STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G183	A. BUILDING _____ B. WING _____	12/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORSYTH GROUP HOME #1	216 LINVILLE SPRINGS ROAD KERNERSVILLE, NC 27284

(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 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs and biologicals were kept locked except when being prepared for medication administration for 1 sampled client (#2). The finding is: Observations in the group home on 12/21/21 at 7:00 AM revealed client #2 to enter the medication room with staff assistance. Continued observations revealed staff B to prepare the following medications for administration: Bentropine 0.5mg, Clonidine 0.2mg, Divalproex 125mg (5 pills), Fluphenazine 1mg, Metformin 500mg, Oyster Shell Calcium 500mg, Triamterene/HCTZ 75/50 tabs, Lactulose and Lotemax. Further observations at 7:09 AM revealed staff B to exit the medication room with the door open while leaving client #2 sitting in front of his medication cup. Observations revealed staff B to return to the medication room with applesauce to resume medication administration for client #2. Review of the record for client #2 on 12/21/21 revealed a person-centered plan (PCP) dated 7/12/21. Continued review of the record revealed a behavior support plan for client #2 dated 7/8/21, which indicated that client #2 exhibits the following target behaviors: toileting accidents, refusal, self-injurious behaviors (SIBs), ingesting items and uncooked food (impulsively and rapidly), grabbing and eating uncooked food, removing cooked food from hot pots and eating it,	W 382		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G183	A. BUILDING _____ B. WING _____	12/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORSYTH GROUP HOME #1	216 LINVILLE SPRINGS ROAD KERNERSVILLE, NC 27284

(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 382	Continued From page 1 urination/defecating on clothes, destroying clothing, disrobing in public areas and disruptive vocalizations. Interview with the facility nurse on 12/21/21 verified that client #2 should not have been left unattended in the medication room. Interview with the qualified intellectual disabilities professional (QIDP) and nurse confirmed that medications should remain locked at all times unless medication administration is being performed.	W 382		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to provide teaching relative to eyeglasses for 1 non-sampled client (#1). The finding is: Observations in the group home on 12/21/21 from 6:30 AM to 8:30 AM revealed client #1 to participate in various activities including to get dressed, make his bed, help with meal preparation, set the dining table, participate in a letter activity and to participate in the breakfast meal. At no point during the observation period was client #1 prompted to wear his eyeglasses. Review of the record on 12/21/21 for client #1 revealed a person-centered plan (PCP) dated	W 436		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G183	A. BUILDING _____ B. WING _____	12/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORSYTH GROUP HOME #1	216 LINVILLE SPRINGS ROAD KERNERSVILLE, NC 27284

(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 436	Continued From page 2 5/3/21. Continued review of the record for client #1 revealed a vision consult dated 3/24/21 which listed the following diagnosis: Hyperopia, Presbyopia, blepharitis and nuclear sclerosis. Review of the vision consult revealed that client #1 wears eyeglasses throughout the day. Staff should prompt client #1 to wear eyeglasses and maintain good repair. Interview with the facility nurse on 12/21//21 verified that client #1 usually wears his eyeglasses with no issues. Interview with the qualified intellectual disabilities professional (QIDP) verified that client #1 is easily redirected to wear his eyeglasses with no problems. Further interview with the nurse and QIDP confirmed that staff should prompt client #1 to wear his eyeglasses during the day as prescribed.	W 436		