	-	ID HUMAN SERVICES				FORM	APPROVED
STATEMENT O	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	IPLE	CONSTRUCTION	(X3) DATE	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	IG		COMP	PLETED
		34G168	B. WING			07/	19/2022
NAME OF PI	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
NORTHBAY GROUP HOME					07 NORTHBAY DRIVE ROWN SUMMIT, NC 27214		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE
W 227			W 2	27			
	as identified by the co required by paragraph This STANDARD is r Based on observatio interviews, the habilita failed to have a trainin identified client needs	to meet the client's needs, omprehensive assessment h (c)(3) of this section. not met as evidenced by: ns, review of record and ation support plan (HSP) ng objective to meet the s for 1 of 3 sampled clients g bathroom door for privacy.					
	7:46 AM revealed clie room and enter the ba observation revealed bathroom light and to observation at 7:49 A remain on the toilet w Subsequent observat off the light and exit th observation at 7:50 A client #1 to return to t At no time during the observed to close the client to close the door Review of records for	client #1 to turn on sit on the toilet. Further M revealed client #1 to ith the bathroom door open. ion revealed client #1 to turn he bathroom. Additional M revealed staff to prompt he bathroom to wash hands. observation was staff bathroom door or prompt or.					
	revealed an HSP date objectives to wash ha shopping, to bathe up administration. Conti revealed an adaptive 8/14/20 that revealed	ed 8/24/21 with training inds after using bathroom, oper body and medication nued review of record behavior inventory dated					

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.

TITLE

(X6) DATE

	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION		O. 0938-039
ND PLAN OI	FCORRECTION	IDENTIFICATION NUMBER:	. ,		CON	IPLETED
		34G168	B. WING		0	7/19/2022
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
NORTHB	AY GROUP HOME			1907 NORTHBAY DRIVE BROWN SUMMIT, NC 27214		
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 227	Interview on 7/19/22 client #1 does not clo the bathroom without close the door. Cont revealed client #1 wo objective to close the the toilet. Interview on 7/19/22 (RM) verified the 8/24 current. Continued in	with staff B revealed that ose the door upon entering t staff prompting the client to inued interview with staff B ould benefit from a training t bathroom door before using with the regional manager 4/21 HSP for client #1 is	W 22	7		
W 249	PROGRAM IMPLEM CFR(s): 483.440(d)( As soon as the interc formulated a client's each client must rece treatment program co interventions and ser and frequency to sup	1) lisciplinary team has individual program plan, sive a continuous active	W 24	9		
	Based on observation review, the facility fait active treatment prog of 3 sampled clients medication administre	not met as evidenced by: ons, interview and record led to assure a continuous gram was implemented for 2 (#1 and #2) relative to ation. The findings are: to implement the medication am for client #1. For				

Facility ID: 922774

If continuation sheet Page 2 of 8

	-	ID HUMAN SERVICES MEDICAID SERVICES			FOR	D: 07/28/2022 M APPROVED D. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		34G168	B. WING		07	/19/2022
NAME OF P	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP C		
NORTHBA	AY GROUP HOME		-	07 NORTHBAY DRIVE ROWN SUMMIT, NC 27214		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 249	Observation in the gro AM revealed client #1 Continued observatio medication packet fro prepare medications in them into the medications in them into the medications for them into the mouth of client water with Gavilax Po- observed to receive a medication pass or to medication pass or to medication sfrom staff Review of records for habilitation support pl Review of the HSP re- to participate in medic behavior chain to loca up medication bin and counter. Interview on 7/19/22 v (RM) verified the 8/24 current. Continued in that staff should have medication administra B. The facility failed the administration progra example: Observation in the gro AM revealed staff E to from medication close Continued observatio medications into med cup, and pour medication client #2. Further observation	bup home on 7/19/22 at 7:06 to pour water in a cup. In revealed staff E to remove m medication closet and for administering by pouring ion cup. Continued staff E to pour medications int #1 and the client to drink wder. Client #1 was not ny training during participate beyond taking f E and pouring water. client #1 revealed a an (HSP) dated 8/24/21. vealed client #1 has a goal cation administration with a ate medication bin, to pick d to set medication bin on with the regional manager station goal for client #1 is interview with the RM verified implemented the ation goal for client #1. o implement the medication m for client #2. For bup home 7/19/2/22 at 7:15 o remove medication packet at and sign medication book. n revealed staff E to pour ication cup, pour water into itions into the mouth of	W 249			

Facility ID: 922774

If continuation sheet Page 3 of 8

	-	ID HUMAN SERVICES				FORM	): 07/28/2022 // APPROVED
STATEMENT O	DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		(X3) DATE	0. 0938-0391 SURVEY LETED
		34G168	B. WING		_	07/	19/2022
NAME OF PF	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, ST	TATE, ZIP CODE	-	
NORTHBA	Y GROUP HOME			907 NORTHBAY DRIVE ROWN SUMMIT, NC 2	27214		
(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 249	receive any training d	e 3 ent #2 was not observed to uring medication pass or to king medications from staff	W 249				
	dated 7/11/22. Revie #2 has a goal implem in medication adminis medication administra to perform the followin medication bin, use sa	client #2 revealed an HSP w of the HSP revealed client ented 8/8/21 to participate stration. Continue review of ation goal revealed the client ng with prompts: Pick up anitizer to wash hands, pour take medications and throw rash can.					
W 368	(RM) verified the 7/11 current. Continued in that staff should have medication administra	ation goal for client #2. TION	W 368				
	that all drugs are adm the physician's orders This STANDARD is r Based on observation interview, the system failed to assure all dru compliance with phys	not met as evidenced by:					
	AM revealed client #2 room for morning med	oup home on 7/19/22 at 7:15 2 to enter the medication dications. Observation of for client #2 revealed staff E					

If continuation sheet Page 4 of 8

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	): 07/28/2022 APPROVED ). 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` í		E CONSTRUCTION	(X3) DATE S COMPLE	
		34G168	B. WING			07/	19/2022
NAME OF PF	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
NORTHBA	Y GROUP HOME				907 NORTHBAY DRIVE BROWN SUMMIT, NC 27214		
(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 B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
W 368	to remove pill packets pour water into a cup from pill packet into m observation revealed into client #2's mouth medications drinking staff was not observe client #2. Review of physician of 7/19/22 revealed an of Polyethylene Glycol 3 small. Review of the order revealed: Disso 4oz to 8 oz in juice or every morning and ev Interview with the faci that client #2 is presc 3350 Miralax powder interview with the faci not notified that client dosage of Miralax. For facility nurse revealed constipation concerns prescribed medication	s from medication closet, and pour all medications nedication cup. Further staff E to pour medications and the client to swallow water. During observation, d to administer Miralax to orders for client #2 on order dated 3/1/22 for 3350 Miralax powder 255GM Polyethylene Glycol 3350 olve 1 capsule (17 grams) in water and drink by mouth vening. ility nurse on 7/19/22 verified ribed Polyethylene Glycol 255GM small. Continued lity nurse revealed she was #2 did not receive morning urther interview with the d that client #2 has s and should have received n.		368			
	that clients are taught medications if the inter- determines that self-ar- is an appropriate obje does not specify othe This STANDARD is r Based on observation	administration must assure t to administer their own erdisciplinary team administration of medications ective, and if the physician rwise. not met as evidenced by:					

Event ID: RPO511

Facility ID: 922774

If continuation sheet Page 5 of 8

		MEDICAID SERVICES	(Y2) MULTIO	E CONSTRUCTION	(X3) DATE	0. 0938-039		
	F CORRECTION	IDENTIFICATION NUMBER:	. ,		· · /	COMPLETED		
		34G168	B. WING		07/	19/2022		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
NORTHB	AY GROUP HOME			1907 NORTHBAY DRIVE BROWN SUMMIT, NC 27214				
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE	(X5) COMPLETIO DATE		
W 371	provided the opportur medication self-admit teaching related to na effects of medication are: A. The system for dr assure client #1 was participate in medicat example: Observation in the gr AM revealed client # Continued observation medication packet from prepare medications them into the medicat observation revealed into the mouth of clie water with Gavilax Po- observed to receive at medication pass or to medication pass or to medication sfrom stat Review of records for habilitation support p Review of the HSP re- to participate in medi behavior chain to loca- up medication bin an counter. Interview with staff E staff E would typically	2 clients (#1, and #2) lication administration were nity to participate in nistration or provided ame, purpose and side administered. The findings ug administration failed to provided the opportunity to tion self-administration. For oup home 7/19/22 at 7:06 1 to pour water in a cup. on revealed staff E to remove om medication closet and for administering by pouring tion cup. Continued staff E to pour medications nt #1 and the client to drink owder. Client #1 was not any training during o participate beyond taking ff E and pouring water.	W 37-					

Facility ID: 922774

If continuation sheet Page 6 of 8

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	: 07/28/2022 APPROVED . 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	CONSTRUCTION	-	(X3) DATE S COMPL	SURVEY
		34G168	B. WING		_	07/1	19/2022
NAME OF PF	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, S	TATE, ZIP CODE		
NORTHBA	Y GROUP HOME			907 NORTHBAY DRIVE	27214		
(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 371	that staff should train during medication addr interview with the faci will receive further tra during medication addr B. The system for dru assure client #2 was p participate in medicat example: Observation in the gro 7:15 AM revealed staf packet from medication medication book. Con revealed staff E to por medication cup, pour medications into the r observation at 7:25 A water and exit the me was not observed to r medication pass or to medication pass or to medications from staf Review of records for dated 7/11/22. Revie #2 has a goal implem in medication administrat to perform the followir medication cup into tr	take medications. lity nurse on 7/19/22 verified and educate all clients ministration. Continued lity nurse revealed that staff ining to educate clients ministration. ug administration failed to provided the opportunity to ion self-administration. For bup home on 7/19/2/22 at ff E to remove medication on closet and sign ntinued observation ur medications into water into cup, and pour nouth of client #2. Further M revealed client #2 to drink dication area. Client #2 receive any training during participate beyond taking f E. client #2 revealed an HSP w of the HSP revealed client ented 8/8/21 to participate stration. Continued review of ation goal revealed the client ng with prompts: Pick up anitizer to wash hands, pour take medications and throw ash can.	W 371		DEFICIENCY)		
		on 7/19/22 revealed that educate verbal clients.					

Facility ID: 922774

If continuation sheet Page 7 of 8

		ID HUMAN SERVICES MEDICAID SERVICES					FORM	): 07/28/2022 MAPPROVED ). 0938-0391	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		34G168	B. WING			_	07/19/2022		
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, ST	ATE, ZIP CODE			
NORTHBAY GROUP HOME					907 NORTHBAY DRIVE BROWN SUMMIT, NC 2	7214			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	EPLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 371	Continued interview v non-verbal clients are medications and staff reason it is healthy to Interview with the faci that staff should train during medication adu interview with the faci	vith staff E revealed that told that it is healthy to take E would explain to them the take medications. Wilty nurse on 7/19/22 verified and educate all clients ministration. Continued lity nurse revealed that staff ining to educate clients	W	371					

Facility ID: 922774

If continuation sheet Page 8 of 8