PRINTED: 05/17/2023 FORM APPROVED OMB NO. 0938-0391

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G253	B. WING			05/	16/2023
	ROVIDER OR SUPPLIER			13	REET ADDRESS, CITY, STATE, ZIP CODE 17 HELMSDALE DR ARY, NC 27511	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	K	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
	§460.84(d)(2), §482 §483.475(d)(2), §482 §485.542(d)(2), §482 \$485.542(d)(2), §482 *[For ASCs at §416 at §485.542, OPO, §485.727, CMHCs §491.12, and ESRE (2) Testing. The [facto test the emergen must do all of the formula of the emergen of the emergen of the formula of the emergen of the em	3.113(d)(2), §441.184(d)(2), 2.15(d)(2), §483.73(d)(2), 34.102(d)(2), §485.68(d)(2), 35.625(d)(2), §494.62(d)(2). 3.54, CORFs at §485.68, REHs "Organizations" under at §485.920, RHCs/FQHCs at D Facilities at §494.62]: cility] must conduct exercises cy plan annually. The [facility] ollowing: all-scale exercise that is every 2 years; or unity-based exercise is not at a facility-based functional ars; or y] experiences an actual de emergency that requires be ergency plan, the [facility] is jung in its next required or individual, facility-based following the onset of the attonal exercise at least every 2 year the full-scale or under paragraph (d)(2)(i) of ucted, that may include, but is allowing: cale exercise that is or individual, facility-based or article or under paragraph (d)(2)(i) of ucted, that may include, but is allowing: cale exercise that is or individual, facility-based or article or under paragraph (d)(2)(i) of ucted, that may include, but is allowing: cale exercise that is or individual, facility-based or article or under paragraph (d)(2)(i) of ucted, that may include, but is allowing: cale exercise that is or individual, facility-based or article or under paragraph (d)(2)(i) of ucted, that may include, but is allowing: cale exercise that is or individual, facility-based or article or under paragraph (d)(2)(i) of ucted, that may include, but is allowing: cale exercise that is or individual, facility-based or article or under paragraph (d)(2)(i) of ucted, that may include, but is allowing:	EO	39			
ABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		TITLE		(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(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 (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G253	B. WING _		05	/16/2023
	PROVIDER OR SUPPLIER DALE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP COD 1317 HELMSDALE DR CARY, NC 27511		2 2
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
E 039	a facilitator and incla a narrated, clinically scenario, and a set directed messages designed to challen (iii) Analyze the [facility analyze the analyze	udes a group discussion using y-relevant emergency of problem statements, or prepared questions ge an emergency plan. Sility's] response to and ation of all drills, tabletop ergency events, and revise the cy plan, as needed. 18.113(d):] Dices that provide care in the ency plan at least provide care in the ency plan at least provide emergency plan at least provide exercise that is every 2 years; or unity based exercise is not at an individual facility based every 2 years; or experiences a natural or exercise or individual or exercise or individual onal exercise following the exercise or individual onal exercise following the ency event. Ilitional exercise every 2 years, are full-scale or functional exercise or individual onal exercise or individual onal exercise or individual onal exercise following the ency event. Ilitional exercise every 2 years, are full-scale or functional exercise or individual onal exercise or individual onal exercise that is or a facility based functional	EO	39		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	IULTIPLE CONSTRUCTION ILDING		(X3) DATE SURVEY COMPLETED	
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E 039	a narrated, clinically scenario, and a set directed messages designed to challent (3) Testing for hosp care directly. The hexercises to test theyear. The hospice (i) Participate in an is community-based (A) When a community-based function (B) If the hospice eman-made emerge the emergency plarengaging in its next based or facility-based following the onset (ii) Conduct an add may include, but is (A) A second full-scommunity-based of exercise; or (B) A mock disasted (C) A tabletop exerting facilitator that including and a set of problem messages, or prepare challenge an emergical (iii) Analyze the homaintain document	of problem statements, or prepared questions ge an emergency plan. ices that provide inpatient hospice must conduct elemergency plan twice per must do the following: annual full-scale exercise that d; or unity-based exercise is not an annual individual onal exercise; or experiences a natural or noty that requires activation of a the hospice is exempt from a required full-scale community sed functional exercise of the emergency event. Ititional annual exercise that not limited to the following: cale exercise that is or a facility based functional er drill; or cise or workshop led by a des a group discussion using a relevant emergency scenario, in statements, directed ared questions designed to gency plan. spice's response to and ation of all drills, tabletop ergency events and revise the	E 03	9			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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E 039	*[For PRFTs at §44 §482.15(d), CAHs at (2) Testing. The [PF conduct exercises to twice per year. The dothe following: (i) Participate in an is community-based (A) When a community-based function (B) If the [PRTF, Ho actual natural or marequires activation of [facility-based functionset of the emergency (ii) Conduct an and that may include following: (A) A second full-scommunity-based of functional exercise; (B) A mock (C) A tabletop of led by a facilitator at discussion, using a emergency scenari statements, directed questions designed plan. (iii) Analyze the maintain document	1.184(d), Hospitals at at §485.625(d):] RTF, Hospital, CAH] must to test the emergency plan annual full-scale exercise that d; or unity-based exercise is not annual individual, onal exercise; or ospital, CAH] experiences an an-made emergency that of the emergency plan, the rom engaging in its next community based or individual, onal exercise following the ency event. [additional] annual exercise or le, but is not limited to the cale exercise that is or individual, a facility-based or disaster drill; or exercise or workshop that is and includes a group narrated, clinically-relevant o, and a set of problem d messages, or prepared to challenge an emergency at [facility's] response to and ation of all drills, tabletop ergency events and revise the cy plan, as needed.	EO	39		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
E 039	(2) Testing. The PA exercises to test the annually. The PACI following: (i) Participate in an is community-based (A) When a community-based (A) When a community-based function (B) If the PACE expressible, conduct facility-based function (B) If the PACE expressible, conducted that make the emergency plarengaging in its next based or individual, exercise following the exercise under participate to the exercise under participate (A) A second full-scommunity-based of functional exercises (B) A mock disasted (C) A tabletop exercise a facilitator and inclusing a narrated, cliscenario, and a set directed messages designed to challer (iii) Analyze the PA maintain document exercises, and emerpace's emergency	CE organization must conduct a emergency plan at least corganization must do the annual full-scale exercise that d; or unity-based exercise is not than annual individual, onal exercise; or periences an actual natural or not that requires activation of an the PACE is exempt from the required full-scale community, facility-based functional the onset of the emergency additional exercise every 2 year the full-scale or functional agraph (d)(2)(i) of this section has include, but is not limited to cale exercise that is or individual, a facility based for exercise or workshop that is led by ludes a group discussion, inically-relevant emergency of problem statements, or prepared questions age an emergency plan. CE's response to and ation of all drills, tabletop ergency events and revise the relation as needed.	EO	39			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		TE SURVEY MPLETED
		34G253	B. WING _		05	/16/2023
	PROVIDER OR SUPPLIER PALE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP C 1317 HELMSDALE DR CARY, NC 27511		
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E 039	test the emergency including unannour emergency procedul CF/IID] must do the (i) Participate in an is community-based (A) When a community-based function (B) If the [LTC facility-based function (B) If the [LTC facility is exemined a full-scale individual, facility-based individual, facility-based following the onset (ii) Conduct an additional exercises (B) A mock disasted (C) A tabletop exercise a facilitator includes narrated, clinically-land a set of problem essages, or prepare challenge an emergical maintain document of the community facility and maintain document in the community facility and maintain document in the community facility facility facility facility facility facility facility facility in test the emerger The ICF/IID must detail in the community facility facil	replan at least twice per year, aced staff drills using the ures. The [LTC facility, e following: annual full-scale exercise that d; or unity-based exercise is not an annual individual, onal exercise. ty] facility experiences an en-made emergency that for the emergency plan, the enterprise that most limited to the following: cale exercise that is for an individual, facility based or er drill; or exercise or workshop that is led by a group discussion, using a relevant emergency scenario, an statements, directed ared questions designed to gency plan. To facility] facility's response to mentation of all drills, tabletop ergency events, and revise the is emergency plan, as needed. 183.475(d)]: F/IID must conduct exercises acy plan at least twice per year.	E 03	9		

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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E 039	accessible, conduction facility-based functional emergency plar engaging in its next community-based of functional exercise emergency event. (ii) Conduct an add may include, but is (A) A second full-so community-based of functional exercise; (B) A mock disaster (C) A tabletop exercise a facilitator and inclusing a narrated, clusing a narrated,	d; or unity-based exercise is not that an annual individual, onal exercise; or. Experiences an actual natural or noty that requires activation of an, the ICF/IID is exempt from a required full-scale or individual, facility-based following the onset of the sitional annual exercise that not limited to the following: cale exercise that is or an individual, facility-based or ar drill; or cise or workshop that is led by udes a group discussion, inically-relevant emergency of problem statements, or prepared questions ge an emergency plan. E/IID's response to and action of all drills, tabletop ergency events, and revise the explan, as needed. E-102] HHA must conduct exercises acy plan at HHA must do the following: cull-scale exercise that is	E 03	9			

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E 039	or man-made emer of the emergency pengaging in its next community-based of functional exercise emergency event. (ii) Conduct an add opposite the year the exercise under parais conducted, that limited to the follow (A) A second functional exercise; (B) A mock disais (C) A tabletop of functional exercise; (B) A mock disaiscussion, using a emergency scenaristatements, directed questions designed plan. (iii) Analyze the HH documentation of a emergency events, emergency plan, as *[For OPOs at §486 (d)(2) Testing. The to test the emergency following: (i) Conduct a paper workshop at least as led by a facilitator ad discussion, using a emergency scenarior discussion.	experiences an actual natural regency that requires activation plan, the HHA is exempt from a required full-scale or individual, facility based following the onset of the ditional exercise every 2 years, the full-scale or functional agraph (d)(2)(i) of this section at may include, but is not ing: Ill-scale exercise that is or an individual, facility-based for exercise or workshop that is and includes a group narrated, clinically-relevant o, and a set of problem do messages, or prepared of the challenge an emergency. A's response to and maintain and revise the HHA's is needed.	E	039			

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E 039	plan. If the OPO exman-made emerge the emergency planengaging in its next following the onset (ii) Analyze the OPO documentation of a emergency events, OPO's] emergency events, OPO's] emergency exercises to test the must do the following (i) Conduct a paper least annually. A tare discussion led by a clinically-relevant exercises to test the must do the following (ii) Conduct a paper least annually. A tare discussion led by a clinically-relevant exercises to test the must do the following (ii) Analyze the RNI maintain document and emergency plan. (iii) Analyze the RNI maintain document and emergency plan, as This STANDARD is Based on docume facility failed to ensmock drill or an aniconducted and inclemergency Preparities: Review on 5/15/23 revealed there was	It to challenge an emergency operiences an actual natural or ency that requires activation of any the OPO is exempt from the required testing exercise of the emergency event. O's response to and maintain all tabletop exercises, and and revise the [RNHCl's and replan, as needed. 748]: RNHCl must conduct the emergency plan. The RNHCling: re-based, tabletop exercise at a group facilitator, using a narrated, mergency scenario, and a set ents, directed messages, or a designed to challenge an exercise to and exaction of all tabletop exercises, and revise the RNHCl's is needed. In the facility's edness Plan (EP). The finding of the facility's EP Plan no annual tabletop conducted. In the facility's EP Plan no annual tabletop conducted. In the facility's EP Plan no annual tabletop conducted. In the facility's EP Plan no annual tabletop conducted. In the facility's EP Plan no annual tabletop conducted. In the facility's EP Plan no annual tabletop conducted. In the facility's EP Plan no annual tabletop conducted. In the facility's EP Plan no annual tabletop conducted. In the facility's EP Plan no annual tabletop conducted. In the facility's EP Plan no annual tabletop conducted. In the facility's EP Plan no annual tabletop conducted. In the facility's EP Plan no annual tabletop conducted.	E	039			

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E 039	Continued From pa	ge 9 on 5/15/23, the Area	E 03	9		
W 189	Supervisor (AS) cor	nfirmed the facility EP did not	W 18	9		
	initial and continuing employee to perform efficiently, and come This STANDARD is Based on observatinterviews, the facility sufficiently trained in the sufficiently trained in the sufficient of the sufficient o	ovide each employee with g training that enables the m his or her duties effectively, petently. In some that as evidenced by: sions, document review and sity failed to ensure staff were in a technique to assist 1 of 3 uring meals. The finding is:				
	5/15/23 at 5:09pm, grabbing client #3's to lift the spoon to hobservations reveal wrist ten times, while put his spoon into how as observed push	rvations in the home on Staff A was observed wrist while he was attempting his mouth. Further led Staff A grabbing client #3's le client #3 was attempting to his mouth. At 5:15pm, Staff A ing down on client #3's wrist to lift his spoon to his mouth.				
	stated he was "bein to the fact he will pu mouth because he choke. Further inte	te interview on 5/15/23, Staff A ag physical" with client #3 due at too much food into his eats very fast and might erview with Staff A revealed he ing too much physical touch				
	Therapy (OT) evalu	of client #3's Occupational lation (no date) revealed, "Pt. please offer prompts as				

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W 189	pace". During an interview	ge pt. to slow down feeding on 5/16/23, the Area	W 1	89			
W 210	CFR(s): 483.440(c)(3)		W 2	10			
	assessments or reasupplement the preprior to admission. This STANDARD is Based on record refacility failed to obtain	r admission, the m must perform accurate assessments as needed to liminary evaluation conducted as not met as evidenced by: eview and interviews, the ain needed initial assessments ats (#2, #3 and #4). The					
	revealed he had no	23 of client #2's record t received visual examination. aled client #2 was admitted to 3.					
	revealed he had no	23 of client #3's record treceived visual examination. aled client #3 was admitted to 23.					
	revealed he had no	/23 of client #4's record t received visual examination. aled client #4 was admitted to 23.					
		on 5/16/23, the Qualified ies Professional (QIDP)					

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W 210		2, #3 and #4 had not received nations. GRAM PLAN	W 2			
	identify the client's behavioral manage This STANDARD is Based on record refailed to ensure 1 opsychological assed days of admission. Review on 5/15/23	s not met as evidenced by: eview and interview, the facility f 3 audit clients (#3) had a ssment completed within 30 The finding is: of client #3's record revealed				
	Further review indic	the facility on 1/18/23. cated client #3's psychological ompleted by another agency				
W 221	Intellectual Disabilit confirmed client #3 psychological assess within 30 days of acrevealed the QIDP responsible to ensure		W 22	21		
	include auditory fun This STANDARD is Based on record re facility failed to ens	e functional assessment must actioning. s not met as evidenced by: eview and interviews, the ure an auditory examination ats (#2, #3 and #4). The				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
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W 221	revealed he had no examination. Furth was admitted to the B. Review on 5/15 revealed he had no examination. Furth was admitted to the C. Review on 5/15 revealed he had no examination. Furth was admitted to the During an interview Intellectual Disabilit confirmed clients #3 their auditory exam PROGRAM IMPLE CFR(s): 483.440(d) As soon as the interview intellectual Disability confirmed clients #3 their auditory exam PROGRAM IMPLE CFR(s): 483.440(d)	/23 of client #2's record t received an auditory er review revealed client #2 e facility on 3/6/23. //23 of client #3's record t received an auditory er review revealed client #3 e facility on 1/18/23. //23 of client #4's record t received an auditory er review revealed client #3 e facility on 2/28/23. on 5/16/23, the Qualified ies Professional (QIDP) 2, #3 and #4 had not received inations. MENTATION (1) rdisciplinary team has	W 22			
	each client must retreatment program interventions and so and frequency to su objectives identified plan. This STANDARD is Based on observatinterviews, the facili	s individual program plan, ceive a continuous active consisting of needed ervices in sufficient number upport the achievement of the I in the individual program as not met as evidenced by: ions, record reviews and ity failed to ensure 2 of 3 audit received a continuous active				

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NAME OF PROVIDER OR SUPPLIER HELMSDALE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1317 HELMSDALE DR CARY, NC 27511				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
W 249	interventions and s Individual Program adaptive dining equ A. During dinner o 5/15/23, client #2 w from a regular plate using a regular fork no time was client; sided divided plate handle spoon. Add client #2 using his food, which land scooping his food. Review on 5/15/23 4/14/23 stated he u handle spoon and his meals. Review on 5/16/23 Therapy (OT) evalu "Therapist tried a s spoon and pt. was during observation Therapist is recom good grip bendable overloading and als and stable grasp of one spoon for pt. to 03/29/2023." Furth difficulty scooping fi benefit from using: During an interview Manger (HM) state	consisting of needed ervices as identified in the Plan (IPP) in the area of aipment. The findings are: bservations in the home on was observed eating his dinner expected. With a red built up handle. At #2 prompted to use a high or a small angled built up ditional observations revealed fingers three times to pick up ded on the table while he was of client #2's IPP dated uses a small angled built up high sided divided plate for all of client #2's Occupational uation dated 3/29/23 stated, mall built up handle angled able to use it on his own conducted on 03/29.2023. The mending use of a small bowled expoon to prevent spoon so to provide a comfortable in utensil handle. Therapist left	W 24	19			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G253	B. WING			05/	16/2023
NAME OF PROVIDER OR SUPPLIER HELMSDALE GROUP HOME				1317 HE	ADDRESS, CITY, STATE, ZIP CODE ELMSDALE DR NC 27511	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 249			W 2	49			
	Intellectual Disabilit	on 5/16/23, the Qualified ies Professional (QIDP) stated h sided divided plate in the o use.					
	5/15/23, client #3 w from a regular plate prompted to use a l Further observation	bservations in the home on vas observed eating his dinner e. At no time was client #3 high sided divided plate. as revealed client #3 eating ble that landed there while he pood.					
	(no date) stated "Pt regular plate and w sided divided plate.	of client #3's OT evaluation that has difficulty scooping from a sill benefit from using a High Therapist left a high sided to use, additional ones can be					
W 263	there was not a hig home for client #3 t	ORING & CHANGE	W 2	63			
	are conducted only consent of the clien minor) or legal guar This STANDARD is Based on record refailed to ensure resconducted with the	s not met as evidenced by: eview and interview, the facility trictive programs were only written informed consent of a s affected 3 of 3 audit clients					

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G253	B. WING _		05	/16/2023
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W 263	During observations surveyor noticed the garage was locked was noticed that a land other food item in the garage. Furt staff had to use a key a signed consent a food was kept to be garaged consent a food was kept to be gar	s in the home on 3/6/23, the at the door leading into the Upon further observations it refrigerator containing food is on shelves were being kept her observations revealed ey to unlock the door. 23 of client #2's Individual dated 4/14/23 did not include llowing the door where the locked. 23 of client #3's IPP dated ude a signed consent allowing food was kept to be locked. 23 of client #4's IPP dated ude a signed consent allowing food was kept to be locked. 26 on 5/15/23, Staff A revealed food is stored is locked due to 43 has diabetes and he has a	W 26			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G253	B. WING		05.	/16/2023
NAME OF PROVIDER OR SUPPLIER HELMSDALE GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1317 HELMSDALE DR CARY, NC 27511		
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W 351	include a complete examination, using to properly evaluate than one month after (unless the examinatively emonths before the stranger of the s	ntal diagnostic services extraoral and intraoral all diagnostic aids necessary the client's condition not later er admission to the facility ation was completed within are admission). s not met as evidenced by: eview and interviews, the ure a dental examination for 1 3). The finding is:	W 3	51		
W 382	he has not received Further review client facility on 1/18/23. During an interview Intellectual Disabilit confirmed client #3 examination. Furth #3's father normally medical appointments o lately. DRUG STORAGE ACFR(s): 483.460(l)() The facility must ke locked except wher administration. This STANDARD is	ep all drugs and biologicals n being prepared for s not met as evidenced by: ions, document review and	W 3	82		

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		34G253	B. WING_		05	/16/2023	
NAME OF PROVIDER OR SUPPLIER HELMSDALE GROUP HOME				STREET ADDRESS, CITY, STATE, ZI 1317 HELMSDALE DR CARY, NC 27511			
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W 382	medications remain prepared for admin During observations surveyor opened the black box inside. Tremove the box from observations revea #3's insulin was bein Review on 5/15/23 Program Plan (IPP) the facility on 1/18/2 During an interview client #3's insulin neway is is kept in the During an interview Manager (HM) state a lock to store client refrigerator. During an interview Intellectual Disability	ned locked except when being istration. The finding is: s in the home on 5/15/23, the e refrigerator and noticed a refrigerator and noticed a refrigerator. Further led it was unlocked and clienting kept inside. of client #3's Individual revealed he was admitted to 23. on 5/15/23, Staff A reported reds to be refrigerated; that is refrigerator. in 5/15/23, the Home red he would go get a box with the would go get a box with the refrigerator (QIDP) reware that client #3's insulin in the	W 3	82			