

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G111	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/21/2023
NAME OF PROVIDER OR SUPPLIER PILOTVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 209 PILOT VIEW DRIVE KING, NC 27021		
(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 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>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:</p> <p>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 wear her prescribed eyeglasses.</p> <p>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.</p> <p>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</p>	W 436			

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.

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W 436	Continued From page 1 revealed that client #3 does not like to wear prescribed eyeglasses and confirmed that the only pair of prescribed eyeglasses were broken.	W 436			