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

PRINTED: 06/21/2023 FORM APPROVED OMB NO. 0938-0391

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
PILOTVIEW    209 PILOT VIEW DRIVE   KING, NC 27021	34G111			B. WING		06/21/2023	
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  W 436  SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)  The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by:  Based on observations, record review and interview, the facility failed to furnish prescribed eyeglasses for 1 of 3 sampled clients (#3). The finding is:  Observation in the group home throughout the 6/20-6/21/23 survey revealed client #3 to participate in watching television, the dinner and breakfast meal, walking and to participate in medication administration. Continued observation revealed at no time throughout the survey was staff observed to prompt client #3 to					209 PILOT VIEW DRIVE	•	
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Review of records on 6/21/23 for client #3 revealed a person-centered plan (PCP) dated 3/21/23. Continued review of record for client #3 revealed a vision consult dated 7/13/20 with a diagnosis of dry eye syndrome and moderate cataracts. Further review of the vision consults on 6/21/23 revealed client #3 to be re-examined for glasses and ordered prescribed eyeglasses. Subsequent review of vision consults revealed eyeglasses to be ready in a couple of weeks with a scheduled follow-up in 4 months.  Interview on 6/21/23 with the qualified intellectual disabilities professional (QIDP) confirmed that client #3 should be wearing prescribed eyeglasses. Continue interview with the QIDP		CFR(s): 483.470(g)(2  The facility must furniand teach clients to use choices about the use hearing and other corrand other devices ide interdisciplinary team. This STANDARD is roughly become as a scheduled follow-up and other devices ide interdisciplinary team. This STANDARD is roughly become as a scheduled follow-up and to the facility of eyeglasses for 1 of 3 finding is:  Observation in the group of 6/20-6/21/23 survey roughly breakfast meal, walking medication administration observation revealed survey was staff observation revealed survey was staff observation revealed a person-cet 3/21/23. Continued roughly breakfast meal, walking medication administration observation revealed survey was staff observation revealed a person-cet 3/21/23. Continued roughly breakfast meal, walking medication administration observation revealed survey was staff observation revealed a person-cet 3/21/23. Continued roughly breakfast meal, walking	sh, maintain in good repair, se and to make informed of dentures, eyeglasses, inmunications aids, braces, intified by the as needed by the client, not met as evidenced by: ins, record review and ailed to furnish prescribed sampled clients (#3). The coup home throughout the evealed client #3 to get elevision, the dinner and ing and to participate in ation. Continued at no time throughout the eved to prompt client #3 to eyeglasses.  6/21/23 for client #3 intered plan (PCP) dated eview of record for client #3 is sult dated 7/13/20 with a eyendrome and moderate view of the vision consults client #3 to be re-examined ed prescribed eyeglasses.  6/21/23 for client #3 intered plan (PCP) dated eview of the vision consults electron end moderate view of the vision consults client #3 to be re-examined ed prescribed eyeglasses.  6/21/21 in a couple of weeks with the qualified intellectual all (QIDP) confirmed that earing prescribed enterview with the QIDP	W 43			(XE) 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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DA	(X3) DATE SURVEY COMPLETED	
34G111			B. WING _	<del></del> -		06/21/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 209 PILOT VIEW DRIVE KING, NC 27021			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
W 436	revealed that client a	ge 1 #3 does not like to wear es and confirmed that the ed eyeglasses were broken.	W 4	36			