

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/10/2023
NAME OF PROVIDER OR SUPPLIER MOSS I GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1617 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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>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 observation and interview, the facility failed to assure that privacy was maintained for 1 of 5 clients (#4) during toileting. The finding is:</p> <p>Observations in the group home on 5/9/23 at 2:31pm revealed client #4 to exit the living room area and enter to the bathroom at the end of hallway. Continued observation revealed client #4 to use the toilet with the door open. Further observation revealed client #4 to finish toileting, pull up his clothes and to exit the bathroom. Subsequent observation revealed client #4 to sit on the couch in the living room holding a basketball. At no time was staff observed to prompt or close the bathroom door for privacy.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 5/10/23 verified that the bathroom door should be closed for privacy. Continued interview with QIDP verified that the facility will look at a training objective for client #4 to maintain privacy while using the bathroom.</p>	W 130		
W 369	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure 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 1 of 6 clients (#2) observed during medication administration.</p>	W 369		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/10/2023
NAME OF PROVIDER OR SUPPLIER MOSS I GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1617 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 369	Continued From page 1 The finding is: Observation in the group home on 5/10/23 at 7:07AM revealed the residential manager (RM) to scan and punch medications into a medicine cup for client #2. Continued observation revealed client to take all medications whole with water. Further observation revealed the RM to administer fluticasone nasal spray 50 mcg with 1 spray in each nostril. Review of records for client #2 on 5/10/23 revealed physician orders dated 5/10/23. Review of the 5/10/23 physician orders revealed medications to administer at 8:00 AM to be stool soft CAP 240 MCG, Fluvoxamine Maleate Tab 100 MG, Lorazepam Tab 2 MG, and Fluticasone nasal spray 50 MCG with 2 sprays in each nostril once daily. Interview with the RM on 5/10/23 verified the physician orders dated 5/10/23 to be current. Continued interview with the RM confirmed that all medications should be administered as prescribed by physician.	W 369			
W 472	MEAL SERVICES CFR(s): 483.480(b)(2)(i) Food must be served in appropriate quantity. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure food was served in appropriate quantity for 1 of 5 clients (#5). The finding is: Observation in the group home on 5/10/23 at 7:13 AM revealed client #5 to sit at the dining room table for the breakfast meal. Continued	W 472			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/10/2023
NAME OF PROVIDER OR SUPPLIER MOSS I GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1617 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 472	Continued From page 2 observation revealed client #5 to independently serve herself toast, grits and eggs. Further observation revealed client #5 to eat her breakfast meal. Subsequent observations at 7:28 AM revealed staff C to offer client #5 more grits and eggs and for the client to independently serve herself more grits and eggs. Review of records on 5/10/23 revealed a person-centered plan (PCP) dated 9/7/22. Continued review of records revealed a nutritional assessment dated 11/10/22 revealed a prescribed diet to be low cholesterol, low saturated fat diet, fresh fruit for dessert, no sugary beverages, no juice, no seconds except vegetables, offer water or green tea. Interview on 5/10/23 with the qualified intellectual disabilities professional (QIDP) verified client #5's prescribed diet. Continued interviews with the QIDP revealed that the staff should follow the client's prescribed diet.	W 472			
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii) Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to serve food in a form consistent with the developmental level of 3 of 5 clients (#1, #2, and #3) relative to prescribed diet. The finding is: Observations in the group home on 5/10/23 at 7:13 AM revealed the breakfast meal to be scrambled eggs, grits, whole wheat toast, water, and milk. Continued observation revealed client	W 474			

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

PRINTED: 05/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/10/2023
NAME OF PROVIDER OR SUPPLIER MOSS I GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1617 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 474	<p>Continued From page 3</p> <p>#1, #2, and #3 to be served hand over hand. Further observation revealed client #2 to tear her whole wheat toast into large pieces and consume the breakfast meal. Subsequent observations revealed clients #1 and #3 to consume the breakfast meal in whole form. Additionally, client #3 was observed to consume her food in large amounts and cough throughout the breakfast meal.</p> <p>Review of client #1's record on 5/10/23 revealed a nutritional assessment dated 11/10/22 for client #1's diet to be low saturated fat, no concentrated sweets, food to cut in small pieces as needed, and double portions of fluids with meals and snacks. Continued review of records revealed a nutritional assessment for client #2 dated 11/10/22 with a diet of low cholesterol, low fat, no concentrated sweets, all food cut in small pieces, and 4 oz. prune juice in the morning. Further review of records revealed a nutritional assessment for client #3 dated 8/29/22 with a diet of regular, cut food in bite size pieces when needed, offer seconds upon request, one apple daily, 4 oz. prune juice daily, and 4 oz of yogurt at bedtime.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 5/10/23 confirmed client #1, #2, and #3's prescribed diet. Further interview with the QIDP confirmed specially modified diets should always be followed as prescribed.</p>	W 474			