

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/20/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOSS II GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1615-B MOSS SPRINGS ROAD</b> <b>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 189}	<p><b>STAFF TRAINING PROGRAM</b> CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in hygiene methods specific to ensuring paper supplies were accessible in bathrooms for 4 of 6 clients (#1, #3, #5, and #6). The finding is:</p> <p>Observation in the group home on 3/16/21 - 3/17/21 revealed two bathrooms utilized by clients #1, #3, #5 and #6. Continued observations of both bathrooms revealed no paper products to be located in either bathroom throughout observations on 3/16/21 or 3/17/21. Observations on 3/16/21 and 3/17/21 revealed clients #1, #3, #5 and #6 at various times to enter into the bathrooms with no paper products, close the door and to exit the bathroom. Subsequent observation in the group home on 3/17/21 revealed both bathrooms to remain with no paper supplies throughout observation periods.</p> <p>Interview with the Home Manager (HM) on 3/17/21 verified that there were no paper supplies in either bathroom of the group home and then retrieved paper products from the storage closets. Continued interview with the HM confirmed that all bathrooms should have an ample supply of paper products. Interview with the qualified intellectual disabilities professional (QIDP) on 3/17/21 verified all bathrooms should have an ample supply of paper products available</p>	{W 189}			

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.

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

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{W 189}	<p>Continued From page 1 to clients when occupying the bathrooms in the group home.</p> <p>A follow-up survey was conducted 5/20/21. Observation in the group home during the follow-up survey on 5/20/21 at 8:48 AM revealed both bathrooms of the back hallway of group home to each have 1 new, unused roll of toilet paper and 1 roll of paper towels with glue still held to the first sheet of all products.</p> <p>Continued observations in the group home at 10:57 AM revealed all clients to have left the group home. Subsequent observation of both bathrooms of the back hallway of the group home revealed all paper products to remain unused and 1 of 2 bathrooms to contain a package of new, unused wipes with the inner adhesive seal still applied. Additional observations revealed the toilet paper holders to be broken in both bathrooms with missing roll holders.</p> <p>Interview by phone with the facility QIDP on 5/20/21 confirmed all clients in the group home had been taken into the community for a doctors appointment for (1) client. Continued interview with the QIDP verified all clients should be toileted or prompted to use the bathroom before going on an outing. Further interview with the QIDP verified an in-service training had been conducted relative to ensuring paper supplies were properly stored in all bathrooms of the group home although the date of the in-service could not be recalled and evidence of the in-service was unavailable for review.</p> <p>Subsequent interview with QIDP verified evidence of group home monitoring as in the plan of correction from the 3/17/20 survey had not been</p>	{W 189}			

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{W 189}	Continued From page 2 documented. Additional interview with the QIDP revealed she did not know why the toilet roll holders in 2 of 2 bathrooms were broken and there had been a staff shortage.	{W 189}		