

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/07/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G337	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/06/2020
NAME OF PROVIDER OR SUPPLIER KING GEORGE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 323 KING GEORGE ROAD GREENVILLE, NC 27834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS	W 000			
W 258	<p>During recertification and 2 complaint surveys with intake numbers NC00163891 and NC00163987 were completed on 10/6/2020. Deficiencies were not cited as a result of the complaint survey. The complaint allegation was unsubstantiated.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iv)</p> <p>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is being considered for training towards new objectives.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the individual program plan (IPP) for 1 of 3 audit clients (#4) were reviewed at least annually. The finding is:</p> <p>The IPP for one client was not reviewed within one year.</p> <p>Review on 10/5/2020 of client #4's record revealed an IPP dated 8/12/2019. The record did not include an IPP for 2020.</p> <p>During an interview on 10/5/2020 with the qualified intellectual disabilities professional (QIDP) confirmed the client #4's 2020 IPP meeting had not been held as of the date of the survey.</p>	W 258			

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.