CENTERS FOR MEDICARE & MEDICAD SERVICES OMB NO. 0938-0931 STATEMENT OF DERENSITIES (22) MULTIFIC CONSTRUCTION (23) MULTIFIC CONSTRUCTION (24) MULTIFIC CONSTRUC		-						M APPROVED	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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: 09/10/2020

	-	ID HUMAN SERVICES				FORM	: 09/10/2020 APPROVED	
CENTERS FOR MEDICARE & I STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
		34G345	B. WING			09/02/2020		
NAME OF P	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, ST	TATE, ZIP CODE			
ROUSE'S	GROUP HOME #6			820 NC HIGHWAY 135 STONEVILLE, NC 2704	18			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 227	Continued From page 1		W 227					
	Continued From page 1 Observations in the group home on the morning of 9/2/20 at 7:00 AM revealed client #3 coming from the kitchen and standing in front of the medication cabinet while another peer was receiving medication administration. Staff (D) redirected client #3 to refrain from standing behind the client receiving medications and to go to the living room until he is called for his medications. Client #3 was observed walking away from the medication cabinet and walking into the living room. Further observations at 7:45 AM revealed client #3 returning from his room and walking behind a peer and looking over his shoulder at the medication cabinet during medication administration. Staff (D) was observed redirecting client #3 to go into the living room and refrain from being in his peer's personal space. Staff (D) was observed telling client #3 "you do this all the time and you know better". Continued observations at 8:15 AM revealed client #3 to walk up to a peer in the tv room and attempt to place his forehead in the person's face. Staff (A) was observed redirecting client #3 to get out of his peer's face and sit down for a group activity. Review of the client record for client #3 revealed an Individual Support Plan (ISP) dated 7/9/20. Further review of the ISP states that client #3 has the following program goals: Tooth brushing, evacuate during fire drill, dry lower body after a bath, close door for privacy, stay on task ten minutes, recognize community survival signs, take medications independently, and a horticulture goal. Further review of the ISP does not include respecting the personal space of others.							

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 960838

If continuation sheet Page 2 of 3

		ID HUMAN SERVICES MEDICAID SERVICES					APPROVED 0.0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G345	B. WING			09/02/2020		
NAME OF PI	ROVIDER OR SUPPLIER	I			STREET ADDRESS, CITY, STATE, ZIP CODE	1 00.		
ROUSE'S	GROUP HOME #6				5820 NC HIGHWAY 135 STONEVILLE, NC 27048			
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
W 227	client #3 will often con with his peers, howev to prompting from sta Qualified Intellectual (QIDP) verified that c type of behavior in the familiar with this type interview with the QIE does not have any cu relates to personal sp during the interview th	 on 9/2/20 verified that me into the medication area ver he usually responds well ff. Interview with the Disabilities Professional lient #3 has exhibited this e past and the team is 	W	227				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

If continuation sheet Page 3 of 3

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