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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		34G111	B. WING		06/22/2022		
NAME OF PROVIDER OR SUPPLIER  PILOTVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE  209 PILOT VIEW DRIVE  KING, NC 27021				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO  (EACH CORRECTIVE ACTION SHOULD  CROSS-REFERENCED TO THE APPROPE  DEFICIENCY)	BE COMPLETION		
W 227	objectives necessary as identified by the correquired by paragrap. This STANDARD is Based on observation interviews, the individual to have guidelines to needs for 1 of 4 same bathroom routine and Observations in the garden observation at 4:45 Finside the house and to wash his hands. For a client #2 to enter the open, to wash his hands for an observation at 8:30 Finside the house and to wash his hands. For a client #2 to enter the open, to wash his hands for an observation at 8:30 Finside the bedroom. For a client with block observation at 8:30 Finside the bedroom. For a client the without washing harms open. The client the without washing harms open. The client the without washing harms of the record revealed PCP dated the PCP revealed good between bites, to use the property of the record revealed property of the property of the record revealed property of the property of the record revealed property of the prop	am plan states the specific to meet the client's needs, omprehensive assessment oh (c)(3) of this section. not met as evidenced by: ns, review of records and dual support plan (ISP) failed meet the identified client pled clients (#2) relative to d privacy. The finding is:  group home on 6/21/22 at ent #2 to listen to music and front porch. Continued PM revealed client #2 to walk a staff B to prompt the client Further observation revealed bathroom leaving the door ands, to urinate in the toilet	W 22	W 227  Statewide ICF Director/Designee add the following goals to client PCP.  1. Flushing toilet after use. 2. Washing hands with soal water after using the bat 3. Closing door while in bat for privacy.  Once consent is obtained for the ICF Director/Designee will provious service for all staff on new goals.	#2's o and chroom. hroom  plan, le an in-		

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.

Facility ID: 922387

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	MENT OF DEFICIENCIES  AN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  A. BUILDING  A. BUILDING		COMPLETED			
		34G111	B. WING		06/2	22/2022
NAME OF PROVIDER OR SUPPLIER  PILOTVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 209 PILOT VIEW DRIVE KING, NC 27021			
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF CORRECTION (EAC CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)		(X5) COMPLETION DATE
W 227	activity with at least 2 all bathrooms, clean a and take laundry to w review of the PCP rev	e 1 o and water, choose an items of choice, wipe down and sanitize his play blocks, ashing machine. Further realed a skills assessment quent review of the skills	W 227	A. Statewide ICF Director/Designee will in-service all staff on goals and interventions for client #1 and		8/22/22
W 249	assessment revealed toilet completely with Interview on 6/22/22 residential manager (for client #2 is current the RM confirmed that toilet, wash hands an PROGRAM IMPLEME CFR(s): 483.440(d)(1). As soon as the interd formulated a client's it each client must receive treatment program conterventions and serioliet with the complete that the content is the content of t	client #2 to care for self at no incontinence.  with facility director and RM) verified the 4/1/22 PCP to Continued interview with at client #2 should flush the d close doors for privacy.  ENTATION )  isciplinary team has ndividual program plan, ive a continuous active	W 249	client #2 and review regulat pertaining to active treatmed.  B. Statewide ICF Director/Designation will add the following goals client #2's PCP.  1. Flushing toilet after to 2. Washing hands with and water after using bathroom.  3. Closing door while in bathroom for privace.	gnee to use. soap g the	8/22/22
	objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on observation, interviews and record review, the facility failed to ensure a continuous active treatment program consisting of needed interventions were implemented as identified in the person centered plans (PCPs) for 2 of 4 sampled clients (#1 and #2). The findings are:  A. The team failed to implement a training objective relative to medication administration,			Once consent is obtained plan, ICF Director/Design provide an in-service for on new goals.	e will	8/22/22

Event ID: 8GLI11

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G111	B. WING		<u> </u>	06	/22/2022
NAME OF PROVIDER OR SUPPLIER  PILOTVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE  209 PILOT VIEW DRIVE  KING, NC 27021				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE	
	Continued From page pouring Ensure into a choosing activities we #1. For example:  Observations in the g 4:30 PM to 6:00 PM runengaged time for cwith the television on and to eat his dinner robservation did staff properly engage client.  Observation in the grown administration. Conticclient #1 to take all moves a to exit the medication and walk into the kitch Subsequent observation at the capture of the cup.  Review of the record revealed a PCP dated client has the following obsessive compulsive non-nutritive items. Crevealed client #1 has goals: carry water cup		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  W 249  in ent  from of fouch porch, g the ent to  at 7:00 cation alled of der. ent #1 acup.  pour me of se into  I the IDD, go PCP ocation and go PCP ocation and go PROVIDER'S PLAN OF CORRECTION GENERAL SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  W 249  In ent  PROVIDER'S PLAN OF CORRECTION GENERAL SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  This Page Intentionally Left Blank  I the IDD, go PCP Ocation			DATE	
	showering, pour Ensuchoosing activities, roweek and to place his van before standing.	ure into a cup, participate in all/toss ball to staff 3 times a feet on running board of Further review of the PCP buld be prompted to carry					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (IDENTIFICATION NUMBER:		8 4	G	COMPLETED		
		34G111	B. WING		06/22/2022	
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W 249	his water cup to the lafter med pass. Sub revealed client #1 sh participate in choosing Ensure into a cup.  Interview with the fact manager (RM) on 6/2 goals are current. Con RM revealed that stackient #1 to take his will place the cup in the state client #1 to pour nutring staff should have proparticipate in choosing.  B. The team failed to objective for client #2 For example:  Observations in the game of the state o	sitchen and place in the sink sequent review of the PCP ould be prompted to any activities and pouring stility director and residential 22/22 verified that client #1's continued interview with the eff should have prompted water cup to the kitchen and sink. Further interview with staff should have prompted ditional shake into a cup and operly engaged the client to any activities.  In implement a training erelative to hand washing.  In group home on 6/21/22 at each #2 to walk inside the prompt the client to wash his poservation revealed client #2 in and to exit the bathroom discovered the prompt washing to be a served to walk into bathroom to room without washing hands on at 8:34 AM revealed client	W 24	This Page Intentionally Left	Blank	

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED	
		34G111	B. WING _			06/22/2022	
NAME OF PROVIDER OR SUPPLIER  PILOTVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE  209 PILOT VIEW DRIVE  KING, NC 27021				
(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 COR  (EACH CORRECTIVE ACTION S  CROSS-REFERENCED TO THE A  DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 249	following program god completely between to board, wash hands wan activity with at least down all bathrooms, oblocks, and take laun Further review of the should be prompted towater.  Interview with the fact 6/22/22 revealed that goal to wash hands we Continued interview with the fact of the should be prompted towater.	als: to chew food bites, to use the van running ith soap and water, choose st 2 items of choice, wipe clean and sanitize his play dry to washing machine. PCP revealed client #2 to wash hands with soap and fility director and RM on client #2 has a program	W2	This Page Intentionally I	eft Blan	k	