

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

PRINTED: 04/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/03/2023
NAME OF PROVIDER OR SUPPLIER MOSS II GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1615-B MOSS SPRINGS ROAD 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 000	INITIAL COMMENTS	W 000			
W 153	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on observations, documentation review and interviews, the facility failed to ensure allegations relative to potential abuse and/or neglect of clients (#4, #5) was reported to medical personnel in a timely manner. The finding is:</p> <p>Review of facility documentation on 4/3/23 revealed an IRIS report dated 3/31/23 relative to allegations of physical abuse against clients #4 and #5. Continued review of the IRIS report revealed allegations that client #4 was hit on his arm during meal time. Further review revealed client #5 was slapped in his face by a staff member. Subsequent review of the IRIS report revealed the staff was suspended on 3/28/23 pending investigation.</p> <p>Additional review of facility documentation relative to allegations of employee to resident/patient abuse for client #4 and #5 revealed the facility's Critical Incident and Death Reporting (Level II & III) policy which indicated that the "facility should ensure everyone's safety and seek emergency treatment if necessary. The staff will verbally</p>	W 153			

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.

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

PRINTED: 04/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/03/2023
NAME OF PROVIDER OR SUPPLIER MOSS II GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1615-B MOSS SPRINGS ROAD 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 153	<p>Continued From page 1</p> <p>notify on call, supervisor, qualified intellectual disabilities professional (QIDP) and registered nurse (RN) (as needed for ICF services). Reporting an allegation through email, text or other written methods only is unacceptable because it can delay the start of the investigation and prolong the abuse, neglect or exploitation of the person served".</p> <p>Subsequent review of nurse's notes did not reveal documentation relative to the alleged incidents dated 3/28/23. Review of the record for client #4 and #5 did not reveal nursing assessments relative to the alleged incident. Continued review of documentation did not reveal medical consults or QIDP notes relative to the alleged incident dated 3/28/23.</p> <p>Interview with the facility nurse on 4/3/23 revealed she was not made aware of allegations of physical abuse against client #4 or #5 on 3/28/23. Further interview with nursing revealed agency protocol is once information is received by nursing, a nurse will go to the facility, complete a body check, nursing assessment and nurse's note. The facility nurse also revealed during the interview that she would have instructed staff to transport the client to the local emergency department for a medical examination as a precautionary measure. Additional interview with nursing revealed a nurse's assessment, body check and medical examination didn't occur as nursing was not aware of the allegations relative to client #4 or #5 on 3/28/23. Nursing also revealed she was told on 4/3/23 that an internal investigation was underway and the alleged staff member was on suspension but was not provided with details.</p>	W 153			

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

PRINTED: 04/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/03/2023
NAME OF PROVIDER OR SUPPLIER MOSS II GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1615-B MOSS SPRINGS ROAD 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 153	Continued From page 2 Interview with the QIDP on 4/3/23 revealed she told nursing that an internal investigation was underway however she did not provide any specific details. Continued interview with the QIDP revealed she received the allegations on 3/28/23 and initiated an internal investigation. Further interview with the QIDP revealed she completed the healthcare personnel registry 24-hour notification, IRIS report and Department of Social Services (DSS) notifications. Additional interview with the QIDP revealed the client did not receive a medical examination relative to the allegations. The QIDP also revealed management should have made nursing aware of the allegations of physical abuse against the client so that appropriate, timely steps such as the nursing assessment and medical evaluation could have been completed according to the facility policy.	W 153			