STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G059	A. BUILDING ______ B. WING ______	02/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELMONT GROUP HOME	**100 BELMONT MOUNT HOLLY ROAD/205 WIMMER CIRCLE BELMONT, NC 28012**

(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 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure the privacy of 1 of 3 sampled clients (#2) during care of personal needs. The finding is: Afternoon observations in the group home on 2/27/23 at 5:15 PM revealed 2nd shift staff to pour water into client's PEG tube while sitting in the living room. Continued observations revealed staff to lift the client's shirt above his chest and pour water into his tube. At no time during feeding did staff offer cover up client's chest or abdominal area from being exposed. Morning observations in the group home on 2/28/23 at 7:20 AM revealed 3rd shift staff to pour a supplement into client #2's PEG tube while sitting in the living room area. Continued observations revealed staff to lift the client's shirt exposing his stomach and chest area during feeding. Further observations revealed two other clients to sit in the living room while other staff walked through the office, living room and kitchen area. At no time during the feeding did staff offer to cover up client #2's chest or abdominal area from being exposed. Interview with 3rd shift staff on 2/28/23 revealed client #2 is usually fed in the dining area or living room since she's been employed at the facility for over a year. Interview with the facility nurse revealed client #2 should be fed or receive medications in his bedroom or medication room	W 130		

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

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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W 130	Continued From page 1 for privacy.	W 130		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation and interviews, the facility failed to assure all medications and biologicals remained locked except when being prepared for medication administration for 2 of 5 clients (#2, #4). The finding is: Morning observations in the group home on 2/28/23 at 7:25AM revealed staff to transition client #4 to the medication room to prepare for medication administration. Continued observations at 7:38 AM revealed staff to exit the medication room with medications remaining on top of the cart, with the medication cart open, unlocked and unattended with the key left in the lock. Further observations revealed staff to also leave the client in the medication room unattended with the surveyor. Subsequent observations at 8:15 AM revealed staff to transition client #2 to the medication room to prepare for medication administration. Continued observations at 8:22 AM revealed staff to again leave client #2 in the medication room unattended and unlocked with medications to remain on the medication cart. Further observations also revealed staff to leave the key in the lock. Interview with the facility nurse on 2/28/23 revealed staff should keep all medications locked	W 382		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G059	A. BUILDING ______ B. WING ______	02/28/2023

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W 382	Continued From page 2 and keys on their person when medication is not being administered. Continued interview with nursing also revealed clients should not be left unattended in the medication room with access to medications. Interview with the qualified intellectual disabilities professional (QIDP) on 2/28/23 revealed staff have been trained to remain with clients when medications are available and unlocked. Continued interview with the QIDP and nursing also revealed staff should keep all medications locked when medication is not being administered.	W 382		