PRINTED: 08/18/2021 **DEPARTMENT OF HEALTH AND HUMAN SERVICES** FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES QMB 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 34G272 B. WING 08/17/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 GREENHOUSE LANE **CREST ROAD GROUP HOME** SOUTHERN PINES, NC 28387 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 262 PROGRAM MONITORING & CHANGE W 262 The facility will ensure that the 8/17/20 CFR(s): 483.440(f)(3)(i) documentation of all Human 21 Rights Committee reviews will The committee should review, approve, and be maintained in the facility. monitor individual programs designed to manage inappropriate behavior and other programs that, Documentation will be reviewed in the opinion of the committee, involve risks to monthly by the Habilitation client protection and rights. Specialist and quarterly by the OIDP. This STANDARD is not met as evidenced by: Based on record review and interviews the designated human rights committee (HRC). falled to review, approve and monitor the behavior support plan (BSP) which includes behavioral medications for 3 of 3 audit clients (#1, #2 and #5). The findings are: A. Review on 8/16/21 of client #1's individual program plan (IPP) dated 3/1/21 revealed he has a behavior support program (BSP) to address non-compilance, stealing, elopement, property destruction, profanity and aggression. Review on 8/16/21 of client #1's BSP dated 4/2/21 revealed this program incorporates the use of Methylphenidate, Clonidine, Ziprasidone and Depakote, Further review of this program did not reveal any signatures by the HRC. Interview on 8/17/21 with the qualified intellectual disabilities professional (QIDP) revealed she would look for the HRC signatures for client #1's

LABORATORY DIRECTOR'S ORPROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

BSP, however they were not located.

B. Review on 8/16/21 of client #2's IPP dated 8/26/20 revealed she has a BSP to address behaviors of inappropriate touching, loud vocalizations, non-compliance and physical aggression. Review on 8/16/21 of client #2's BSP revealed this program incorporates the use of

TITLE

(X8) DATE

Any deficiency statement ending with an esterial (*) 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 disclosuble 90 days following the date of survey whether or not a plan of correction are disclosuble 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.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
		34G272	B. WING				08/17/2021	
	ROVIDER OR SUPPLIER OAD GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP COOE 114 GREENHOUSE LANE SOUTHERN PINES, NC 28387			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X6) COMPLETION OATE	
	Risperdal and Ativan. program did not revea human rights committed interview on 8/17/21 would look for the HR/BSP, however they were considered to address the inappropring non-compliance, self-indestruction and inappresentation and inappresentation of client program incorporates. Fluoxetine, Clonazepa Further review of this program incorporates. Fluoxetine, Clonazepa Further review of this program incorporates. Fluoxetine, Clonazepa Further review of the human interview on 8/17/21 would look for the HR/BSP, however they were PHYSICIAN SERVICE CFR(s): 483.460(s)(3). The facility must provide general medical care. This STANDARD is not Based on record review facility failed to assure was referred her to a program for contraceptive option.	Further review of this at any signatures by the tee (HRC). with the QIDP revealed she is signatures for client #2's ere not located. of client #5's IPP dated has a BSP dated 3/1/20 to riate behaviors of injurious behavior, property repriate sexual behaviors. In the use of Quettapine, am and Carbamazepine. Program did not reveal any nan rights committee (HRC). with the QIDP revealed she C signatures for client #5's ere not located. ES de or obtain preventive and ot met as evidenced by: ews and interviews, the 1 of 3 audit clients (#2) physician as recommended		322				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE BURVEY COMPLETED				
		34G272	B. WING		08/17/2021		
	PROVIDER OR SUPPLIER OAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 114 GREENHOUSE LANE SOUTHERN PINES, NC 28387			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRU DEFICIENCY)			
W 322	recommended client in nurse practionar for coof an intrauterine devil Further review of her (1/5/21 revealed: "S: A new PCP, requesting D: Vitals stable, P: Coof psychiatrist]. Refer practioner] for conside PRN." Review on 8/17/21 of and nursing notes reveappointments or follow interview on 8/17/21 with disabilities professions and the habilitation spresidence manager) refollow up on this recordance manager) refollow up on this recordance manager) refollow up on this recordance on 1/5/21 NURSING SERVICES CFR(s): 483.460(c) The facility must proving services in accordance with the findings are: A) Review on 8/16/21 notes dated 1/5/21 revenue.	#2 be referred to a family consideration of implantation ce (IUD) for contraception, physician notes dated appointment to establish contraceptive management, intinue following with [name of to [Name of family nurse eration of IUD. Recheck client #2's physician notes ealed no further of up. with the qualified intellectual fail (QIDP), the facility nurse ecialist (filling in for the evealed there had been no inmendation since the interest of the event of th	W 33	physicians for preventative and general medical care for all clie have been addressed to include Client#2. All recommendations be monitored for follow- up we by nurse, bi-monthly by Home Manager ,monthly by Hab.Spec and QIDP.	nts will ekly	All	

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1''		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G272	B. WING	B. WING		08/17/2021	
_	ROVIDER OR SUPPLIER OAD GROUP HOME			1	STREET ADDRESS, CITY, STATE, ZIP CODE 14 GREENHOUSE LANE SOUTHERN PINES, NC 28387		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(XS) COMPLETION DATE
	family nurse practions implantation of an introntraception. Further notes dated 1/5/21 revestablish new PCP, remanagement, D: Vital following with [name of [Name of family nurse consideration of IUD.] Review on 8/17/21 of revealed client #2 had was her first visit with physician did a referral injection today. Nothin appointment as needed notes were transcribed specialist as the Nurse for several months beconcerns.) Review on 8/17/21 of and nursing notes revealed the habilitation serial dence manager) refollow up on this recompositement on 1/5/21 nurse revealed she has several months due to exposure and she was recommendation.	er for consideration of auterine device (IUD) for review of her physician vealed: "S: Appointment to equesting contraceptive is stable, P: Continue of psychiatrist]. Refer to a practioner] for Recheck PRN." client #2's nursing notes I an office visit today, this an adult physician. The all for her Depo Proverating else done. Schedule and (It should be noted these and by the habilitation in has not been in the facility cause of COVID-19 client #2's physician notes ealed no further of up. Afth the qualified intellectual all (QIDP), the facility nurse escaled there had been no inmendation since the concerns of COVID-19 in the facility for concerns of COVID-19 in answere of this	W	331	All medication changes and/or recommendations will be address upon recommendation. Specific though not limited to client # 1 medication change. Recommendations will be monitored weekly by Nurse, bi-monthly by Home Manager a monthly by Hab. Spec/QIDP.	ally	9/15/21
		of client #1's physician aw (name of physician), " Risperdal, Need letter		***************************************			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDINI	PLE CONSTRUCTION 3	(X3) DATE SURVEY COMPLETED			
		34G272	B. WING	B. WING		08/17/2021	
	AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 GREENHOUSE LANE SOUTHERN PINES, NC 28387		114 GREENHOUSE LANE				
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(XS) COMPLETION DATE	
	about medication chain Review on 8/17/21 of physician orders 3/1/2 "Risperdal 1 mg. Take Review on 8/17/21 of dated 5/17/21 reveale pill orally at bedtime." Interview on 8/17/21 we QIDP and the habilitat the residence manage recommendation to low had not been complete the nurse revealed she for several months due exposure and she was recommendation. NURSING SERVICES CFR(s): 483.460(c)(3) Nursing services must certified as not needing review of their health is quarterly or more frequicitent need.	client #1's previous 21-5/1/21 revealed, 1 pill orally at bedtime." client #1's physician orders d "Risperdal 1 mg. Take 1 with the facility nurse, the tion specialist (filling in for ter) revealed the wer client #1's Risperdal ted. Further interview with the had not been in the facility to to concerns of COVID-19 to unaware of this (iii) include, for those clients to a medical care plan, a teatus which must be on a tent basis depending on	W 33	Dr. 9/12/2021 all growtonic man	ents ecords ation	8117121	
	assessments were cor for 3 of 3 sampled clier findings are:	to ensure quarterly nursing inducted in a timely manner ints (#1, #2 and #5). The of client #1's nursing notes					
			l		_		

PRINTED: 08/18/2021 DEPARTMENT OF HEALTH AND HUMAN SERVICES 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_ 34G272 8. WING 08/17/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 GREENHOUSE LANE **CREST ROAD GROUP HOME** SOUTHERN PINES, NC 28387 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) (D (XS) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 336 Continued From page 5 W 336 assessments from 9/2020-8/2021. interview on 8/17/21 with the facility nurse revealed she had not completed client #1's last quarterly assessment from 6/1/21-8/1/21. She stated she had completed assessments for the previous quarter, however these assessments could not be located. interview on 8/17/21 with the facility nurse and the qualified intellectual disabilities professional (QIDP) revealed client #1's nursing quarterly assessments could not be located from 9/2020-8/2021. B) Review on 8/16/21 of client #2's nursing notes revealed there were no nursing quarterly assessments from 9/2020-8/2021. interview on 8/17/21 with the facility nurse revealed she had not completed client #2's last quarterly assessment from 5/1/21-8/1/21. She stated she had completed assessments for the previous quarter, however these assessments could not be located. interview on 8/17/21 with the facility nurse and the qualified intellectual disabilities professional (QIDP) revealed client #2's nursing quarterly assessments could not be located from 9/2020-8/2021. C) Review on 8/16/21 of client #5's nursing notes revealed there were no nursing quarterly assessments from 9/2020-8/2021.

Interview on 8/17/21 with the facility nurse revealed she had not completed client #5's last quarterly assessment from 5/1/21-8/1/21. She

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	r) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
	34G272 B. WING			08/17/2021				
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	<u>: </u>	TITELUE I	
CREST R	DAD GROUP HOME			1	114 GREENHOUSE LANE			
UIIUI 11.	man mar constant a ten later				SOUTHERN PINES, NC 28387			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X6) COMPLETION DATE	
W 336	Continued From page	6	w	336				
		eted assessments for the rever these assessments						
	the qualified intellectu	with the facility nurse and al disabilities professional t #5's nursing quarterly ot be located from						
W 369			w:	36 9				
	that all drugs, includin	dministration must assure g those that are administered without error.						
	Based on observation reviews, the facility fall	ot met as evidenced by: ns, interviews and record lied to ensure all drugs were error. This affected 2 of 3 (2). The findings are:						
	dated 1/5/21 revealed today. This was her fir physician. The physician	an did a referral for her n today. Nothing else done.						
	dated 5/1/21-8/1/21 re	(Depo Provera) 150mg. nto shoulder, thigh or						
	Review on 8/17/21 of 6 dated 3/1/21-5/1/21 re	client #2's physician orders vealed an order,						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MUL A. BUILDI		(X3) DATE SURVEY COMPLETED		
		349272	B. WING			08	/17/2021
NAME OF PROVIDER OR SUPPLIER CREST ROAD GROUP HOME			11	STREET ADDRESS, CITY, STATE, ZIP CODE 14 GREENHOUSE LANE SOUTHERN PINES, NC 28387	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X6) COMPLETION DATE
	"Medroxyprogesteroninject 1 ml. (150mg.) is buttocks every three management of the scheduled to be given was made to start Depter interview on 8/17/21 or qualified intellectual disconfirmed the order for (Depo Provera) 150mg every three months have given as ordered side interview on 8/17/21 or given as administration pass on #1 was administration pass on #1 was administered (Divalproex 125mg. (1) (1) by mouth. Review on 8/17/21 or dated 8/1/21 revealed Divalproex 125mg. (1) (1) by mouth. All medic by the physician and readministration record to interview on 8/17/21 we revealed medications if administered an hour the she needed to be contifrom these times so she physician. Additional in	into shoulder, thigh or months." nursing notes for client #2 or these injections had been a since the recommendation po Provera on 1/5/21. with the facility nurse and isabilities professional or Medroxyprogesterone g. Inject 1 ml. (150mg.) ad never been scheduled to ince January 5, 2021. Is of the medication of 1/7/21 at 6:03am client Clonidine 0.1mg. (1), h. Methylphenidate 10mg. Client #1's physician orders Clonidine 0.1mg. (1), h. Methylphenidate 10mg. Cations given were ordered ecorded on the medication to be given at 8:00am. With the facility nurse for clients can be before they are ordered or ordered. Further interview inacted about the deviation he could contact the interview on 8/17/21 at did not been contacted by	W	369	All staff will be in serviced on administration procedures and protocols. Implementation of procedures will be monitored weekly by Home Manager, bi-monthly by Nurse and month Hab.Spec. and QIDP.		7/19/20 21

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1''	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34 G 272	B. WING			l oa	/17/2021
	ROVIDER OR SUPPLIER DAD GROUP HOME			11	TREET ADDRESS, CITY, STATE, ZIP CODE 14 GREENHOUSE LANE COUTHERN PINES, NC 28387		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X8) COMPLETION DATE
	SPACE AND EQUIPN CFR(s): 483.470(g)(1) The facility must provide quipment in dining, it recreation, and progra adequately equipped a hearing and other evaluation conducted in the facility clients with needed as subpart and as identification program plan. This STANDARD is not a based on observation falled to provide a variety of 3 sampled clients (fais: During afternoon observation failed to provide a variety of 3 sampled clients (fais: During afternoon observation to watch videos, participated in a walk of the country of t	de sufficient space and ving, health services, am areas (including and sound treated areas for iluations if they are ty) to enable staff to provide process as required by this lied in each client's individual of met as evidenced by: and interview, the facility lety of leisure supplies for 3 let, #2 and #5). The finding play a computer game and putside. Client #2 sat in a conthe living room watching leted in a walk with her 5 walked around the living watched television and with her housemates. Direct let working in the facility. 1 at 4:00pm under the larea revealed several loose le lying on a shelf in a levision. There was a	;	435 435		Iome	9/15/21

W 435 Continued From page 9 lying on the shelf. Interviews on 8/16/21 with staff A and B revealed the residence manager (RM) is in charge of purchasing lelaure supplies for the clients and keeping these organized so the clients in the facility can make cholces about what activities they would like to participate in. Interview on 8/16/21 with the habilitation specialist (HS) confirmed the RM is in charge of purchasing lelaure supplies for the clients and keeping these supplies organized so the clients in the facility can make lelaure choices about what activities they would like to participate in. W 436 SPACE AND EQUIPMENT CPR(s): 483.470(g)(2) The facility must turnish, maintain in good repair, and teach clients 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 observation, record review and interview, the facility failed to assure clients were taught to tolerate wearing their eyeglasses and assist in assuring their glasses were maintained in good repair. This affected 2 of 3 audit clients (#1 and #2) who were preacribed glasses. The		NO PLAN OF CORRECTION IDENTIFICATION MUMBER		1 ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
CREST ROAD GROUP HOME SYMMARY STATEMENT OP DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) W 435 Continued From page 9 (lying on the shelf. Interviews on 8/16/21 with staff A and B revealed the residence manager (RM) is in charge of purchasing leisure supplies for the clients and keeping these organized as the clients in the facility can make choices about what activities they would like to participate in. W 436 W 437 W 438 CFC) Continued From page 9 (lying on the shelf. Interviews on 8/16/21 with the facility in the shelf A and B revealed the residence manager (RM) is in charge of purchasing leisure supplies for the clients and keeping these organized as the clients in the facility can make choices about what activities they would like to participate in. SPACE AND EQUIPMENT CFR(s): 483.470(g/S) 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 observation, record review and interview, the facility falled to assure clients were taught to tolerate wearing their glasses were maintained in good repair. This affected 2 of 3 audit clients (#1 and #2) whe were prescribed glasses. The			34G272	B. WING	B. WING			08/17/2021	
PREFIX TAG PERCENCY QUEST BE PRECEDED BY FULL REQUIRED TO THE APPROPRIATE DEFICIENCY) W 435 Continued From page 9 lying on the shelf. Interviews on 8/18/21 with staff A and B revealed the residence manager (RM) is in charge of purchasing leisure supplies for the clients and keeping these organized so the clients in the facility can make choices about what activities they would like to participate in. Interview on 8/16/21 with the habilitation specialist (HS) confirmed the RM is in charge of purchasing leisure supplies for the clients and keeping these purplies for the clients and keeping their objects the supplies for the clients and keeping their objects about what activities they would like to participate in. W 436 W 437 W 438 W 438 W 439 W 430 W 430					114 GREENHOUSE LANE	<i>i</i>			
interviews on 8/16/21 with staff A and B revealed the residence manager (RM) is in charge of purchasing leisure supplies for the clients and keeping these organized so the clients in the facility can make choices about what activities they would like to participate in. Interview on 8/16/21 with the habilitation specialist (HS) confirmed the RM is in charge of purchasing leisure aupplies for the clients and keeping these supplies organized so the clients in the facility can make leisure choices about what activities they would like to participate in. W 436 SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must turnish, 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 observation, record review and interview, the facility failed to assure clients were taught to tolerate wearing their eyeglasses and assist in assuring their glasses were maintained in good repair. This affected 2 of 3 sudit clients (#1 and #2) who were prescribed glasses. The	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRU		(X5) COMPLETION DATE	
A) During observations in the home throughout the survey on 8/16-8/17/21, client #1 did not wear	W 438	lying on the shelf. Interviews on 8/16/21 the residence manage purchasing leisure support in they would like to part the facility can make leactivities they would like SPACE AND EQUIPM CFR(s): 483.470(g)(2) The facility must furnish and teach clients to us choices about the use hearing and other comand other devices identification interview, the facility fat taught to tolerate wear assist in assuring their in good repair. This aff (#1 and #2) who were findings are: A) During observations	with staff A and B revealed or (RM) is in charge of oplies for the clients and sed so the clients in the ces about what activities (cipate in.) with the habilitation ned the RM is in charge of oplies for the clients and is organized so the clients in elisure choices about what ke to participate in. ENT Ich, maintain in good repair, we and to make informed of dentures, eyeglasses, amunications aids, braces, stifled by the as needed by the client. Ich met as evidenced by: In the transport of the clients were ing their eyeglasses and glasses were maintained elected 2 of 3 audit clients prescribed glasses. The					,	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G272	B. WING		W	08	/17/2021
	ROVIDER OR SUPPLIER DAD GROUP HOME			11	TREET ADORESS, CITY, STATE, ZIP CODE 14 GREENHOUSE LANE OUTHERN PINES, NC 28387		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY PULL SC IDENTIFYING INFORMATION)	PREFI.	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(XS) COMPLETION DATE
	eyeglasses when play instructions for video when he watched tele prompted or assisted working in the facility. Review on 8/17/21 of examination dated 5/1 prescription given, we interview on 8/17/21 vidisabilities professions habilitation specialist are kept in the medical specialist was able to the medication room. Further interview on 8 specialist (HS) reveals considered a training tolerate wearing his gill tolerate wearing his gill be professions the survey on 8/16-8/1 her glasses when water mealtimes. Client #2 viassisted to wear eyeg the facility. Review on 8/17/21 of examination dated 10/Astigmatism, New president in the medical bedroom. The habilitation specialist mare kept in the medical bedroom. The habilitation specialist mare kept in the medical bedroom. The habilitation specialist mare kept in the medical bedroom. The habilitation specialist mare kept in the medical bedroom. The habilitation specialist mare kept in the medical bedroom.	ying video games, reading games, during mealtimes or vision. Client #1 was not to wear eyeglasses by staff client #1's visual 17/21 revealed glasses ar as needed. with the qualified intellectual al (QIDP), facility nurse and revealed client #1's glasses atton room. The habilitation locate client #1's glasses in 17/21 with the habilitation program to help client #1 assas. Is in the home throughout 17/21, client #2 did not wear ching television or during was not prompted or lasses by staff working in	W	136	The team will ensure that all clients are furnished in good rep assistive equipment and taught make informed choices and use. Specifically to include client #1 and client #2 wearing eyeglasses Home manager will monitor dai and bi-monthly by Hab. Spec and monthly by QIDP.	to ly	9/15/121

PRINTED: 08/18/2021 DEPARTMENT OF HEALTH AND HUMAN SERVICES 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_ 34G272 8. WING 08/17/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 GREENHOUSE LANE **CREST ROAD GROUP HOME** SOUTHERN PINES, NC 28387 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (XII) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) W 436 Continued From page 11 W 436 Further interview on 8/17/21 with the habilitation specialist (HS) revealed the team had not considered a training program to help client #2 tolerate wearing her glasses.

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

Event ID; Y1M511

Facility ID: 955486

If continuation sheet Page 12 of 12