STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G179	A. BUILDING _____ B. WING _____	11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH DRIVE GROUP HOME	1216 NORTH DRIVE GOLDSBORO, NC 27534

(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 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 6 of 6 audit clients (#1, #2, #3, #4, #5, and #6) received a continuous active treatment program consisting of needed interventions and services as identified in the individual Mental Health Plans (MHPs) in the areas of safety restrictions. The findings are: Observations in the home kitchen on 11/29/22-11/30/22 revealed no lock on the utensil drawer containing forks. On 11/29/22 from 4:00pm to 4:40pm, Staff A prepared dinner with client #3. At 4:10pm, client #2 emptied the dishwasher and placed forks in an unlocked utensil drawer with no staff observation. At 4:32pm, client #1 retrieved forks and spoons from the utensil drawer to set the table. Client #3 then opened the utensil drawer, and looked in the drawer. From 5:00pm - 5:15pm, clients #1, #2, #3, #4, and #5 took their plates and utensils to the dishwasher. At 5:16pm, client #2 rinsed dishes and placed utensils in the dishwasher. At 5:32pm, client #3 entered the kitchen and began to sweep. No staff was present. At no time did staff account for forks or lock the utensil drawer.	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G179	A. BUILDING _____ B. WING _____	11/30/2022

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W 249	Continued From page 1 During morning observations on 11/30/22 from 7:42am - 8:10am, Staff B prepared breakfast with client #1. At 8:00am, client #6 retrieved forks and spoons from the utensil drawer to place them on the dining table. At no time did staff account for forks or lock the utensil drawer. Review on 11/30/22 of clients' MHPs, dated 12/14/21 client #1; 9/6/22 client #2; 4/26/22 client #3; 2/22/22 client #4; 5/15/22 client #5; and, 7/20/22 client #6, revealed restrictions for sharp or blunt objects due to the severity of housemate behavior. Precautionary measures should include all knives and forks be placed in a locked cabinet and made available for meals upon request. Further review revealed that staff should always ensure after all meals, as well as loading and unloading the dishwasher, that all utensils are accounted for and should be returned to the locked cabinet to ensure safety. Interview on 11/29/22 with Staff A revealed that knives should be locked. When asked if forks or spoons should also be locked, Staff A stated that only knives should be locked. Interview on 11/30/22 with the Program Manager revealed that items that were required to be locked in the MHP should be locked. The Program Manager stated this should include forks if the MHP stipulated forks.	W 249		
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.	W 260		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G179	A. BUILDING _____ B. WING _____	11/30/2022

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W 260	Continued From page 2 This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to update the Individual Program Plans (IPP's) annually for 3 of 6 audit clients (#4, #5 and #6). The findings are: A. Review on 11/29/22 of client #4's record revealed an IPP dated 2/18/20. Additional review of client #4's record revealed no updated IPP since 2/18/20. During observations in the home throughout the survey on 11/29/22 - 11/30/22, staff and client #4 were observed to participate in meal preparation, setting the dining table, chores, and activities in the home. B. Review on 11/29/22 of client #5's record revealed an IPP dated 3/19/21. Additional review of client #5's record revealed no updated IPP since 3/19/21. During observations in the home throughout the survey on 11/29/22 - 11/30/22, staff and client #5 were observed to participate in setting the dining table, chores, and activities in the home. C. Review on 11/29/22 of client #6's record revealed an IPP dated 9/17/20. Additional review of client #6's record revealed no updated IPP since 9/17/20. During observations in the home throughout the survey on 11/29/22 - 11/30/22, staff and client #6 were observed to participate in setting the dining table, chores, and activities in the home. Interview on 11/30/22 with the ICF Program Director confirmed client #4, client #5 and client #6 did not have readily available updated IPP's. The program director confirmed that IPP's are to be renewed annually. She also confirmed client #4's last available IPP was dated 2/18/20, client	W 260		

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W 260	Continued From page 3 #5's last available IPP was dated 3/19/21 and client #6's last available IPP was dated 9/17/20.	W 260		
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on review of fire drill reports and interviews, the facility failed to ensure fire evacuation drills were conducted at varied times/conditions. This potentially affected all clients residing in the home (#1, #2, #3, #4, #5 and #6). The finding is: Review on 11/29/22 of the fire drill reports dated November 2021 - November 2022 revealed fire drills were conducted on second shift (6:15pm - 6:15am) 6:30pm, 6:42pm, 7:45pm, 9:05pm, 7:45pm, 8:30pm, 8:12pm and 8:13pm. Interview on 11/29/22 with the Facility Support Coordinator revealed staff are to follow a pre-determined schedule of times that are scheduled throughout the day and night. The Facility Support Coordinator confirmed fire drills should be varied throughout the shift.	W 441		