STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G142	A. BUILDING _____ B. WING _____	R 05/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUAIL ROOST GROUP HOME, (ICF/MR)	102 QUAIL ROOST DRIVE CARRBORO, NC 27510

(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 A revisit was conducted on May 30, 2023 for all previous deficiencies cited on 3/21/23. Several deficiencies were corrected. There was a recited deficiency as well as a new deficiency cited.	W 000		
W 250	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(2) The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. This STANDARD is not met as evidenced by: Based on observations and confirmed by interviews with staff, the facility failed to ensure the active treatment schedule for 1 of 2 audit clients (#1) was flexible enough to accommodate her medication administration needs. The finding is: During observations in the facility on 5/30/23 at 7:41am, staff C punched the following pills in the medication room of the facility for client #1: Certavite, Docusate Sodium, Calcium and Vitamin D, Levonorgestrel Ethinyl estradiol, Primadone as well as Miralax powder which she poured into a 6 ounce cup of water and stirred. Staff C took the medication cup with pills to the back bathroom where client #1 was being assisted with her shower by staff B. Staff C opened the bathroom door where client #1 was unclothed in the shower. Staff C spoon fed client #1 her pills in applesauce while she was receiving her shower and then walked out of the bathroom, shutting the door behind her. During continued observations on 5/30/23 at 7:42am, clients #3, #4 and #6 were dressed and	W 250		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G142	A. BUILDING _____ B. WING _____	R 05/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUAIL ROOST GROUP HOME, (ICF/MR)	102 QUAIL ROOST DRIVE CARRBORO, NC 27510

(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 250	Continued From page 1 sitting in the living room watching television and waiting for medication administration. Immediate interview on 5/30/23 with staff C revealed she decided to start with client #1 as she was the first client in the medication administration record. She stated she could have rearranged the medication administration order but decided to go ahead and give client #1 her medications while she was showering. Interview on 5/20/23 with the residence manager (RM) revealed the medication administration policy is flexible allowing clients at the facility to receive their medications an hour before or an an hour after they are ordered by the physician. Further interview revealed staff C could have administered medications to another client and come back to client #1 for her medication administration which would have promoted additional opportunities for independence in assisting with punching pills, assisting with pouring her beverages and disposing of her trash afterwards.	W 250		
{W 263}	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 2 audit clients (#5). The findings are:	{W 263}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G142	A. BUILDING _____ B. WING _____	R 05/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUAIL ROOST GROUP HOME, (ICF/MR)	102 QUAIL ROOST DRIVE CARRBORO, NC 27510

(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 263}	Continued From page 2 A. Review on 3/20/23 of client #2's behavior support program (BSP), which was undated, revealed she has the following target behaviors: Flopping/resistance, Rumination and attempting to consume excessive amounts of food. Further review of this behavior support program (BSP) revealed it includes the use of Prozac and Buspirone to address these target behaviors. Further review of this program revealed there were no guardian signatures on this BSP. Review of client #2's individual program plan (IPP) dated 10/20/22 revealed client #2 has been adjudicated incompetent and that her Mother functions as her legal guardian. Interview on 3/21/23 with the qualified intellectual disabilities professional (QIDP) revealed there was no legal guardian signature on client #2's BSP. B. Review on 3/20/23 of client #6's BSP (undated) revealed she has the following target behaviors: behavioral outbursts and physical aggression. Further review of this program revealed it incorporates the use of Lexapro, Zyprexa, Clonazepam and Ativan. Further review of this program revealed there were no guardian signatures on this BSP. Review on 3/20/23 of client #6's IPP dated 4/21/22 revealed she has been adjudicated incompetent and that she has been appointed a legal guardian. Interview on 3/21/23 with the qualified intellectual disabilities professional (QIDP) revealed there was no legal guardian signature on client #6's BSP.	{W 263}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G142	A. BUILDING _____ B. WING _____	R 05/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUAIL ROOST GROUP HOME, (ICF/MR)	102 QUAIL ROOST DRIVE CARRBORO, NC 27510

(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 263}	Continued From page 3 Review on 5/30/23 of the facility's Plan of Correction (POC) dated 3/29/23 the facility documented: "The Senior DSC will be responsible for ensuring Behavior Support Plans (BSP)'s are approved by guardians and the signature page is kept with the individual's electronic record. The Director of ICF/IID Services will monitor and ensure completion for client #2 and all other individuals as applicable." Review on 5/30/23 of client #5's BSP (undated) revealed she has target behaviors of verbal outbursts, physical aggression, self-injurious behaviors. The interventions for these behaviors involve the restriction of community outings scheduled for the day at the facility and termination of client #5's work day for any incidence of physical aggression by client #5. Review on 5/30/23 of the signature page for client #5's BSP revealed no signature by the legal guardian for client #5. Further review of the BSP listed: Restrictions contained in Plan: Termination of community outings, cancellation of community outings, termination of work day. Interview on 5/30/23 with the residence manager (RM) revealed client #5's legal guardian had asked for a meeting with the psychologist regarding client #5's BSP before she signed it. The RM stated this meeting had been rescheduled and therefore the facility had not obtained a written informed consent for client #5's BSP.	{W 263}		