLIENT BEDROOMS CFR(s): 483.470(b)(4 The facility must provi comfortable mattress. This STANDARD is n Based on observation failed to ensure client mattress. This affecte finding is: Client #3 was in need During observations in 1/8/2020, client #3's n an indentation or dip i During an interview of home manager ackno noticeably large dip of	20 revealed orders for ke one tablet by mouth at RUSH* with the Staff B confirmed as crushed since he t. with the Qualified s Professional (QIDP) Depakote XR should be interview with the facility's firmed client #3's Depakote d. (ii) ide each client with a clean, not met as evidenced by: ns and interviews, the facility #3 had a comfortable ed 1 of 3 audit clients. The of a new mattress. In the group home on nattress was noted to have in the middle.		369			

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PRINTED: 01/16/2020

		ID HUMAN SERVICES MEDICAID SERVICES				PRINTED: 01/16/202 FORM APPROVE OMB NO. 0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
		34G286	B. WING		_	01/07/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	TATE, ZIP CODE	
LIFE, INC	GREY FOX RUN GROUI	PHOME		312 GREY FOX RUN NEWPORT, NC 28570		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)	
W 418	intellectual disabilities	e 4 a professional (QIDP) and confirmed the mattress had	W 4			

Facility ID: 944843

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