	-	ID HUMAN SERVICES				FOR	MAPPROVED
	S FOR MEDICARE &	MEDICAID SERVICES					<u>O. 0938-0391</u>
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		LE CONSTRUCTION	· /	E SURVEY PLETED
		34G053	B. WING			02	2/01/2022
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
					219 MYRON PLACE		
MYRON P					SALISBURY, NC 28144		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECT		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL _SC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETION DATE
TAG	REGULATORT OR I	Loc IDENTIFTING INFORMATION)	TAG	,	DEFICIENCY)		
			-				
W 130	PROTECTION OF CI CFR(s): 483.420(a)(7		w	13	0		
	•	are the rights of all clients.					
		must ensure privacy during					
	treatment and care of						
		not met as evidenced by:					
		ns and interviews, the facility					
		cy for 2 of 3 sampled clients					
	, ,	impled client (#5). The					
	findings are:						
		o ensure privacy for client					
	#3 during medication	administration. For					
	example:						
	Observations in the g	roup home on $1/21/22$ of					
	-	roup home on 1/31/22 at ent #3 to sit in her wheelchair					
	medication administra	tion room to prepare for					
		staff to enter the medication					
	-	eral pills in a cup for client ion revealed staff to enter					
		a tablespoon of yogurt in					
	-	Additional observation					
	revealed staff to provi	nt #3 in the dining area as					
		walked by. At no point					
		n was client #3 offered					
	privacy during medica						
	Interview with the qua	alified intellectual disabilities					
		on 2/1/22 verified that all					
		e medication administration					
		m and not in the dining area.					
		vith the QIDP verified that					
	client #2 should have						
	medication room with	•					
		ation. The facility nurse was					
		nterview. Further interview					
I ABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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: 02/11/2022

FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING ___ 34G053 B. WING 02/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 219 MYRON PLACE **MYRON PLACE** SALISBURY, NC 28144 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 130 Continued From page 1 W 130 with the QIDP confirmed that staff would receive in-service training on respecting the privacy of clients at all times. B. The facility failed to ensure the privacy of client #3 during toileting. For example: Observations in the group home on 1/31/22 at 4:38 PM revealed client #3 to be assisted to the bathroom in her wheelchair by staff. Continued observation revealed staff to exit the bathroom leaving client #3 exposed and the door remaining open. Further observations revealed staff to return to the bathroom and continue to assist client #3 with hygiene leaving the door open. At no point did staff close the door to ensure privacy for client #3. Review of records for client #3 on 2/1/22 revealed a person-centered plan (PCP) dated 3/10/21. Contiued review of the PCP for client #3 dated 3/10/21 revealed goals to use a napkin during meals, match dollar bills, repeat medication names, and handwashing after toileting. Further review of records for client #3 revealed a BSP dated 3/18/21. Review of the 3/18/21 BSP for client #3 revealed target behaviors of refusal of activities, severe agitation, and self-injurious behaviors (SIBs). Interview with the QIDP on 2/1/22 revealed that staff should have closed the door to ensure privacy for client #3 during toileting. Further interview with the QIDP verified that all clients should be offered privacy during toileting and hygiene in the bathroom. Continued interview with the QIDP confirmed that all staff would be in-serviced on ensuring privacy for all clients

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Facility ID: 922261

If continuation sheet Page 2 of 17

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM): 02/11/2022 APPROVED . 0938-0391
	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /			(X3) DATE COMPI	SURVEY
		34G053	B. WING		_	02/0	01/2022
NAME OF PR	OVIDER OR SUPPLIER			TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
MYRON PL	ACE			19 MYRON PLACE ALISBURY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	client #2 during toiletin Observation in the gr 5:11 PM revealed clie bathroom where staff her breast while the b open. Continued obs to remain in his doorw adjacent to the bathroor revealed staff to conti unclothed and the bath open. Review of records for a PCP dated 7/22/21 #2 has a toileting sche every two hours. Corr for client #2 revealed (OT) assessment date 2/10/21 OT assessment toileting schedule that every two hours. Interview with the QIE staff should have closs privacy for client #2 di interview with the QIE should be offered priv hygiene in the bathroor with the QIDP confirm in-serviced on ensurir during personal care.	piene. o ensure the privacy of ng. For example: oup home on 1/31/22 at nt #2 to be assisted to the disrobed client #2 exposing athroom door remained ervation revealed client #1 vay pacing in the hallway, om. Further observation nue to assist client #2 hrooom door to remain client #2 on 2/1/22 revealed which revealed that client edule to be implemented tinued review of the record an occupational therapy ed 2/10/21. Review of on revealed client #2 has a shold be implemented which revealed that client edule to be implemented tinued review of the record an occupational therapy ed 2/10/21. Review of on revealed client #2 has a shold be implemented which revealed client #2 has a shold be implemented when revealed client #2 has a shold be implemented when revealed client #2 has a shold be implemented a shold be implemented when revealed client #2 has a shold be implemented a shold be implemented when revealed client #2 has a shold be implemented a shold be implemented a shold be implemented be a start revealed that ed the door to ensure aring toileting. Further P verified that all clients acy during toileting and bar. Continued interview ed that all staff would be ag privacy for all clients be ensure privacy for client	W 130				

Facility ID: 922261

If continuation sheet Page 3 of 17

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 02/11/2022 APPROVED D. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	_	(X3) DATE COMPI	SURVEY
		34G053	B. WING			02/	01/2022
NAME OF PF	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, ST	TATE, ZIP CODE		
MYRON PI	_ACE			19 MYRON PLACE SALISBURY, NC 28144	L		
(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 ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 130	PM revealed client #5 wheelchair by staff int assisted onto the toile open. Continued obs pull down client #5's p onto the toilet while ex could be seen from th observation revealed forth down the hallway client #5 with toileting At no point during the the door to ensure client toileting. Review of records for a PCP dated 8/4/21. F dated 8/4//21 revealed tasks for three minute bathroom routine, exe Interview with the QID staff should have clos privacy for client #5 du interview with the QID should be offered priv grooming in the bathrow with the QIDP confirm inserviced on ensuring toileting and grooming PROGRAM IMPLEME CFR(s): 483.440(d)(1	bup home on 1/31/22 at 5:12 is to be assisted in her to the bathroom and further et with the bathroom door ervation revealed staff to bants and assist the client xposing her bottom which he hallway. Further client #1 to pace back and y while staff was assisting as the door remained open. observation did staff close ent #5's privacy while client #5 on 2/1/22 revealed Review of client #5's PCP d goals to address: attend to as, brush teeth, complete ercise rights, and to be safe. DP on 2/1/22 revealed that and the door to ensure uring toileting. Further DP verified that all clients vacy during toileting and oom. Continued interview hed that all staff would be g privacy for all clients while g. ENTATION) isciplinary team has individual program plan,	W 130		DEFICIENCY)		
	treatment program co	ive a continuous active insisting of needed vices in sufficient number					

Facility ID: 922261

If continuation sheet Page 4 of 17

	-	ID HUMAN SERVICES MEDICAID SERVICES			FOR	D: 02/11/2022 MAPPROVED 0. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING		(X3) DATE	E SURVEY PLETED
		34G053	B. WING		02	/01/2022
NAME OF PI	ROVIDER OR SUPPLIER		STF	REET ADDRESS, CITY, STATE, ZIP C	ODE	
MYRON P	LACE			MYRON PLACE LISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 249		e 4 port the achievement of the n the individual program	W 249			
	Based on observation interviews, the facility continuous active treat	atment program was ed clients (#2, #4) and 1				
		o ensure a communication r client #2. For example:				
	1/31/22 from 4:30 PM #2 to participate in va in the living room wat and participate in the during the observation	ns in the group home on 1 - 6:15 PM revealed client rious activities such as to sit ching tv, wash her hands dinner meal. At no point n period was client #2 communication picture				
	2/1/22 from 6:40 AM t #2 to participate in va take a shower and ge participate in the brea	akfast meal and medication point during the observation offered or provided a				
	revealed a person-ce 7/22/21 which reveale goals: wash private a	for client #2 on 2/1/22 ntered plan (PCP) dated ed the following program reas of her body, glove edule, handwashing goal,				

Facility ID: 922261

If continuation sheet Page 5 of 17

FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING 34G053 B. WING 02/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 219 MYRON PLACE **MYRON PLACE** SALISBURY, NC 28144 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 249 Continued From page 5 W 249 use her napkin during meals, fire drill goal, task performance and a communication goal. Review of the behavior support plan (BSP) dated 6/25/20 revealed that client #2 should use her communication picture album to improve communication and to transition to various activities. Interview with staff on 1/31/22 revealed that they were not familiar with a communication picture album for client #2. Interview with the gualified intellectual disabilities professional (QIDP) on 2/1/22 revealed that although all of client #2's interventions and training objectives were current, the client did not have a current communication picture album in the group home. Continued interview with the QIDP revealed that client #2 has not had a picture album in guite some time however she needs updated communication training objectives. Further interview with the QIDP confirmed that the new habilitation specialist will create and implement client #2 a new communication picture album. The QIDP also confirmed that all staff would receive in-service training on client #2's program goals. B. The facility failed to provide adequate active treatment to engage client #4 during large amounts of unstructured time. For example: Afternoon observations in group home on 1/31/22 from 4:30 PM until 6:30 PM revealed client #4 to pace around the group home unengaged for 95 minutes of observations. Observation of client #4 at 4:30 PM revealed the client to wander around the group home with no engagement. Continued observation at 4:50 PM revealed client #4 to participate in the dinner meal. Further observation at 5:15 PM revealed client #4 to resume pacing around the group home.

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Facility ID: 922261

If continuation sheet Page 6 of 17

FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING 34G053 B. WING 02/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 219 MYRON PLACE **MYRON PLACE** SALISBURY, NC 28144 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 249 Continued From page 6 W 249 Subsequent observations at 5:50 PM revealed client #4 to sit in the living room unengaged and to watch staff D eat a meal on the sofa. It is important to mention that during observations, staff D continued to eat a meal while clients remained unengaged in the living room. Additional observation revealed staff B and C to converse with staff D as client #4 and other clients remained unengaged. Morning observation in the group home on 2/1/22 from 6:45 AM until 9:30 AM revealed client #4 to spend 150 out of 165 minutes of observations engaged in no structured activity and pacing around the group home. Observation at 7:00 AM revealed client #4 to sit at the table awaiting the breakfast meal. Continued observation revealed staff to redirect client #4 as the client hit on the dining room table. Further observation at 7:27 AM revealed client #4 to sit in the living room unengaged and to hit a staff's cellphone on the coffee table. Further observations revealed client #4 to pace around the group home and sit on the floor in the dining area and hallway unengaged. Additional observations did not reveal staff to offer client #4 leisure activities to assist with disruptive behavior or hitting objects on surfaces. Review of records for client #4 on 2/1/22 revealed a person-centered plan (PCP) dated 3/1/21. Review of records for client #4 revealed a Behavior Support Plan (BSP) dated 3/30/20. Continued review of the BSP for client #4 revealed target behaviors of: making herself vomit, beating on hard surfaces with an object, verbal disruptions, property destruction, stripping and stealing. Further review of the 3/30/20 BSP revealed if client #4 becomes involved in

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Facility ID: 922261

If continuation sheet Page 7 of 17

		ID HUMAN SERVICES					APPROVED
	S FOR MEDICARE &	MEDICAID SERVICES					0. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMP	SURVEY LETED
		34G053	B. WING			02/	01/2022
NAME OF PI	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
MYRON P				21	19 MYRON PLACE		
				S	ALISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 249	professional (QIDP) of #4 should be provided activities to decrease Continued interview v all of client #4's progree current. Further interview that all staff have bee treatment of all clients addition to regular atte placement. Interview that staff will receive if following program goa activities to clients to treatment. C. The facility failed to for client #5 from duri unstructured time. For Afternoon observation 1/31/22 from 4:30 PM client #5 to ambulate the living room and di of the 120 minutes of of client #5 at 4:30 PM engage with staff vert a structured activity. revealed staff to assis the dinner meal. Furt revealed client #5 to co and resume ambulatil between the dining ro activity engagement.	aff should redirect by alified intellectual disabilities on 2/1/22 verified that client d structured and preferred disruptive behaviors. with the QIDP revealed that ams and interventions are view with the QIDP verified on trained to ensure active is throughout their day in endance to their work with the QIDP confirmed in-service training on als and offering leisure promote meaningful active to provide active treatment ng large amounts of or example: the in the group home on 1 until 6:30 PM revealed in her wheelchair between ining room unengaged for 90 observations. Observation of revealed the client to pally with no participation in Observation at 4:50 PM st client #5 in preparing for ther observation at 5:20 PM complete the dinner meal ng in her wheelchair bom and living room with no	W :	249			
	revealed client #5 to o and resume ambulatii between the dining ro activity engagement.	complete the dinner meal ng in her wheelchair					

PRINTED: 02/11/2022 FORM APPROVED

	S FOR MEDICARE &				OMB NO. 0938-03		
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G053	B. WING		02/01/2022		
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C			
MYRON P	ACE			219 MYRON PLACE			
				SALISBURY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE COMPLETIC THE APPROPRIATE DATE		
W 249	Continued From pag	e 8	W 24	9			
		living room unengaged and	VV 2-1				
		a meal on the sofa. It is					
		that this surveyor observed					
		at a meal while clients					
	remained unengaged	on revealed staff B and C to					
		with staff D as client #5 and					
		ed unengaged. At no point					
		on period from 5:20 PM until					
	6:30 PM was client # activities.	5 offered any structured					
	N A A A A A A A A A A						
	•	s in the group home on until 9:30 AM revealed client					
		5 minutes unengaged,					
	-	mbulating around the group					
		rom 6:45 AM until 7:30 AM					
		be assisted by staff with a					
	morning hygiene rou	on at 7:30 AM revealed client					
		e breakfast meal. Further					
		AM revealed client #5 to					
		90 minutes of observations					
	÷	e group home, watching staff					
		a and talking to staff. At no ervation did staff offer client					
	#5 any engagement						
	Review of records fo	r client #5 on 2/1/22 revealed					
	a person-centered pl	an (PCP) dated 8/4/21.					
		the PCP for client #5					
		ectives to address attend s, oral hygiene, and toileting.					
		ords for client #5 revealed a					
		n (BSP) dated $7/27/21$.					
	Review of the BSP re	evealed target behaviors of					
	the set of		1				
		vriate touch, grabbing others, vocalizations, PICA and					

Facility ID: 922261

If continuation sheet Page 9 of 17

PRINTED: 02/11/2022 FORM APPROVED

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 02/11/2022 MAPPROVED D. 0938-0391
STATEMENT O	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>í</i>		E CONSTRUCTION	(X3) DATE	
		34G053	B. WING			02/	01/2022
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
MYRON PLACE					219 MYRON PLACE SALISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 249	behavior prevention s to prompt and encour involved in a construct Interview with the qua professional (QIDP) of should have offered of throughout the day. I verified that client #5% were current. Continue verified that all staff h meaningful active treat Further interview with staff will receive in-see program goals, interve clients in structured a DRUG STORAGE AN CFR(s): 483.460(I)(2) The facility must keep locked except when b administration. This STANDARD is r Based on observation failed to assure all me remain locked except medication administra client (#6). The finding Morning observations 2/1/22 at 8:00 AM rev medication room and cabinet to prepare for Observation at 8:05 A medication room and	atrategies to include the need rage client #5 to become ctive activity. Alified intellectual disabilities on 2/1/22 verified that staff client #5 structured activities interview with the QIDP is goals and interventions ued interview with the QIDP is goals and interventions ued interview with the QIDP ave been trained to ensure atment of all clients. The QIDP confirmed that ervice training on clients' entions, and engaging ictivities. ND RECORDKEEPING of all drugs and biologicals being prepared for not met as evidenced by: n and interviews, the team edication and biologicals is when being prepared for ation for 1 non sampled g is: is in the group home on vealed staff to enter the unlock the medication is medication administration. I client #6 to punch out his on cup. Continued M revealed staff to exit the		382			

Facility ID: 922261

If continuation sheet Page 10 of 17

DEPARTMENT OF HEAL						FORM	D: 02/11/2022 APPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·	E CONSTRUCTION		(X3) DATE	
		34G053	B. WING			02/	01/2022
NAME OF PROVIDER OR SUPPL	IER		S	STREET ADDRESS, CITY, S	TATE, ZIP CODE		
MYRON PLACE				19 MYRON PLACE SALISBURY, NC 28144	l		
PREFIX (EACH DE	FICIENC	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 BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
 #6 to sit in the medications in Subsequent of to the medicati lotion and contend it is important to in the hallway is continued to medicatily nurduring the survice of the hallway aft. The facility nurduring the survice of the hallway aft. The facility nurduring the survice of the hallway aft. The facility nurduring the survice of the hallway aft. The facility nurduring the survice of the hallway aft. The facility nurduring the survice of the hallway aft. W 436 W 436 SPACE AND E CFR(s): 483.4 The facility mu and teach clier choices about hearing and ot and other devicinter disciplinar. 	rther of medica bins of pervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation opervation	beservation revealed client ation room with other in the shelf and on the table. ion revealed staff to return m with client #6's topical e medication administration. ion that this surveyor stood of the medication door and the medication room from 's exit. The not available for interview terview with the qualified professional (QIDP) on taff should not have left in the medication room with its on the shelf, table and interview with the QIDP ave been trained on on room when it is not in v with the QIDP verified that et should not have been left en access to the ed interview with the QIDP ould receive in-service II medications and ensuring vised in the medication MENT) sh, maintain in good repair, se and to make informed e of dentures, eyeglasses, inmunications aids, braces,	W 382				

Facility ID: 922261

If continuation sheet Page 11 of 17

	-					FORM	0: 02/11/2022 APPROVED
STATEMENT (S FOR MEDICARE & DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE COMP	
		34G053	B. WING		_	02/0	01/2022
NAME OF PI	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, ST	ATE, ZIP CODE	-	
MYRON P	LACE			9 MYRON PLACE ALISBURY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFEREI	B PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 436	Based on observation interview, the facility f and make informed cle equipment for 1 samp non-sampled client (# A. The facility failed to wrist weights for clien Afternoon observation 1/31/22 at 4:50 PM re #2 to transition to the meal. The dinner me macaroni and cheese and a cookie. Contin staff to place client #2 place the plate on a p observations revealed independently using a hands would tremor a food spillage on the ta dinner meal was client to reduce hand tremo Morning observations 2/1/22 at 7:00 AM rev to the dining table for breakfast meal was o scrambled eggs, who 2% milk and decaf co observations revealed items on the plate for placemat. Further ob #2 to feed herself indo spoon as her hands v vigorously causing for Observations revealed spillage from the table	n, record review and failed to teach clients to use holces relative to adaptive oled client (#2) and 1 (5). The findings are: o provide and implement t #2. For example: ns in the group home on evealed staff to assist client dining table for the dinner al consisted of the following: e, mixed vegetables, juice ued observations revealed 2's food items on a plate and blacemat. Further d client #2 to feed herself a weighted spoon as her and jerk vigorously causing able. At no point during the at #2 provided wrist weights rs. a in the group home on realed client #2 to transition the breakfast meal. The bserved to consist of: le wheat toast, butter, jelly, ffee. Continued d staff to place the food client #2 and place it on a servations revealed client ependently using a weighted	W 436				

Facility ID: 922261

If continuation sheet Page 12 of 17

	-	D HUMAN SERVICES MEDICAID SERVICES			FOF	ED: 02/11/2022 RM APPROVED
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING		(X3) DAT	O. 0938-0391 E SURVEY IPLETED
		34G053	B. WING		0:	2/01/2022
NAME OF P	ROVIDER OR SUPPLIER		STRE	ET ADDRESS, CITY, STATE, ZIP CO	DE	
MYRON P	LACE		-	MYRON PLACE ISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 436	dinner meal was clien to reduce hand tremo Review of the record revealed a person-cer 7/22/21. Further revie revealed a diagnosis Syndrome, post 5th m disorder, constipation osteoporosis, scoliosi incontinence, history of history and Attention I the occupational thera 2/10/21 revealed that wrist weights on both tremors and improve Interview with the qua professional (QIDP) of weights for client #2 h Further interview with weights will be purcha program will be create support client #2. Co QIDP confirmed that s in-service training rela programming goals at improving the client's B. The facility failed to client #2 during mealt example: Afternoon observation 1/31/22 at 4:50 PM re #2 to transition to the the dinner meal. The to consist of the follow	t #2 provided wrist weights rs. for client #2 on 2/1/22 ntered plan (PCP) dated ew of the record for client #2 of I/DD, severe, Angelman's netacarpal fracture, seizure , history of choking, s, reoccurring acne, urinary of H-Pylori, acid reflux by Deficit Disorder. Review of apy (OT) assessment dated client #2 should have 1 lb. wrists at meals to reduce eating performance. lified intellectual disabilities in 2/1/22 revealed that the ave not been purchased. the QIDP revealed that the ased immediately and a ed and implemented to ntinued interview with the staff would receive ative to client #2's new ind interventions to aid in	W 436			

	-	ID HUMAN SERVICES				FORM	02/11/2022 APPROVED
STATEMENT C	S FOR MEDICARE & I OF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE	0. 0938-0391 SURVEY LETED
		34G053	B. WING		_	02/	01/2022
NAME OF P	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, ST	ATE, ZIP CODE	•	
MYRON P	LACE			9 MYRON PLACE			
			5/	ALISBURY, NC 28144			
(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 BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 436	Continued From page	e 13	W 436				
		d staff to place client #2's					
		and to place the plate on a					
		servations revealed client					
		ependently using a weighted					
		ould move around increasing					
		billage on the table. At no					
	point during the dinne						
	food spillage.	nat to assist with reducing					
	Morning observations	in the group home on					
	-	vealed client #2 to transition					
		the breakfast meal. The					
	breakfast meal was o						
	scrambled eggs, who	le wheat toast, butter, jelly,					
	2% milk and decaf co	_					
		d staff to place the food					
	•	client #2 and place it on a					
	•	servations revealed client					
	#2 to feed herself inde	late would swivel on the					
	table causing excessi						
		d staff to pick up the food					
		e and prompt client #2 to					
		g. At no point during the					
		nt #2 provided a non-skid					
	mat to increase eating	g performance.					
	Review of the record	for client #2 on 2/1/22					
		ntered plan (PCP) dated					
		ew of the record for client #2					
		of I/DD, severe, Angelman's					
		netacarpal fracture, seizure					
	disorder, constipation						
	-	s, reoccurring acne, urinary					
		of H-Pylori, acid reflux by					
	•	Deficit Disorder. Review of					
		ated 2/10/21 revealed that					
	CHEIL #Z SHOULD HAVE	the following adaptive					

If continuation sheet Page 14 of 17

FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING 34G053 B. WING 02/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 219 MYRON PLACE **MYRON PLACE** SALISBURY, NC 28144 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 436 Continued From page 14 W 436 equipment: weighted utensils, non-skid mat, high sided dish, mug with a lid, shirt protector, gloves, gait vest, bedrails and non-recording video monitor. Continued review of the OT assessment revealed that client #2 needs a non-skid mat due to hand tremors and in order to improve eating performance during mealtimes. Interview with the qualified intellectual disabilities professional (QIDP) on 2/1/22 revealed that the non-skid mat was available but not used during mealtimes as prescribed. Further interview with the QIDP revealed all of client #2's goals and interventions were current. Further interview with the QIDP confirmed that client #2 should have a non-skid mat during all mealtimes to improve eating performance. Interview with the QIDP confirmed that staff would receive in-service training on ensuring that client #2 has adaptive equipment during mealtimes as prescribed. C. The facility failed to provide a non-skid mat to client (#5) during mealtimes as prescribed. For example: Afternoon observations in the group home on 1/31/22 at 4:50 PM revealed staff to assist client #5 via wheelchair to the dining table to prepare for the dinner meal. The dinner meal was observed to consist of consisted of: macaroni and cheese, mixed vegetables, juice and a cookie. Continued observations revealed staff to place client #5's food items on a plate and to place the plate on a placemat. Further observations revealed client #5 to feed herself independently as the plate would swivel, increasing the amount of food spillage on the table. At no point during the dinner meal was

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Facility ID: 922261

If continuation sheet Page 15 of 17

	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION		10. 0938-039
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	3	CO	MPLETED
		34G053	B. WING		0	2/01/2022
NAME OF PI	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE		
MYRON P	LACE			219 MYRON PLACE SALISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
W 436	Continued From page	e 15	W 43	6		
		on-skid mat to assist with				
	Morning observations in the group home on 2/1/22 at 7:30 AM revealed client #5 to transition to the dining table for the breakfast meal. The breakfast meal was observed to consist of the following menu items: scrambled eggs, whole wheat toast, butter, jelly, 2% milk and decaf coffee. Continued observations revealed staff to place the food items on the plate for client #5 and to place it on a placemat. Further observations revealed client #5 to feed herself independently without a non-skid mat as the plate would swivel on the table causing excessive food spillage. At no point during the dinner meal was client #5 provided a non-skid mat to decrease food spillage.					
	revealed a person-ce 8/4/21. Further revier #5 has the following of PICA, Tics and Toure the OT assessment d client #5 should have equipment: non-skid protector, shower cha and cushion, non-rec alarm, hospital bed, V seat cushion and cus					
	professional (QIDP) o	alified intellectual disabilities on 2/1/22 revealed that the ailable for client #5 but not				

Facility ID: 922261

If continuation sheet Page 16 of 17

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES						ED: 02/11/2022 RM APPROVED IO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DA	TE SURVEY MPLETED
		34G053	B. WING		0	2/01/2022
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE			
MYRON PLACE			219 MYRON PLACE SALISBURY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BE D TO THE APPROPRIATE ICIENCY)	(X5) COMPLETION DATE
W 436	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		W 436			

If continuation sheet Page 17 of 17