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STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING		DATE SURVEY
		34G164				COMPLETED
	PROVIDER OR SUPPLIER		B. WING	STREET ADDRESS, CITY, STATE, ZI 1213 MOSS SPRINGS ROAD	P CODE	01/05/2022
0.0.15	C1 10 40 40 TV 0 TV			ALBEMARLE, NC 28001		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(	ON SHOULD BE HE APPROPRIATE	COMPLETIC DATE
W 249	PROGRAM IMPLE CFR(s): 483.440(d)		W 2	49		
	formulated a client's each client must reconstruct treatment program conterventions and seand frequency to su	rdisciplinary team has individual program plan, ceive a continuous active consisting of needed ervices in sufficient number apport the achievement of the in the individual program				
	Based on observati- interviews, the facilit client's (#2, #3, #4, # active treatment pro	not met as evidenced by: ons, record reviews and y failed to ensure 4 of 6 #5) received a continuous gram as identified in their an (ISP). The findings are:		DHSR - Me		
	A. The facility failed frelative to meal prepclient #2. For examp	to ensure a training objective aration was implemented for le:		JAN 1 ; Lic. & Con		
k ( ( (	1/4/22 revealed clien activities prior to the medication administr completing a puzzle, Continued observation repare the dinner mwas client #2 prompto	s in the group home on t #2 to engage in various dinner meal, including ration, reading on his tablet, and privacy in his room. Ons revealed staff D to real in its entirety. At no time ed or provided the pate in meal preparation.		See other		
1 a b s	/5/22 revealed client a shower, and receive preakfast meal. Conti taff A to prepare the	s in the group home on t #2 to exit his bedroom, take his medications prior to the inued observation revealed breakfast meal in its		TITLE		

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 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 program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G164	B. WING			05/2022	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 1213 MOSS SPRINGS ROAD ALBEMARLE, NC 28001	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
W 249	provided the oppor preparation.  Review of client # an ISP dated 6/1/2 a training objective meal preparation 12 consecutive metraining objective in participate in daily information/instructookware, and as prepare the meal.  Interview with the professional (QID objectives for clie interview with the have offered opported as preparation observant/4/22 revealed of activities prior to group sensory as tablet, and watch Continued observant prepare the dinner was client #3 proportunity to parameter was preparated as preparated	e was client #2 prompted or rtunity to participate in meal  2's record on 1/5/22 revealed 21. Review of the ISP indicated e that client #2 will assist with with no more than 3 prompts for onths. Continued review of the indicated client #2 will meal preparation, read the ctions, get the needed sist with steps needed to item.  qualified intellectual disabilities item.	s s	W249 A/B/C/D The team will All individual's ISP in the in mealtime preparation to implement #2,#3,# to participate in meal. The team will monitor observations weekly of active treatment possure is resolved.	he area of participation staff will be ins 4 and #5 current participation r by conducting me to ensure impleme	ervice rograms altime entation	
	1/5/22 revealed	client #3 to transition between h	is				

bedroom and the living room prior to the

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20.000		34G164	B. WING				
	PROVIDER OR SUPPLIER  WALL GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1213 MOSS SPRINGS ROAD ALBEMARLE, NC 28001	01	/05/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION X (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BF	(X5) COMPLETION DATE	
	staff A to prepare the entirety. At no time is provided the opportupreparation.  Review of client #3's an ISP dated 3/1/21 a training objective to preparing a meal iter with 3 or less promp Continued review of indicated client #3 wiread instructions with Interview with the quiprofessional (QIDP) objectives for client # interview with the QII have offered opportuineal preparation as preparation as preparation as preparation observations activities prior to the organization of the corresponding TV in the live observation revealed meal in its entirety. At prompted or provided participate in meal preparation and preparation of the corresponding TV in the live observation revealed meal in its entirety. At prompted or provided participate in meal preparation.	attinued observations revealed be breakfast meal in its was client #3 prompted or unity to participate in meal a record on 1/5/22 revealed. Review of the ISP indicated that client #3 will assist staff in m twice weekly for dinner to for 12 consecutive months. The training objective will gather needed items and in staff assistance.  Calified intellectual disabilities on 1/5/22 verified the training was current. Continued DP confirmed staff should inities to participate in the prescribed.  Co ensure a training objective training was implemented for e:  Sin the group home on the prescribed of the group home on the group home on the prescribed of the group home on the group	W 2	49			
1	/5/22 revealed client	In the group home on #3 to exit his room and In prior to the breakfast					

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		34G164	B. WING_		01/	05/2022	
	PROVIDER OR SUPPLIER WALL GROUP HOME	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 MOSS SPRINGS ROAD ALBEMARLE, NC 28001			
(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 CORREC' (EACH CORRECTIVE ACTION SHO' CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
W 249	meal. Continued of prepare the breakf time was client #4 opportunity to particular training objective preparing a menu prompts for 12 correview of the training will choose an itemitem(s) and cookwarequired to preparal Interview with the professional (QID objectives for clien interview with the have offered opportunity to make the professional spread of the professional spread of the professional preparation as present the professional spread of the	disservations revealed staff A to ast meal in its entirety. At no prompted or provided the icipate in meal preparation.  As record on 1/5/22 revealed at Review of the ISP indicated at that client #4 will assist in item daily with 3 or less assecutive months. Continued any objective revealed client #4 in to prepare, retrieve the vare, and engage in the steps at the item.  Qualified intellectual disabilities P) on 1/5/22 verified the training at #4 were current. Continued QIDP confirmed staff should ortunities to participate in meal asscribed.  The disabilities are training objective reparation was implemented for mple:  The disabilities are training objective reparation was implemented for mple:  The disabilities are training objective reparation was implemented for mple:  The disabilities are training objective reparation was implemented for mple:  The disabilities are training objective reparation was implemented for mple:  The disabilities are training objective reparation was implemented for mple:  The disabilities are training objective reparation was implemented for mple:  The disabilities are training objective reparation was implemented for mple:  The disabilities are training objective reparation was implemented for mple:  The disabilities are training objective reparation was implemented for mple:  The disabilities are training objective reparation was implemented for mple:	e e	.9			
	1/5/22 revealed of	lient #5 to watch TV in the living					

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		34G164	B. WING	i	04	(0.F/00.00	
	PROVIDER OR SUPPLIER WALL GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1213 MOSS SPRINGS ROAD ALBEMARLE, NC 28001	<u>  U1/</u>	/05/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		BE	(X5) COMPLETION DATE	
	breakfast meal in its client #5 prompted of participate in the mean reparticipate in the mean ISP dated 9/1/21 a training objective to their schedule, gather follow directions in corpeparing a menu ite Interview with the querofessional (QIDP) objectives for client # interview with the QII	ed staff A to prepare the sentirety. At no time was or provided the opportunity to eal preparation.  Serecord on 1/5/22 revealed. Review of the ISP indicated that client #5 will participate in the no more than 4 prompts for ths. Continued review of the realed client #5 will check for needed materials, and completing all steps in em(s).  alified intellectual disabilities on 1/5/22 verified the training #5 were current. Continued DP confirmed staff should inities to participate in meal	W 2	249			