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

PRINTED: 05/05/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G142	A. BUILDING _____ B. WING _____	R 05/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUAIL ROOST GROUP HOME, (ICF/MR)	102 QUAIL ROOST DRIVE CARRBORO, NC 27510

(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 000	INITIAL COMMENTS A revisit was conducted on 5/5/22 for deficiencies previously cited on 2/21 - 2/22/22. All deficiencies have not been corrected. The facility remains out of compliance.	W 000		
{W 260}	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Individual Program Plan (IPP) for 2 of 5 audit clients (#2 and #3) was updated as appropriate at least annually. The findings are: Review on 5/5/22 of facility documents revealed an IPP dated 10/22/20 for client #2. Additional review revealed client #3's most recent IPP was dated 7/29/20. No current IPP was provided for client #2 and client #3. Interview on 5/5/22 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she was sure she held the planning meetings for client #2 and client #3; however, she could not find them.	{W 260}	The current IPP for client #2 was located and has been uploaded into Therap. The IPP for client #3 will be updated and uploaded to Therap upon completion of meeting. The QIDP will be responsible for ensuring the IPPs are available for all employees on therap. The Director will be responsible for monitoring completion within one week of IPP.	6/5/22
{W 369}	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all drugs were administered without error. This affected 1	{W 369}	The QIDP will be responsible for completing a medication administration pass with the employee that administered medications on 5/5/22. The QIDP will complete a retraining with all med certified employees and observe a medication pass at least 3 times a month. The Director of ICF/IID Services will be monitor completion at least monthly.	6/5/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Debbie Klein
TITLE: Director of ICF/IID Services
(X6) DATE: 5/13/22

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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QUAIL ROOST GROUP HOME, (ICF/MR)	102 QUAIL ROOST DRIVE [illegible]

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{W 369}	Continued From page 1 of 2 clients observed receiving medications (#4). During observations of medication administration in the home on 5/5/22 at 7:34am, client #4 ingested Trilental and a Daily Vitamin. Absorbase cream was also applied to her hands. No other medications were administered. Review on 5/5/22 of client #4's physician's orders dated 1/1 - 1/31/22 revealed an order for Vimpat 50mg, take one by mouth twice a day at 8am and 8pm. Interview on 5/5/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4's physician's orders were current and she should have received Vimpat with her other 8am medications.	{W 369}		