STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G345	A. BUILDING _____ B. WING _____	01/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROUSE'S GROUP HOME #6	5820 NC HIGHWAY 135 STONEVILLE, NC 27048

(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 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to implement specific objectives necessary to meet the needs of 1 of 4 clients (#1). The findings are: A. The facility failed to address behavioral issues relative to personal space and boundaries. For example: Observations throughout the group home on 1/17/23 revealed client #1 to constantly pace around the house and for staff to attempt multiple verbal directions to the client to sit and engage in a puzzle or block activity. Continued observations revealed approximately one dozen instances of client #1 grabbing the surveyor by the wrist, jerking, and sticking his face in the surveyor's face. Further observations revealed staff to redirect client #1 away from the surveyors and attempt to engage him in a puzzle or block activity. Observations in the group home on 1/18/23 revealed client #1 to break personal space with the surveyors. Continued observations at 7:59 AM and 8:05 AM revealed client #1 to tap client #2 on the leg and for client #2 to respond by saying "don't touch me." Review of client #1's record on 1/18/23 revealed he was admitted to the facility on 10/6/21. Continued review of the record revealed a	W 227		

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
	34G345	A. BUILDING _____ B. WING _____	01/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROUSE'S GROUP HOME #6	5820 NC HIGHWAY 135 STONEVILLE, NC 27048

(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 227	Continued From page 1 diagnosis of Severe Intellectual Disability and Autism Spectrum Disorder, and an individual support plan (ISP) dated 10/27/22. Review of the ISP indicated client #1's habilitation goals to include privacy (closing the bathroom door), wash hands after toileting, brush teeth, setting his own place setting, clear his place setting from table, and perform a task. Further review of client #1's record revealed no behavior support plan (BSP) to be present. Interview with staff on 1/18/23 revealed client #1 frequently engages in touching or grabbing others without permission and staff will attempt to verbally redirect. Continued interview with staff revealed there are no formal interventions in place to address client #1's behaviors. Interview with the qualified intellectual disabilities professional (QIDP) on 1/18/23 revealed there is no BSP in place for client #1 because he has not shown any inappropriate behaviors until last month. B. The facility failed to address structure and routine relative to activities of daily living. For example: Observations throughout the group home on 1/17/23 revealed client #1 to constantly pace around the house and for staff to attempt multiple verbal directions to sit and engage in a puzzle or block activity. Continued observations revealed client #1 to be non-verbal and respond to verbal directions to sit down then quickly get up and return to pacing around the house. Further observations revealed no visual aids present in the home to assist client #1 with making choices or communication.	W 227		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G345	A. BUILDING _____ B. WING _____	01/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROUSE'S GROUP HOME #6	5820 NC HIGHWAY 135 STONEVILLE, NC 27048

(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 227	Continued From page 2 Observation in the group home on 1/18/23 at 6:47 AM revealed client #1 to engage in pacing around the house. Continued observation from 6:58 AM to 7:55 AM revealed client #1 to sit at the living room table with staff and engage 1:1 in several different block building and matching activities. Review of client #1's record on 1/18/23 revealed he was admitted to the facility on 10/6/21. Continued review of the record revealed a diagnosis of Severe Intellectual Disability and Autism Spectrum Disorder, and an individual support plan (ISP) dated 10/27/22. Further review of client #1's record revealed a TEACCH Assessment dated 4/22/21. Review of the TEACCH Assessment revealed recommendations to include incorporating visual supports such as visual checklists, object-based schedules and activity systems that may allow the client to move throughout the day with more flexibility in routines and lessen the requirement for verbal prompting. Interview with the QIDP on 1/18/23 revealed client #1 lived permanently at home with his mother prior to being admitted to the facility on 10/6/21. Continued interview with the QIDP revealed they are aware of changes in client #1's behaviors since moving to the group home and further revealed they have not reviewed client #1's TEACCH Assessment. Further interview with the QIDP confirmed client #1 would benefit form a formal training program to support him with activities of daily living.	W 227		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure	W 369		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G345	A. BUILDING _____ B. WING _____	01/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROUSE'S GROUP HOME #6	5820 NC HIGHWAY 135 STONEVILLE, NC 27048

(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 369	Continued From page 3	W 369		

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 assure all drugs were administered without error for 3 of 4 clients (#1, #2, and #3) observed during medication administration. The findings are:

A. The facility failed to administer medications without error for client #1. For example:

Observations in the group home on 1/18/23 at 7:03 AM revealed staff E to punch client #1's medications into a bowl for medication administration. Continued observation revealed staff E to hand client #1 the bowl with medications and the client to pour the medications into his hand. Further observation revealed client #1 to put the medications into his mouth and take all medications whole with water.

Review of records for client #1 on 1/18/23 revealed physician orders dated 12/2022. Review of the 12/2022 physician orders revealed medications to administer at 8:00 AM to be alfuzosin HCL ER 10 mg tab, amlodipine besylate 10 mg tab, lorsartan-hctz 100-12.5 mg tab, vitamin D3 1,000-unit SOF (2 capsules), megestrol 40 mg tab, and Boost drink. Further review of physician orders revealed client #1 to be prescribed alfuzosin HCL ER 10 mg tab by mouth daily for enlarged prostate, vitamin D3 1,000 unit SOF (2 capsules) by mouth once daily in the winter, and Boost drink 1 bottle 3 times daily with meals. During the survey observation staff E was not observed to administer alfuzosin HCL ER 10 mg tab, vitamin D3 1,000-unit SOF (2 capsules) and Boost drink.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G345	A. BUILDING _____ B. WING _____	01/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROUSE'S GROUP HOME #6	5820 NC HIGHWAY 135 STONEVILLE, NC 27048

(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 369	Continued From page 4	W 369		

Interview with the facility nurse on 1/18/23 verified the physician orders dated 12/2022 to be current. Continued interview with the facility nurse revealed staff E did not notify nursing that medications were not administered to client #1.

B. The facility failed to administer medications without error for client #2. For example:

Observations in the group home on 1/18/23 at 7:07 AM revealed client #2 to enter the medication area with a water cup and to remove medications from the medication cabinet for medication administration. Continued observation revealed client #2 to punch medications into his hand and put into his mouth. Further observation revealed the client to take all medications whole with water.

Review of records for client #2 on 1/18/23 revealed physician orders dated 12/2022. Review of the 12/2022 physician orders revealed medications to administer at 8:00 AM to be fluticasone 50 mcg nasal spray, Miralax powder 17 grams, sertraline HCL 100 mg tab and clonidine HCL 0.1 mg tab. Further review of physician orders revealed client #2 to be prescribed Miralax powder mix (1 capful) 17 grams in 8 0z. of juice or water once daily for constipation. During the survey observation staff E was not observed to administer Miralax powder 17 grams.

Interview with the facility nurse on 1/18/23 verified the physician orders dated 12/2022 to be current. Continued Interview with the facility nurse revealed staff E did not notify nursing that medications were not administered to client #2.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G345	A. BUILDING _____ B. WING _____	01/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROUSE'S GROUP HOME #6	5820 NC HIGHWAY 135 STONEVILLE, NC 27048

(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 369	Continued From page 5 C. The facility failed to administer medications without error for client #3. For example: Observations in the group home on 1/18/23 at 7:11 AM revealed client #3 to enter the medication area and to remove medications from the medication cabinet for medication administration. Continued observation revealed staff E to take client #3's temperature. Further observation revealed staff E and client #3 to hand over hand punch medications into a bowl and staff E to place the medications into a medicine cup. Subsequent observation revealed the client to take all medications whole with water. Review of records for client #3 on 1/18/23 revealed physician orders dated 12/2022. Review of the 12/2022 physician orders revealed medications to administer at 8:00 AM to be Boost drink, Miralax powder, multi vitamin tablet (QC) 50-, pazeo 0.7% eye drops, rufinamide 200 mg (2 tabs), topiramate 200 mg tab, vitamin D3 1,000-unit SOF, and chlorohexidine 0.12% rinse. Further review of physician orders revealed client #3 to be prescribed Miralax powder mix (1 capful) 17 grams in 8 0z. of juice or water once daily for constipation, pazeo 0.7% eye drops 1 drop in both eyes every morning, and chlorhexidine 0.12% rinse for client to swish 15 ml in mouth for 1-2 minutes and expectorate every morning and every night after brushing. During the survey observation staff E was not observed to administer Miralax powder, pazeo 0.7% eye drops, and chlorhexidine 0.12% rinse. Interview with the facility nurse on 1/18/23 verified the physician orders dated 12/2022 to be current. Continued Interview with the facility nurse	W 369		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G345	A. BUILDING _____ B. WING _____	01/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROUSE'S GROUP HOME #6	5820 NC HIGHWAY 135 STONEVILLE, NC 27048

(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 369	Continued From page 6 revealed staff E did not notify nursing that medications were not administered to client #3.	W 369		
W 436	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 interviews, the facility failed to furnish and teach 1 of 4 clients (#4) to use and make informed choices about eyeglasses. The finding is: Evening observations in the group home on 1/17/23 revealed client #4 to engage in various activities to include group snack, a review of his day, hygiene, laundry, television, a block activity, medication administration, and dinner. Continued observations revealed client #4 to be without his eyeglasses and revealed no prompts from staff for the client to wear his eyeglasses. Morning observations in the group home on 1/18/23 revealed client #4 to engage in various activities to include breakfast and clean up, hygiene, television, and medication administration. Continued observations revealed client #4 to be without his eyeglasses and revealed no prompts from staff for the client to wear his eyeglasses. Interview with staff E at 7:35 AM confirmed client #4 wear's eyeglasses and he does not have them due to him losing them. Further interview with staff E revealed the eyeglasses to be in a locked cabinet in the locked	W 436		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G345	A. BUILDING _____ B. WING _____	01/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROUSE'S GROUP HOME #6	5820 NC HIGHWAY 135 STONEVILLE, NC 27048

(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 436	Continued From page 7 medication closest. Further observation at 7:41 AM revealed staff E to provide client #4 with his eyeglasses and for the client to wear them briefly then place them in his pocket. Subsequent observation at 8:10 AM revealed client #4 to leave for the day program with his eyeglasses in his coat pocket. Review of client #4's record on 1/18/23 revealed a vision assessment dated 3/22/21. Review of the assessment revealed client #4 was prescribed eyeglasses with a follow-up appointment scheduled for one year. Continued review of client #4's record revealed no evidence of the eyeglasses being discontinued. Interview with the qualified intellectual disabilities professional (QIDP) on 1/18/23 confirmed client #4 is prescribed eyeglasses and revealed they should not be locked in the medication closest. Continued interview with the QIDP revealed client #4 had a formal training program three years ago to support him wearing his eyeglasses, however it was discontinued due to refusal behaviors. Further interview with the QIDP confirmed client #4 would benefit from a formal program to teach and support wearing eyeglasses.	W 436		
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations, and interviews, the facility failed to implement an active program for the prevention and control of infection and communicable diseases. The finding is:	W 455		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G345	A. BUILDING _____ B. WING _____	01/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROUSE'S GROUP HOME #6	5820 NC HIGHWAY 135 STONEVILLE, NC 27048

(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 455	Continued From page 8 Observation at the workshop on 1/17/23 at 1:00 PM revealed 2 staff to work directly with clients and both staff to not wear a mask. Continued observation in the group home on 1/17/23 at 4:00 PM revealed staff A to meet surveyors at the front door and staff A to assist the clients in the kitchen with putting away groceries and preparing a snack. Continued observation revealed staff A to not wear a face mask. Further observation on 1/17/23 revealed staff B, staff C and staff D to enter the group home at various times to work the shift and to assist clients and to not wear a mask. Subsequent observation at the group home on 1/18/23 at 6:25 AM revealed staff E to meet surveyors at the front door, to assist with breakfast meal and medication administration not wearing a mask which is a current requirement by the Centers for Medicare and Medicaid Services (CMS) to limit the spread of the COVID-19 virus. Interview on 1/18/23 with the qualified intellectual disabilities professional (QIDP) revealed that the QIDP told staff that mask was optional due to staff being fully vaccinated. Continued interview with the QIDP revealed that the facility was not aware of CMS requirements regarding wearing a mask.	W 455		