

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

PRINTED: 03/24/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G349	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/15/2022
NAME OF PROVIDER OR SUPPLIER CAROLINA FARMS GROUP HOME #2			STREET ADDRESS, CITY, STATE, ZIP CODE 31713 HERB FARM CIRCLE ALBEMARLE, NC 28001		
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure an objective was developed to address a privacy and dressing need for 1 of 3 sample clients (#3). The finding is:</p> <p>Observation at 5:00 PM in the group home on 3/14/22 revealed Client #3 to enter the bathroom, shower, exit to living room in knee length t-shirt until prompted for the dinner meal. Observation at 6:23 PM revealed Client #3 to participate in the dinner meal. Observation in the group home at 6:35 PM revealed Client #3 to exit the dining room in a hurried manner and to pull her t-shirt up exposing her genital area. Continued observation revealed Client #3 to enter the bathroom in the same hurried manner with t-shirt still pulled up above her waist and close the door. At no point did staff intervene or prompt Client #3 to let her t-shirt down to cover her genital area.</p> <p>Review of records for Client #3 revealed an ISP dated 12/1/21. Review of the ISP revealed goals to exercise; oral hygiene; participate in medication administration; use key to unlock drink box; complete household chore; complete two task aimed at enhancing vocational skills; and, assist with meal preparation. Further review of records revealed a Behavior Support Plan (BSP) dated 8/1/21. The BSP revealed a target behavior of inappropriate toileting: rectal digging, smearing or consuming feces, stuffing toilet.</p>	W 227			

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.

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W 227	Continued From page 1 Review of records revealed a Skill Assessment dated 12/1/21. Her Skill Assessment dated 12/1/21 revealed she can dress self on her own. Interview with the Home Manager on 3/14/22 revealed Client #3 loves to take showers multiple times throughout the day; is independent in showering and dressing and will typically put her pajamas on after showering without her undergarments due to a dislike for them. The Home Manager agreed that Client #3 would benefit from wearing undergarments; a bath robe and/or dress in clothing if the shower is too early in the day for pajamas and a robe. Interview with the qualified intellectual disabilities professional (QIDP) on 3/15/22 revealed Client #3 could benefit from objective training to meet the client's observed need.	W 227			