PRINTED: 06/21/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		34G168	B. WING	·	06	/09/2021		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE					
NORTHBAY GROUP HOME			1907 NORTHBAY DRIVE					
			BROWN SUMMIT, NC 27214		Т			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE		
			1	The facility will ensure privacy for	or all			
W 130			W 13	oclients when appropriate through		0/0/01		
	CFR(s): 483.420(a)(7)	ł		home routine to include but not li		8/8/21		
	The facility must ensur	re the rights of all clients.		to toileting and other such person	al care			
1.5	Therefore, the facility r	must ensure privacy during		activities.				
	treatment and care of	personal needs.						
				For Client #2 the QIDP will sched				
	This STANDARD is no	ot met as evidenced by:		team meeting to address privacy d				
		and interview, the facility		care of personal needs. The ABI a	200	1		
		y was maintained for 1 of 4		IPP will be reviewed and updated		8/8/21		
	sampled clients (#2) du	uring toileting. The finding		address necessary training and sur				
	15.			to this client on privacy.				
	AM revealed client #2 the chair and go to the backsmall opening in the dot at 7:50 AM revealed cliliving room couch, walk to push the back-hall be client #2 was occupying observation revealed strain and to re-direct the Subsequent observation the bathroom with clien the bathroom door to put The bathroom door was			For Client #2, the QIDP will sched in-service training for all staff assito the home. Staff will be instructed implement the IPP and always ensured privacy for Client #2 and for all ottendividuals during toileting and other personal care needs. The program manager will monitor twice a week in the home during the morning routine to ensure privacy	igned ed to sure ther her	3/8/21		
	client #2 to stand in the holding his brief while p	o 7:54 AM and revealed bathroom, undressed, preparing to put it on and intervening to close the		clients. The QIDP will monitor weekly in the home during morning routine to entering to all clients.	- 1			
	Review of the records for	or aliant #2 raysalad a		privacy for all clients. DHSR - Mental Healt	h			
1	habilitation plan dated 7			DHSK - Wellar From				
	7/9/20 plan revealed training objectives relative to meal prep, medication administration,			IJUL 9 2021				
	toothbrushing, coin iden living (shopping skills).			Lic. & Cert. Section				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

1-1-a

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.

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN	RIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
	34G168 B				06/09/2021	
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TOTAL STOCK TOWN				BROWN SUMMIT, NC 27214		
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W 130	Continued From page records for client #2 re Behavior Inventory (Aindicated client #2 has urinate (daytime) and defecate (daytime) record Additionally, the ABI aindependence for client door before using the assistance. Interview with the qual professional (QIDP) confollow all interventions providing privacy during interview with the QIDI should have closed the #2 to maintain privacy. INDIVIDUAL PROGRACER(s): 483.440(c)(6)(6)(7) The individual program those clients who lack skills essential for privational hygiene, dent bathing, dressing, groof basic needs), until it that the client is develor acquiring them.	evealed an Adaptive BI) dated 1/15/19 which is partial independence to no independence to quiring staff assistance. ssessment indicated partial at #2 to close the bathroom toilet which requires staff iffied intellectual disabilities onfirmed that staff should for client #2 relative to g toileting. Continued confirmed that staff bathroom door for client MM PLAN iiii) a plan must include, for them, training in personal acy and independence ed to, toilet training, al hygiene, self-feeding, ming, and communication has been demonstrated pmentally incapable of	W1		solude eto or dule y ne dule sy ne dule sy ne dule 8/8/21 e or ne dule 8/8/21 e or ne dule sy ne dule 8/8/21 e or ne dule sy ne dule	
	reviews, the facility to e	s, interviews, and record nsure the habilitation plan ts (#1) included objective erved needs relative to				

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
34G168		B. WING			06/09/2021		
NAME OF PROVIDER OR SUPPLIER NORTHBAY GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1907 NORTHBAY DRIVE BROWN SUMMIT, NC 27214			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 371	Observations in the gray AM revealed client #2 chair and go to the bat small opening in the dat 7:50 AM revealed cliving room couch and bathroom door open with and holding his brief, revealed staff to follow redirect him to another. Review of records for a habilitation plan date 8/11/20 plan for client are relative to bathing, was administration, toileting review of training object client #1 revealed no training object client #1 revealed no training object in the review with the quality professional (QIDP) cowalk in on clients while Continued interview wire client #1 has history of without knocking on do goal in the area of private the QIDP revealed that from a privacy goal. DRUG ADMINISTRATI CFR(s): 483.460(k)(4) The system for drug ad that clients are taught to medications if the interest.	roup home on 6/9/21 at 7:46 to get up from a living room ck-hall bathroom leaving a cor. Continued observation lient #1 to get up from the to push the back-hall vithout knocking while client bathroom with his pants off Further observation v behind client #1 and r bathroom. client #1 on 6/9/21 revealed d 8/11/20. Review of the #1 revealed objectives sh hands, medication g, and shopping. Further ctives for raining objectives relative to diffed intellectual disabilities infirmed that client #1 will they are in the bathroom. th the QIDP confirmed that entering the bathroom ors and does not have a acy. Further interview with client #1 would benefit ON ministration must assure of administer their own disciplinary team ministration of medications	w:	371T / t	The facility must ensure that the Drug Administration system provides client training during med pass relative to knowledge of name, purpose, side effects of medications.	8/8	3/21

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				1	1907 NORTHBAY DRIVE		
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	does not specify other This STANDARD is not be adaptive behavior inverted as sure 2 of 4 #4) observed during the provided teaching relative side effects of medicate findings are: A. The system for drug assure client #4 was puthe name, purpose or possuitation by the name, purpose or possuitation by the name, purpose or possuitations administer. Review of medical record review of the adaptive behavior inventage of the Adaministration of medical perform any portion of the adaministration of medical performany portion	ot met as evidenced by: s, record review and for drug administration sampled clients (#3 and e medication pass were ted to name, purpose and ions administered. The g administration failed to rovided teaching related to possible side effects of For example: Dup home on 6/9/21 at 7:45 administration revealed dications that included: mide 20mg, meloxicam minocycline 100mg, and observations revealed ations followed by a cup of ang observations did staff A eaching related to the ible side effects of ed. Drd for client #4 on 6/9/21 olan dated 7/7/20. Explan revealed an atory (ABI) dated 1/15/19. BI revealed with self ations client #4 cannot the tasks listed be knowing what kind and	W 3		The QIDP will schedule a team meeting to review the ABI and IPP for clients #3 and #4. The IPP and ABI will be updated to address needs, supports and training to increase knowledge of medications. The QIDP will provide training to all staff on updates to the ABI and IPP to address training in the clients' knowledge of medication. The QP will review the ABI and IPP on a monthly basis to address any updates in teaching clients'		8/8/21

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	professional (QIDP) of should have been professional pass with the one medication, purportion one medication, purportion one medication, purportion one medication, purportion one medication while administration while administration of the purpose	lified intellectual disability in 6/9/21 verified client #4 vided education during his the identification of at least use and side effect. ith the facility nurse as been trained to provide istering medications. The staff should provide client ted to the name, purpose medications administered. g administration failed to rovided teaching related to possible side effects of For example: Dup home on 6/9/21 at 8:00 administration revealed dications that included: der, oxcarbazepine 300mg, ang, doxcycline 100mg, tamin D 400IU and inued observations ke medications followed by point during observations at #3 with teaching related for possible side effects of ed. Ilient #3 on 6/9/21 revealed aled an adaptive behavior /15/19. Further review of elf administration of an not perform any portion bendently relative to edication taken or the	W 37				

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			The control of the board			(X3) DATE SURVEY COMPLETED	
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W 371	professional (QIDP) of should have been pro- medication pass with to one medication, purpo Continued interview w confirmed staff has be education while admin	lified intellectual disability n 6/9/21 verified client #3 vided education during his the identification of at least use and side effect. ith the facility nurse en trained to provide istering medications and ugs to all clients related to	W	371				