PRINTED: 06/12/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` ′	IPLE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
	34G144		B. WING _	B. WING		06/06/2023	
	ROVIDER OR SUPPLIER  GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP COD 208 WILDCAT ROAD DEEP GAP, NC 28618	E		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
	§483.475(d), §484.10 §485.542(d), §485.62 §485.920(d), §486.36 §494.62(d).  *[For RNCHIs at §403 Hospice at §418.113, at §460.84, Hospitals §484.102, CORFs at CAHs at §486.625, "C 485.727, CMHCs at §486.360, and RHC/F Training and testing and maintain an emertraining and testing premergency plan set for section, risk assessmenthis section, policies at (b) of this section, and paragraph (c) of this stesting program must least every 2 years.  *[For LTC facilities at and testing. The LTC maintain an emergen and testing program temergency plan set for section, risk assessmenthis section, policies at (b) of this section, policies at (b) of this section, and paragraph (c) of this section, and paragraph (c) of this section and paragraph (c) of this se	(d), §418.113(d), (d), §482.15(d), §483.73(d), 2(d), §485.68(d), 5(d), §485.727(d), 0(d), §491.12(d),  8.748, ASCs at §416.54, PRTFs at §441.184, PACE at §482.15, HHAs at §485.68, REHs at §485.542, Organizations" under 485.920, OPOs at FHQs at §491.12:] (d) The [facility] must develop regency preparedness rogram that is based on the orth in paragraph (a) of this ent at paragraph (a) of this ent at paragraph (a)(1) of and procedures at paragraph d the communication plan at section. The training and be reviewed and updated at  §483.73(d):] (d) Training facility must develop and cy preparedness training		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:		(X2) MULT A. BUILDIN	PLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED		
		34G144	B. WING _	<del></del>		06/06/2023	
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E 036	testing. The ICF/IID an emergency prep program that is bas forth in paragraph (assessment at para policies and proced section, and the corparagraph (c) of this testing program muleast every 2 years. requirements for ev §483.470(i).  *[For ESRD Facilities testing, and orientat develop and maintal preparedness training orientation program emergency plan sets section, risk assesses this section, policies (b) of this section, aparagraph (c) of this and orientation program enter the program and orientation pro	as at §494.62(d):] Training at acuation drills and training at the acuation drills and training at the acuation drills and patient that is based on the emergency man testing acuation. The dialysis facility must in an emergency ng, testing and patient that is based on the forth in paragraph (a) of this ment at paragraph (a) of this ment at paragraph (a) of this ment at paragraph (b). Training, the forth in paragraph (c) of this ment at paragraph (d) of this ment at § of this m	EO	36			

X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
34G144	B. WING	B. WING		06/06/2023	
		208	8 WILDCAT ROAD		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			•		(X5) COMPLETION DATE
Continued From page 2 Disabilities Professional (QIDP) confirmed no current training on the facility's EP plan had been completed.		036			
and any service of the full-scale exercise that is y 2 years; or y-based exercise is not acility-based functional or experiences an actual mergency that requires ency plan, the [facility] is in its next required dividual, facility-based owing the onset of the full-scale or er paragraph (d)(2)(i) of ed, that may include, but is	E	039			
	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)  2  Al (QIDP) confirmed no facility's EP plan had been  Ats  3(d)(2), §441.184(d)(2), (d)(2), §483.73(d)(2), 02(d)(2), §485.68(d)(2), 25(d)(2), §485.727(d)(2), 2(d)(2), §494.62(d)(2).  CORFs at §485.68, REHs ganizations" under 485.920, RHCs/FQHCs at acilities at §494.62]:  All (QIDP) confirmed no facility and been  Ats  3(d)(2), §481.184(d)(2), (d)(2), §485.727(d)(2), (d)(2), §485.68(d)(2), (d)(2), §485.727(d)(2), (d)(2), §485.68(d)(2), (d)(2), §485.68(d)(2), (d)(2), §485.727(d)(2), (d)(2), §485.727(d)(	A BUILDI  34G144  B. WING  B. WING  B. WING  BEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)  C IDENTIFYING INFORMATION)  C IDENTIFYING INFORMATION)  E (IDENTIFYING INFORMATION)  E (IDENTIFYIN	A BUILDING	A BUILDING  34G144  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  208 WILDCAT ROAD  DEEP GAP, NC 28618  DEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)  CIDENTIFYING INFORMATION  DEFICIENCY  E 036  II (QIDP) confirmed no acility's EP plan had been ints  E 039  3(d)(2), §441.184(d)(2), (d)(2), §483.73(d)(2), 02(d)(2), §485.727(d)(2), 2(d)(2), §485.68(d)(2), 225(d)(2), §485.68(d)(2), 225(d)(2), §494.62(d)(2).  CORFs at §485.68, REHs ganizations' under  485.920, RHCs/FQHCs at cilities at §494.62]:  If must conduct exercises blan annually. The [facility] ing: cale exercise that is y 2 years; or years; or years; or years; or years ency plan, the [facility] is in its next required dividual, facility-based wing the onset of the al exercise at least every 2 If the full-scale or er paragraph (d)(2)(i) of d, that may include, but is	A BUILDING  34G144  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  208 WILDCAT ROAD  DEEP GAP, NC 28618  EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)  PREFIX TAG  CIDENTIFYING INFORMATION  E 036  I (QIDP) confirmed no acility's EP plan had been alts  E 039  3(d)(2), \$441.184(d)(2), (d)(2), \$483.73(d)(2), 22(d)(2), \$483.73(d)(2), 22(d)(2), \$483.68(d)(2), 25(d)(2), \$4845.68(d)(2), 25(d)(2), \$4845.68(d)(2), 25(d)(2), \$4846.68(d)(2), 25(d)(2), \$4846.68(d)(2

I		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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E 039	functional exercise; (B) A mock disaster (C) A tabletop exercy a facilitator and inclusion an arrated, clinically scenario, and a set directed messages, designed to challen (iii) Analyze the [facility and a set directed messages, designed to challen (iii) Analyze the [facility and a set directed messages, designed to challen (iii) Analyze the [facility and a set directed messages, and eme [facility's] emergence  *[For Hospices at 4 (2) Testing for hospical patient's home. The exercises to test the annually. The hospically and accessible, conduct functional exercise (A) When a community based exercise (B) If the hospice eximan-made emergency planengaging in its next community-based exercised facility-based functionset of the emergency (ii) Conduct an addopposite the year the exercise under para	ale exercise that is in individual, facility-based or drill; or cise or workshop that is led by udes a group discussion using verelevant emergency of problem statements, or prepared questions ge an emergency plan. illity's] response to and ation of all drills, tabletop regency events, and revise the ey plan, as needed.  18.113(d):] bices that provide care in the encyplan, as needed.  18.113(d):] bices that provide care in the encyplan at least bice must do the following: ull-scale exercise that is emergency plan at least bice must do the following: ull-scale exercise is not ean individual facility based every 2 years; or experiences a natural or not that requires activation of any that requires activation of any the hospital is exempt from required full scale exercise or individual bonal exercise following the ency event. iitional exercise every 2 years, are full-scale or functional agraph (d)(2)(i) of this section may include, but is not limited	E 038				

1, 7		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G144	B. WING		06/06/2023		
	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE  208 WILDCAT ROAD  DEEP GAP, NC 28618			
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E 039	exercise; or  (B) A mock disaster (C) A tabletop exercise a facilitator and inclusion an arrated, clinically scenario, and a set directed messages, designed to challeng (3) Testing for hospic care directly. The hexercises to test the year. The hospice of the year. The hospice of the year of ye	r a facility based functional r drill; or cise or workshop that is led by udes a group discussion using relevant emergency of problem statements, or prepared questions ge an emergency plan.  ces that provide inpatient ospice must conduct emergency plan twice per nust do the following: annual full-scale exercise that ; or nity-based exercise is not an annual individual onal exercise; or periences a natural or recy that requires activation of , the hospice is exempt from required full-scale community ed functional exercise of the emergency event. Itional annual exercise that not limited to the following: rale exercise that is ra facility based functional red drill; or cise or workshop led by a es a group discussion using a glevant emergency scenario, in statements, directed red questions designed to	E 03	9			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			(X3) DATE SURVEY COMPLETED		
		34G144	B. WING	·····	06	6/06/2023		
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE  208 WILDCAT ROAD  DEEP GAP, NC 28618	, CITY, STATE, ZIP CODE AD			
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E 039	exercises, and emer hospice's emergence	ition of all drills, tabletop rgency events and revise the y plan, as needed.	E 03	39				
	§482.15(d), CAHs a (2) Testing. The [PR conduct exercises to twice per year. The do the following: (i) Participate in an is community-based (A) When a community-based (A) When a community-based function (B) If the [PRTF, Ho actual natural or ma requires activation of [facility] is exempt for required full-scale of facility-based function onset of the emerge (ii) Conduct an and that may include following: (A) A second full-soc community-based of functional exercise; (B) A mock (C) A tabletop of led by a facilitator an	TF, Hospital, CAH] must be test the emergency plan [PRTF, Hospital, CAH] must annual full-scale exercise that continued in the continued in th						
	emergency scenario statements, directed questions designed plan.	o, and a set of problem I messages, or prepared to challenge an emergency [facility's] response to and						

* *		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
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E 039	exercises, and eme [facility's] emergence  *[For PACE at §460 (2) Testing. The PACE exercises to test the annually. The PACE following: (i) Participate in an is community-based (A) When a community-based function (B) If the PACE exproman-made emerger the emergency planengaging in its next based or individual, exercise following the event.  (ii) Conduct an years opposite the yexercise under parais conducted that must following: (A) A second full-second full-second full-second full-second full-second functional exercise; (B) A mock disaste (C) A tabletop exercise a facilitator and inclusing a narrated, cliscenario, and a set directed messages, designed to challeng (iii) Analyze the PA	ation of all drills, tabletop regency events and revise the y plan, as needed.  84(d):] CE organization must conduct emergency plan at least corganization must do the annual full-scale exercise that it; or inity-based exercise is not an annual individual, onal exercise; or eriences an actual natural or ney that requires activation of the PACE is exempt from required full-scale community facility-based functional in eonset of the emergency additional exercise every 2 year the full-scale or functional graph (d)(2)(i) of this section ay include, but is not limited to cale exercise that is rindividual, a facility based or	EO	39			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G	, ,	(X3) DATE SURVEY COMPLETED	
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E 039	*[For LTC Facilities (2) The [LTC facility test the emergency including unannoun emergency procedu ICF/IID] must do the (i) Participate in an is community-based (A) When a commun accessible, conduct facility-based functio (B) If the [LTC facilit actual natural or ma requires activation of LTC facility is exemy required a full-scale individual, facility-ba following the onset of (ii) Conduct an add may include, but is i (A) A second full-sc community-based of functional exercise; (B) A mock disasted (C) A tabletop exercise a facilitator includes narrated, clinically-r and a set of problem messages, or prepar challenge an emerg (iii) Analyze the [LT and maintain docum exercises, and eme	rgency events and revise the plan, as needed.  at §483.73(d):] I must conduct exercises to plan at least twice per year, ced staff drills using the res. The [LTC facility, e following: annual full-scale exercise that l; or nity-based exercise is not an annual individual, onal exercise.  y] facility experiences an n-made emergency that of the emergency plan, the obt from engaging its next community-based or used functional exercise of the emergency event. Ititional annual exercise that not limited to the following: cale exercise that is r an individual, facility based or r drill; or cise or workshop that is led by a group discussion, using a elevant emergency scenario, in statements, directed red questions designed to	E 03	39			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		34G144	B. WING		0	6/06/2023	
	ROVIDER OR SUPPLIER  GROUP HOME		,	STREET ADDRESS, CITY, STATE, ZIP CO 208 WILDCAT ROAD DEEP GAP, NC 28618	DE		
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E 039	to test the emergency The ICF/IID must do (i) Participate in an a is community-based; (A) When a commun accessible, conduct a facility-based function (B) If the ICF/IID exp man-made emergency plan, engaging in its next of community-based or functional exercise for emergency event. (ii) Conduct an additional include, but is not include, and include	3.475(d)]:  IID must conduct exercises y plan at least twice per year. the following: nnual full-scale exercise that or ity-based exercise is not an annual individual, nal exercise; or. eriences an actual natural or cy that requires activation of the ICF/IID is exempt from required full-scale individual, facility-based ollowing the onset of the onal annual exercise that ot limited to the following: le exercise that is an individual, facility-based or drill; or see or workshop that is led by des a group discussion, inically-relevant emergency of problem statements, or prepared questions e an emergency plan.  IID's response to and tion of all drills, tabletop gency events, and revise the plan, as needed.	E 03	39			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN		INSTRUCTION	(X3) DATE SURVEY COMPLETED			
		34G144	B. WING _	B. WING			06/06/2023	
NAME OF PROVIDER OR SU WILDCAT GROUP HON		•		208 V	EET ADDRESS, CITY, STATE, ZIP CODE MILDCAT ROAD P GAP, NC 28618	•		
PREFIX (EAC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
accessible facility-bas or.  (B) If or man-ma of the eme engaging in community functional emergency (ii) Conduct opposite the exercise under is conducted limited to the community functional emergency emergency statements questions of plan.  (iii) Analyza documenta emergency (d)(2) Testi	chased; on a communication and the HHA ended emerging ency plant its next in chased or exercise for event. It an addition the following econd full chased or exercise; or exer	amunity-based exercise is not an annual individual, nal exercise every 2 years; experiences an actual natural ency that requires activation an, the HHA is exempt from required full-scale individual, facility based following the onset of the conal exercise every 2 years, experiences an individual, facility based for ster drill; or exercise or workshop that is an individual, facility-based for exercise or workshop that is dincludes a group farrated, clinically-relevant and a set of problem messages, or prepared to challenge an emergency exercises, and and revise the HHA's needed.	E	039				

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E 039	led by a facilitator and discussion, using a nemergency scenario, statements, directed questions designed to plan. If the OPO experimental experimen	nually. A tabletop exercise is d includes a group arrated, clinically relevant and a set of problem messages, or prepared o challenge an emergency eriences an actual natural or cy that requires activation of the OPO is exempt from equired testing exercise of the emergency event. It is response to and maintain tabletop exercises, and nd revise the [RNHCI's and lan, as needed.  48]: NHCI must conduct emergency plan. The RNHCI is pased, tabletop exercise at etop exercise is a group acilitator, using a narrated, ergency scenario, and a set its, directed messages, or lesigned to challenge an CI's response to and ion of all tabletop exercises, its, and revise the RNHCI's	E	039				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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E 039	9 Continued From page 11 reveal that a full-scale, community-based or tabletop exercise was conducted within the last 2 years.		E	039			
W 130	Development Profess		w	130			
	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 observations and interviews, the facility failed to assure the privacy of 1 of 3 sampled clients (#11) during medication administration. The finding is:						
	6/6/23 at 7:35 AM revelopment the medication area in morning medications. revealed the medications into a medications into a medications revealed directly across from a Subsequent observations multiple convetechnician while dispersional observation adjusting client #11's receive his medication.	lient #11 in the suite area. ions revealed another staff ersations with the medication ensing medications. hs revealed another staff seat belt while waiting to hs.					
		ility nurse on 6/6/23 revealed e been offered privacy of his medications.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l l	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER  WILDCAT GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE  208 WILDCAT ROAD  DEEP GAP, NC 28618		
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W 130	Continued From page		W 1			