PRINTED: 07/15/2022 FORM APPROVED OMB NO. 0938-0391

		IDENTIFICATION NUMBER		G	(X3) DATE SURVEY COMPLETED	
		34G175	B. WING _		C 07/12/2022	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3801 US 117 NORTH GOLDSBORO, NC 27530	017122022	
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
W 000	INITIAL COMMEN	тѕ	W 000	0		
W 122		sure the rights of all clients.	W 122	NOVA takes any deficiency related to clic protections very seriously. We will take a number of concrete steps to ensure remediation and compliance with all		
	This CONDITION The facility failed to and procedures tha neglect and abuse all allegations of mi as well injuries of u immediately to the officials in accordar established procedure	remediation standards, es CONDITION is not met as evidenced by: e facility failed to: implement written policies procedures that prohibit mistreatment, lect and abuse of a client (W149), ensure that allegations of mistreatment, neglect or abuse well injuries of unknown source, are reported rediately to the administrator or to other rials in accordance with State law through siblished procedures (W153), and have ence that all alleged violations are thoroughly		standards, especially those related to clier protections. Please see the list of action items detailed below that will be executed in order to prevent future infractions of client protection standards.		
	The cumulative effect of these systemic practices resulted in the facility's failures to provide statutorily mandated services of client protections to its clients.					
W 149	policies and proced mistreatment, negle This STANDARD is Based on record re	(1) velop and implement written	W 149	The Executive Director will review corporate policies related to consumer rights and affair will edit as necessary to ensure compliance a reduce future risk of mistreatment, neglect, a abuse of consumers. The CEO will supervise activity and will give any final approval of prehanges.	s and 8/12/22 and to and this	
		audit clients (#5 and #6) The		RECEIVED		
	•	She Sellin I to the Color		JUL 2 9 2022		
	initiated 7/5/22 reveal	of the facility's investigation aled that client #5 and client sexual misconduct on		DHSR-MH Licensure Sect		
2024705	BIGGOTO 00 00 000 1	BISLIDBLIED DEDDESENTATIVE'S SIGN				

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

HILL

(X6) DATE

and deficiency estatement ending with an estacisk (\*) denotes a

Executive Director

7/25/22

iny deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ollowing 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 lays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION  G	COM	(X3) DATE SURVEY COMPLETED		
		34G175	B. WING _		07/	12/2022	
	PROVIDER OR SUPPLIER Y 117 GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3801 US 117 NORTH GOLDSBORO, NC 27530			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
W 149	Review on 7/11/22 surveillance camer revealed on 6/29/2 alone on the back 4:51pm and 5:02pr and client # 6 engated Review on 7/11/22 Findings completed Coordinator (CAC) staff (Staff B) work 6:15pm received a Personnel Policy # performance of du monitoring or supersonnel Policy # performance on video duri medication room of around the home. The kitchen with other was not reprimanted behavior for sexual peers/roommate.  Review on 7/11/22 Plan (MHP) dated behavior for sexual peers/roommate.  Review on 7/11/22 Finding performance of du monitoring or supersonnel Policy # performance of du monitoring or supersonn	of the facility's video a and audio recordings 2 client #5 and client #6 were porch of the home between m. During this time client #5 aged in sexual behavior.  of the Narrative Report of d by Consumer Affairs revealed one group home ing on 6/29/22 from 6:15am to reprimand on 7/7/22 for 31, 1.3 negligence in ties and 1.4 negligence in ervising clients. Staff B was ng the incident in the on her cell phone and walking Staff A was seen on video in her clients preparing dinner and led following the investigation.  of client #5's Mental Health 5/24/22 revealed a target all advances towards	W 14				

### PRINTED: 07/15/2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 34G175 B. WING 07/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3801 US 117 NORTH **HIGHWAY 117 GROUP HOME** GOLDSBORO, NC 27530 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 149 | Continued From page 2 W 149 act) must constitute actual damage to the physical, emotional, or social development of the consumer. Further definition of neglect is as follows: 1. Inadequate supervision or control of the consumer .... ' Observations in the home on 7/12/22 from 6:24am - 7:33am revealed client #5 and client #6 sitting in the living room alone for extended periods of time. During this time. Staff D was in other client's bedrooms and the bathroom, the Residential Services Supervisor (RSS) was in the medication room and Staff A was in the kitchen cooking breakfast. Interviews on 7/11-7/12/22 with Staff A, Staff C. Staff D and Staff E all confirmed that client #5 and client #6 should never be left alone together. Interview on 7/12/22 with Qualified Intellectual Disabilities Professional (QIDP) revealed that all staff have been educated on client #5 and client #6 not being allowed to be left alone together. The facility was notified by the surveyors on 7/12/22 that a Condition of Participation in Client Protections existed in the facility based on review of the facility's internal investigation, staff statements that indicate failure to report a known incident of a rights violation, review of documentation, video footage and staff statements that showed no evidence existed that

W 153 STAFF TREATMENT OF CLIENTS

CFR(s): 483.420(d)(2)

on 6/29/22.

client #5 and client #6 were adequately

supervised during the sexual misconduct incident

W 153

8/12/22

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED C	
		34G175	B WING			07/1	2/2022
	PROVIDER OR SUPPLIER Y 117 GROUP HOME			38	TREET ADDRESS, CITY, STATE, ZIP CODE 801 US 117 NORTH GOLDSBORO, NC 27530		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 153	The facility must en mistreatment, negle injuries of unknown immediately to the officials in accordar established proced This STANDARD in Based on record of facility failed to ensonotified immediatel misconduct and ne supervision. This at and #6). The finding Review on 7/11/22 investigation dated 6/29/22, client #5 and sexual encounter. Stocking, and Staff on her cell phone at Review on 7/11/22 7/5/22 completed to 6/29/22, client #5 to encounter. Client #5 to encounter between asked client #5 who time, and he stated he and client #6 we stated in the writter.	asure that all allegations of ect or abuse, as well as a source, are reported administrator or to other noce with State law through ures. In some that management was an administration of the source that management was a source of the sour	W	153	After the consumer rights and affairs policies have been reviewed by the Executive Director and CEO, staff train regarding incident reporting will be provided by the Program Director to the Consumer Affairs Coordinator, Qualific Professional, Residential Services Supervisor, Habilitation Specialist, and Habilitation Technician staff. The staff training will review NOVA's incident reporting policies and procedures as we as the need to immediately report any allegation of consumer mistreatment, neglect, abuse, or injuries of unknown origin to an administrator. Staff training will be documented on an in-service training form and will be monitored for completion by the Executive Director.	e d	

		AND HUMAN SERVICES  & MEDICAID SERVICES			FORM	D: 07/15/2022 M APPROVED D: 0938-0391
STATEMENT	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1 St 25	DITIPLE CONSTRUCTION DING	(X3) DA	TE SURVEY MPLETED
		34G175	B. WING			C //12/2022
	PROVIDER OR SUPPLIER Y 117 GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3801 US 117 NORTH GOLDSBORO, NC 27530		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETION DATE
W 153	Continued From page	ge 4	W 1	153		
	7/5/22 completed by he returned to work	of the written statement dated y Staff D revealed that when on 7/1/22, client #6 told him were involved in a sexual				
	Rights and Affairs P and/or Exploitation of should immediately rights violations to the the Qualified Profession Qualified Profession Failure to report active	of the facility's Consumer olicy #2, "Abuse, Neglect of Consumers" revealed "Staff report any actual suspected ne Qualified Professional. If sional is unavailable, the hal On-Call is to be contacted, and or suspected rights unds for termination."				
	Coordinator (CAC) r by the Qualified Inter- Professional (QIDP) between client #5 ar reported that she was began her investigat surveillance footage revealed that Staff A interviewed as part of they both reported no However, the CAC of	on 7/4/22 about the incident ad client #6. The CAC as off of work on 7/4/22, and ion on 7/5/22 after video could be obtained. The CAC and Staff B were not officially of the internal investigation as a knowledge of the incident. Onfirmed that based on Staff t Staff A and Staff B knew				
	informed about the ir	with Staff D revealed he was neident on 7/1/22 by client #6, orted the incident to the RSS				

Interview on 7/12/22 with the RSS revealed she

	PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		B. B. Williamson		E CONSTRUCTION	COMPLETED		
		34G175	B WING			07/1	2/2022	
	PROVIDER OR SUPPLIER Y 117 GROUP HOME			3	TREET ADDRESS, CITY, STATE, ZIP CODE 801 US 117 NORTH SOLDSBORO, NC 27530			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPIDE DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 153	by staff that client # following a physical client #6. The RSS about the incident, between client #5 a physical fight and vincident. The RSS notified the QIDP a (AOC).  Interview on 7/12/2 was notified of the The QIDP revealed the incident on 7/1 she was off of work confirmed the report the AOC.  Interview on 7/12/2 (PD) revealed that she was not notified sexual encounter to the AOC.  Continued interview and QIDP confirmed interview and QIDP confirmed interview and QIDP confirmed immediately report supervision on 6/2 and based on Staff Staff B were award have also immediately report the CAC, PD and to based on the facili Neglect and Explohave immediately AOC in order for a staff of the RSS and the supervision or the facili Neglect and Explohave immediately AOC in order for a staff of the RSS and the supervision or the facili Neglect and Explohave immediately AOC in order for a staff of the RSS and the RSS	incident only after she was told to seyeglasses were broken I fight between client #5 and is stated that when she was told she asked what happened and client #6 to cause the was then told about the sexual stated that at that time, she and Administrator On Call is with the QIDP revealed she incident on 7/1/22 by the RSS. If she called the CAC to report 1/22. However, the QIDP stated is at this time. The QIDP art should have been made to 1/22 with the Program Director the AOC on 7/1/22 reported and of any incident related to a petween client #5 and client #6.  We on 7/12/22 with the CAC, PD and that Staff F should have the incident and inadequate 1/22 when he was told about it, if F's statement that Staff A and a fision. Further interview with QIDP confirmed that the RSS, ty's policy regarding Abuse, itation of Consumers, should reported the incident to the n investigation to be initiated.	W	153				

#### PRINTED: 07/15/2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 34G175 B. WING 07/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3801 US 117 NORTH **HIGHWAY 117 GROUP HOME** GOLDSBORO, NC 27530 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETION PREFIX PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 154 Continued From page 6 W 154 The Executive Director will review 8/12/22 corporate policies related to consumer rights CFR(s): 483.420(d)(3) and affairs and will edit as necessary to ensure compliance and to reduce future risk The facility must have evidence that all alleged of mistreatment, neglect, and abuse of violations are thoroughly investigated. consumers. CEO will supervise this activity This STANDARD is not met as evidenced by: and will give any final approval of policy Based on record review and interviews, the facility failed to ensure an incident of neglect and failure to report was thoroughly investigated. This After the policies have been reviewed by the affected 2 of 6 audit clients (#5 and #6). The Executive Director and CEO, staff training regarding incident reporting will be finding is: provided by the program director to the Consumer Affairs Coordinator, Qualified Review on 7/11/22 of the facility's internal Professional, Residential Services investigation dated 7/5/22 revealed that on Supervisor, Habilitation Specialist and 6/29/22, client #5 and client #6 were alone on the Habilitation Technician. The staff training back porch from 4:51pm - 5:02pm. During this will review NOVA's incident reporting time, client #5 and client #6 were involved in a policies and procedures as well as the need sexual encounter. During this time, Staff A was in to immediately report any allegation of the kitchen cooking, and Staff B was in the consumer mistreatment, neglect, abuse, or medication room on her cell phone and walking injuries of unknown origin to an around the home. administrator. Staff training will be documented on an in-service training form and will be monitored for completion by the Review on 7/11/22 of the written statement dated Executive Director. 7/5/22 completed by Staff F revealed that on 6/29/22, client #5 told him about the sexual The Program Director will provide encounter. Client #5 informed Staff F that he had additional staff training to the Consumer told Staff A and Staff B about the incident Affairs Coordinator regarding procedures for completing a comprehensive Review on 7/11/22 of the written statement dated investigation. Staff training will be 7/5/22 completed by Staff C revealed that on documented on an in-service training form 7/1/22, Client #5 told her about the sexual and will be monitored for completion by the encounter between he and client #6. Staff C Executive Director.

(RSS).

asked client #5 where the staff were during this time, and he stated they were in the house and he and client #6 were outside, alone. Staff C stated in the written statement she immediately notified the Residential Services Supervisor

Review on 7/11/22 of the written statement dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		200 0	PLE CONSTRUCTION  G	СОМ	(X3) DATE SURVEY COMPLETED		
		34G175	B WING_		1	12/2022	
	PROVIDER OR SUPPLIER Y 117 GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3801 US 117 NORTH GOLDSBORO, NC 27530			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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 APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 154	7/5/22 completed to he returned to work that he and client # encounter.  Review on 7/11/22 Rights and Affairs I and/or Exploitation should immediately rights violations to the Qualified Profession Failure to report activities of the Qualified Profession Failure to report activities of the Qualified Profession Failure to report activities of QP On-Call shall Department of Society Personnel Registry stakeholders as perreporting requirem.  Interview on 7/11/2 Coordinator (CAC) by the Qualified Interview on Transported Interview on Transported Interviewed as part they both reported However, the CAC F's written statement about the incident interviewed. The CAC Transported The CAC Tr	of the facility's Consumer Policy #2, "Abuse, Neglect of Consumers" revealed "Staff report any actual suspected the Qualified Professional. If ssional is unavailable, the mal On-Call is to be contacted. Study or suspected rights bunds for termination." The dualified Professional Il immediately notify Guardians, stal Services, Health Care within 24 hours, and er NOVA policy and regulatory		4			

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES					RM APPROVE
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					NO. 0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		PLE CONSTRUCTION  G		DATE SURVEY COMPLETED
		34G175	B. WING				C <b>07/12/2022</b>
NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP COD	E	
HIGHWA	AY 117 GROUP HOME				3801 US 117 NORTH GOLDSBORO, NC 27530		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETION DATE
W 154	informed about the Staff D stated he re on that date.  Interview on 7/12/22 was notified of the in by staff that client # following a physical client #6. The RSS about the incident, she tween client #5 and physical fight and wincident. The RSS notified the QIDP are (AOC).  Interview on 7/12/22 was notified of the in The QIDP revealed the incident on 7/1/2 she was off of work confirmed the report the AOC.  Interview on 7/12/22 (PD) revealed that the she was not notified sexual encounter be continued interview and QIDP confirmed immediately reporter.	with Staff D revealed he was incident on 7/1/22 by client #6. ported the incident to the RSS with the RSS revealed she incident only after she was told 6's eyeglasses were broken fight between client #5 and stated that when she was told she asked what happened ind client #6 to cause the as then told about the sexual stated that at that time, she ind Administrator On Call with the QIDP revealed she incident on 7/1/22 by the RSS. she called the CAC to report 22. However, the QIDP stated at this time. The QIDP to should have been made to a stween client #5 and client #6. On 7/1/22 with the CAC, PD of that Staff F should have do the incident and inadequate	W 1	54			
	by staff that client # following a physical client #6. The RSS about the incident, she between client #5 are physical fight and wincident. The RSS notified the QIDP are (AOC).  Interview on 7/12/22 was notified of the incident on 7/11/2 she was off of work confirmed the report the AOC.  Interview on 7/12/22 (PD) revealed that it she was not notified sexual encounter be continued interview and QIDP confirmed immediately reported supervision on 6/29/ and based on Staff I Staff B were aware chave also immediately reported that also immediately reported that I staff B were aware chave also immediately reported that I staff B were aware chave also immediately reported that I staff B were aware chave also immediately reported that I staff B were aware chave also immediately reported that I staff B were aware chave also immediately reported that I staff B were aware chave also immediately reported that I staff B were aware chave also immediately reported that I staff B were aware chave also immediately reported that I staff B were aware chave also immediately reported that I staff B were aware chave also immediately reported that I staff B were aware chave also immediately reported that I staff B were aware chave also immediately reported that I staff B were aware chave also immediately reported that I staff B were aware chave I	6's eyeglasses were broken fight between client #5 and stated that when she was told she asked what happened and client #6 to cause the as then told about the sexual stated that at that time, she and Administrator On Call  2 with the QIDP revealed she incident on 7/1/22 by the RSS, she called the CAC to report 22. However, the QIDP stated at this time. The QIDP to should have been made to a etween client #5 and client #6.  3 on 7/12/22 with the CAC, PD to that Staff F should have					

the CAC, PD and QIDP confirmed that the RSS,

PRINTED: 07/15/2022

	TEMENT OF DEFICIENCIES OPLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION  A. BUILDING		COMPLETED				
		34G175	B. WING			3,000	2/2022
	PROVIDER OR SUPPLIER Y 117 GROUP HOME			3	TREET ADDRESS, CITY, STATE, ZIP CODE 801 US 117 NORTH COLDSBORO, NC 27530		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 289	based on the facility Neglect and Exploit have immediately in AOC in order for an The CAC and QIDF reprimanded for fait MGMT OF INAPPE BEHAVIOR CFR(s): 483.450(b). The use of systema inappropriate client incorporated into the plan, in accordance this subpart. This STANDARD is Based on observating interviews, the facility systematic interver inappropriate behat the client's individual affected 4 of 6 aud The findings are:  A. During observation the survey on 7/11/2 sharp/blunt objects medication room a locked with only stabroom closet door.  Review on 7/11/22 Plan (MHP) dated rights restriction for kniver the striction for kniver the stric	y's policy regarding Abuse, tation of Consumers, should eported the incident to the investigation to be initiated. P confirmed no staff was lure to report immediately. ROPRIATE CLIENT  (4)  atic interventions to manage behavior must be see client's individual program with §483.440(c)(4) and (5) of s not met as evidenced by: tions, record reviews and ity failed to ensure the use of tions to manage clients viors were incorporated into all program plan (IPP). This it clients (#2, #3, #5 and #6).  It ions in the home throughout 22 - 7/12/22, knives and were kept locked in the and the broom closet was kept aff having a key to unlock the		289	The Licensed Psychologist and QP will review all mental health plans and documented rights restrictions. QP will any necessary edits and updates. Close attention will be given to the procedures handling sharp objects, cigarettes, and broom during the mental health plan reviews. After the mental health plans he been updated, the QP and Licensed Psychologist will train RSS and Habilita Technician staff on the mental health plat to ensure effective management of consibehavior. Staff training will be documen on an in-service form. The Program Dirand CEO/Licensed Psychologist will supervise these activities to ensure completion.	ave ation ans umer	8/12/22

		AND HUMAN SERVICES						07/15/2022 APPROVED
		& MEDICAID SERVICES				<u>OMB</u>	NO.	0938-0391
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			LE CONSTRUCTION	(X3)		E SURVEY PLETED
		34G175	B WING	_			07/1	12/2022
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
HIGHWA	Y 117 GROUP HOME			3	801 US 117 NORTH			
				G	GOLDSBORO, NC 27530			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	■	(X5) COMPLETION DATE
W 289	Disabilities Professi #6's MHP should incomplete with survey on 7/11/2 sharp/blunt objects of medication room an locked with only state broom closet door.  Review on 7/12/22 of 4/4/22 revealed clier for knives and sharp review of the MHP doestriction for the locked broom closed broom closed or the locked broom closed broom closed or the locked broom closed broom clos	onal (QIDP) confirmed client clude a rights restriction for unt objects.  ons in the home throughout 12 - 7/12/22, knives and were kept locked in the d the broom closet was kept if having a key to unlock the of client #2's MHP dated at #2 has a rights restriction or blunt objects. Further lid not reveal a rights eked broom closet.  with the qualified intellectual nal (QIDP) confirmed client elude a rights restriction for	W 2	289				
	Supervisor (RSS) rev	vealed client #2's cigarettes ocked in the PRN medication						

cabinet in the medication room. The RSS showed the surveyor a locked cabinet in the medication room where cigarettes were kept.

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION	COM	(X3) DATE SURVEY COMPLETED		
		34G175	B. WING			C <b>12/2022</b>	
	PROVIDER OR SUPPLIER Y 117 GROUP HOME			STREET ADDRESS, CITY, STATE, ZII 3801 US 117 NORTH GOLDSBORO, NC 27530			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 289	Review on 7/12/22 4/4/22 revealed no Interview on 7/12/2 client #2's cigarette locked up and he s  D. During observat the survey on 7/11/2 #3 is one of three of interview with Staff cigarette's are sup- medication cabined Interview on 7/12/2 Supervisor (RSS) of are supposed to be cabinet in the med showed the survey medication room with Review on 7/12/2 4/14/22 revealed in cigarettes. Interview on 7/12/2 client #3's cigarette locked up and he s  E. During observat the survey on 7/11 cigarettes were observat the survey on 7/11 cigarettes were observat Interview on 7/12/2 #5 is one of three	of client #2's MHP dated rights restriction to cigarettes.  22 with the QIDP revealed is are not supposed to be should have access to them.  22 rights restriction to cigarettes.  23 with the QIDP revealed client in the home throughout in the home throughout in the home throughout in the served laying on the table.  24 with Staff D revealed client in the in the medication room.  25 with the Residential Services in the medication room.  26 with the Residential Services in the medication room. The RSS in the PRN medication in the intervence of client #3's MHP dated in rights restriction to in the intervence of client in the intervence of cli	W	289			

PRINTED: 07/15/2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING C 34G175 B WING 07/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3801 US 117 NORTH HIGHWAY 117 GROUP HOME GOLDSBORO, NC 27530 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 289 Continued From page 12 W 289 cigarette's are supposed to be locked in the PRN medication cabinet in the medication room. Interview on 7/12/22 with the RSS revealed client #5's cigarettes are supposed to be locked in the PRN medication cabinet in the medication room. The RSS showed the surveyor a locked cabinet in the medication room where cigarettes were kept. Review on 7/12/22 of client #5's MHP dated 4/21/22 revealed no rights restriction to cigarettes. Interview on 7/12/22 with the QIDP revealed client #5's cigarette's are not supposed to be locked up and he should have access to them. W 312 DRUG USAGE W 312 It is important to note that mental health CFR(s): 483.450(e)(2) 8/12/22 plans are updated annually, in keeping with the schedule for updating comprehensive be used only as an integral part of the client's functional assessments and individual individual program plan that is directed program plans. The most up-to-date medication list is found in the consumers' specifically towards the reduction of and eventual order list, which is updated and monitored elimination of the behaviors for which the drugs by nursing staff. Nonetheless. The OP will are employed. review all mental health plans and program This STANDARD is not met as evidenced by: plans, making any necessary updates to the Based on record review and interview, the facility consumers' medication list. The Program failed to ensure all medications used to address Director and Licensed Psychologist will client's inappropriate behaviors were included in a

formal active treatment program. This affected 2

A. Review on 7/12/22 of client #5's Mental Health Plan (MHP) dated 5/24/22 revealed an objective to have incident free days related to symptoms of Schizoaffective disorder specifically elopement across all settings for 40 out of 45 days. Additional review of the plan identified target

of 6 audit clients (#5 and #6). The findings are:

completion.

supervise these activities to ensure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIF A. BUILDING	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		34G175	B. WING		07	/12/2022	
	PROVIDER OR SUPPLIER  Y 117 GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3801 US 117 NORTH GOLDSBORO, NC 27530			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 312	behaviors of eloper threats, property da aggression, leaving advances towards included the use of Benadryl and other the doctor in the evis currently prescrit Klonopin. Further reclient #5 dated 12/2 Risperdal, Invega,  Interview on 7/12/2 confirmed Risperd Cogentin are order have been included.  B. Review on 7/11/5/9/22 revealed and days related to syn Disorder, Bipolar ty aggression for 105 review of the MHP behaviors of eloper threats, property da aggression, leaving advances towards included the use of consisting of Abilify Depakote.  Review on 7/12/22 orders dated 12/2/2 anti-psychotic med Lamictal, Haldol, Dinterview on 7/12/22 Interview on 7/12/22 orders dated 12/2/2 anti-psychotic med Lamictal, Haldol, Dinterview on 7/12/2/2 Interview on 7/12/2/2	ment, physical aggression, amage, theft, verbal and sexual peers/roommate. The plan Haldol, Thorazine, Valium, medications at the disposal of the telient #5 destabilizes and beed Haldol, Depakote and eview of a physician's order for 2/21 revealed orders for Celexa and Cogentin.  2 with the facility nurse lal, Invega, Celexa and should din the BSP.  22 of client #6's MHP dated objective to have incident free aptoms of Schizoaffective revealed identified target ment, physical aggression, amage, theft, verbal and should and peers/roommates. The MHP fanti-psychotic medications of Client #6's physician's 21 revealed orders for lications consisting of Abilify, bepakote and Geodon.	W 312				

### PRINTED: 07/15/2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 34G175 R WING 07/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3801 US 117 NORTH HIGHWAY 117 GROUP HOME GOLDSBORO, NC 27530 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) W 369 DRUG ADMINISTRATION W 369 CFR(s): 483.460(k)(2) Nursing staff will provide training to QP, RSS, 8/12/22 and Habilitation Technician staff on the proper The system for drug administration must assure use and schedule of artificial tears for client #1 that all drugs, including those that are and Triamcinolone ointment for client #5. Training will also review procedures for self-administered, are administered without error. reporting when a medical supply is in need of This STANDARD is not met as evidenced by: refill or replacement. Training will be Based on observation, record review and documented in an in-service form. The interview, the facility failed to ensure all drugs Program Director will supervise and monitor were administered without error. This affected 2 for completion. of 6 clients (#1 and #5). The findings are: A. During observations of medication. administration in the home on 7/11/22 at 4:40pm. client #1 ingested Ativan and Vitamin B12. No other medications were administered. Staff C revealed that client #1 is supposed to receive eye drops at this time but she is unable to administer due to the prescription needing a refill. Review on 7/12/22 of client #1's physician's orders dated 12/2/21 revealed Artificial tears solution 1.4% is to be administered at 8:00am, 12:00pm, 5:00pm and 8:00pm. B. During observations of medication administration in the home on 7/12/22 at 7:22am, client #5 ingested Sodium Chloride, Folic Acid, Paliperidone, Synthroid, Celexa, Cogentin, Thorazine, Risperidal, Catapress, Haldol, Lactulose and Chlorhexidine. No other medications were administered at this time.

Review on 7/12/22 of client #5's physician's orders dated 12/2/21 revealed an order for Triamcinolone ointment to be applied to affected

area twice daily at 8:00am and 8:00pm.

Interview on 7/12/22 with the facility nurse

confirmed client #1 should have received Artificial

	PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED C	
		34G175	B. WING			07/12/2022		
	PROVIDER OR SUPPLIER Y 117 GROUP HOME			38	TREET ADDRESS, CITY, STATE, ZIP CODE 801 US 117 NORTH OLDSBORO, NC 27530	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 369	tears solution and of Triamcinolone during observed. SPACE AND EQUI	client #5 should have received ng the medication passes	w:					
	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)  The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 1 of 6 audit clients (#6) was taught to use and make informed choices about the use of eyeglasses. The finding is:				Nursing staff will provide training to QP, RSS, Habilitation Technician staff regarding the procedures for reporting when a medical supply (e.g., glasses) is in need of refill or replacement. Training will be documented in an in-service form. The Program Director will supervise and monitor for completion.		8/12/22	
		s throughout the survey on client #6 was not wearing			3			
	completed 7/5/22 re	of an internal investigation evealed client #6's eyeglasses g a physical altercation with						
	#6's eyeglasses we physical altercation revealed staff shou	2 with Staff C revealed client ere broken on 6/29/22 during a with one of his peers. Staff C lid have gave client #6's acility nurse for them to be						
	revealed she had n	2 with the facility nurse to knowledge of client #6's proken until asked about them						

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G175	B. WING_			C /12/2022
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS CITY, STATE, ZIP CODE		
HIGHWAY 117 GROUP HOME			3801 US 117 NORTH GOLDSBORO, NC 27530			
(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		COMPLETION
W 436	Continued From pa by the surveyor on 7 #6 should be wearing	7/12/22, but confirmed client	W 43			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES.

PRINTED: 07/15/2022

FORM APPROVED



July 25, 2022

Stacy Lamm
Nurse Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RECEIVED

**DHSR-MH Licensure Sect** 

Re: Survey completed July 11-12, 2022 Highway 117 Group Home, 3801 Highway 117 North, Goldsboro, NC 27530

Provider Number: 34G175

MHL#096-020

Complaint Intake #: NC00190844

Ms Lamm,

Thank you for the consultation provided during the July 11-12, 2022 survey of the Highway 117 Group Home and the opportunity to to correct the deficiencies cited. We take all cited deficiencies very seriously. However, we pay particular attention to any deficiencies cited in the area of client protections. As documented in our attached plan of correction, we will take a number of concrete steps to ensure remediation and compliance with all standards, especially those related to client protections.

Attached to this letter, you will find our plan of correction on the CMS-2567 form. Please let our team know if any additional information is needed.

We are aware that we must request a revisit within 45 days to avoid any penalties. As soon as all aspects of the plan of correction have been completed, we will formally request a revisit.

Thank you,

Carol Walters, MaED

Program Director of ICF Services

(aul Watter, PD

**NOVA IC**