

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G349</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/24/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAROLINA FARMS GROUP HOME #2</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>31713 HERB FARM CIRCLE ALBEMARLE, NC 28001</b>		
(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 130	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure privacy for 3 of 6 clients residing in the facility (client #3, #4, #5 and #6 ). The findings are:</p> <p>A. The facility failed to ensure privacy was maintained for client #3 while in the bathroom. For example:</p> <p>Observations in the group home on 11/24/20 from 9:15 AM to 9:45 AM revealed staff D to enter and exit bathroom #1 while client #3 was inside without knocking on two separate occasions. At no point during the observation period did staff D knock on the bathroom door or request to enter while client #3 was inside.</p> <p>Interview with the Home Manager (HM) on 11/24/20 verified that staff should have knocked on the bathroom door and requested to enter prior to walking in. Further interview with QIDP (qualified intellectual developmental professional) on 11/24/20 confirmed that client should be afforded privacy while in bathroom and staff should have knocked prior to entering.</p> <p>B. The facility failed to ensure privacy was maintained for client #6 while in the bathroom. For example:</p>	W 130			

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.

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W 130	<p>Continued From page 1</p> <p>Observations in the group home on 11/24/20 from 9:15 AM to 9:45 AM revealed staff D to enter and exit bathroom #2 while client #6 was inside with medications in hand without knocking on two separate occasions.</p> <p>Interview with the Home Manager (HM) on 11/24/20 verified that staff should have knocked on the bathroom door and requested to enter prior to walking in. Interview with QIDP (qualified intellectual developmental professional) on 11/24/20 confirmed that client #6 should be afforded privacy while in bathroom and staff should have knocked prior to entering.</p> <p>C. The facility failed to ensure privacy was maintained for client #5 while in the her room. For example:</p> <p>Observations in the group home on 11/24/20 from 9:45 AM to 10:00 AM revealed client #5 to sit in her room participating in an activity. Further observations revealed staff D to enter and exit client #5 room without knocking or requesting to enter her room.</p> <p>Interview with the Home Manager (HM) on 11/24/20 verified that staff should have knocked on client #5's door and requested to enter prior to walking into her room. Interview with the HM also confirmed that all staff should request to enter a client's room whether the door is open or closed to ensure privacy. Interview with the QIDP on 11/24/20 confirmed that clients should be afforded privacy in their rooms at all times.</p> <p>D. The facility failed to ensure privacy was maintained for client #4 while in the bathroom.</p>	W 130			

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

PRINTED: 12/02/2020  
FORM APPROVED  
OMB NO. 0938-0391

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W 130	<p>Continued From page 2</p> <p>For example:</p> <p>Observations in the group home on 11/24/20 from 10:15 AM to 10:30 AM revealed staff D to enter and exit the bathroom while client #4 was inside. At no point during the observation period did staff D knock on the bathroom door or request to enter while client #4 was inside.</p> <p>Interview with the Home Manager (HM) on 11/24/20 verified that staff should have knocked on the bathroom door and requested to enter prior to walking in. Interview with QIDP on 11/24/20 confirmed that all staff should knock on doors prior to entering a clients' bedroom or while in the bathroom.</p>	W 130			