

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/09/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G349	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/08/2023
NAME OF PROVIDER OR SUPPLIER CAROLINA FARMS GROUP HOME #2			STREET ADDRESS, CITY, STATE, ZIP CODE 31713 HERB FARM CIRCLE ALBEMARLE, NC 28001		
(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	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure a continuous active treatment program consisting of needed interventions were implemented as identified in the individual program plan (IPP) for 1 sampled client (#5). The finding is:</p> <p>Observations in the facility during the 3/7/23-3/8/23 survey revealed client #5 to participate in various activities to include a coloring activity, participate in mealtimes, participate in medication administration and exercise activities. At no point during the observation period was client #5 prompted to use a sign language picture board or Ipad picture schedule.</p> <p>Morning observations in the group home on 3/8/23 revealed client #5 to participate in various activities to include grooming, participate in a word activity, medication administration, participate in the breakfast meal and an exercise activity. Continued observations also revealed staff to pull down their masks to verbalize prompts and directives to client #5 as well as use</p>	W 249			

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 249	<p>Continued From page 1</p> <p>hand gestures to complete specific tasks. At no point during the observation period was client #5 prompted to use a communication schedule, sign language picture board, grease board or Ipad picture schedule to prompt client #5 to complete specific tasks.</p> <p>Review of the record for client #5 on 3/8/23 revealed an IPP dated 8/1/22. Review of the IPP revealed the following diagnosis for client #5: Autism Spectrum Disorder, I/DD severe, Cerebral Palsy, migraines, irregular menses cycle, Hypothyroidism, chronic constipation, GERD, Dislipidemia and chronic hearing loss.</p> <p>Continued review of the IPP indicated the client has a daily objective/picture schedule with pictures, objects and text to inform her of where she is going and in what sequence activities will occur. Staff will also use first-then statements using a grease board to assist with client #5's transition schedule. Review of the behavior support plan (BSP) dated 8/1/22 revealed staff should communicate client #5's activities on a schedule and reinforce participation with small rewards or preferred activities.</p> <p>Interview with the home manager (HM) on 3/8/23 revealed staff should use a combination of the picture board, sign language picture board or Ipad to communicate various activities to client #5 throughout the day. Continued interview with the HM also revealed using the grease board with client #5 which includes first-then statements has been the most effective communication activity for the client. Further interview with the HM verified staff should use the communication boards and devices with client #5 throughout the day.</p>	W 249			

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W 249	Continued From page 2	W 249			
W 383	<p>Interview with the regulatory director (RD) on 3/8/23 revealed staff have been trained to use various communication tools and devices for client #5 to improve receptive and expressive communication goals. Continued interview with the RD revealed all of client #5's communication goals are current. Further interview with the RD revealed staff should use client #5's communication boards and devices as prescribed.</p> <p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure only authorized persons have access to the keys to the medication storage area. The finding is:</p> <p>Observations during the survey from 3/7/23-3/8/23 revealed the key to the medication room to be stored on a hook in the hallway close to the activity closet. Continued observations revealed staff to use the medication key at various times and return the key to the hook on the wall in the hallway.</p> <p>Morning observations on 3/8/23 from 6:50 AM-7:10 AM revealed the key to the medication room to remain in the lock on the door. Continued observations at 7:10 AM revealed staff to remove the key from the medication door and place it on a hook in the hallway. Further observations from 7:30 AM - 8:30 AM revealed staff to use the medication key at various times</p>	W 383			

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W 383	Continued From page 3 and return it to the hook in the hallway. At no point during the observation period did staff secure the medication key when it was not in use. Interview with the home manager (HM) on 3/8/23 revealed staff should keep the medication key with them and not place it on the hook in the hallway. Interview with the regulatory director (RD) on 3/8/23 revealed staff have been trained to secure the medication key when it is not in use. Continued interview with the RD also revealed staff should not have left the medication key in the lock at anytime.	W 383			