PRINTED: 02/19/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
34G156		B. WING			02/14/2024		
YADKIN	PROVIDER OR SUPPLIER			3716 W	FADDRESS, CITY, STATE, ZIP CODE VESTWOOD DRIVE TONVILLE, NC 27020		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
W 249	As soon as the interpreter formulated a client's each client must resure treatment program interventions and sand frequency to subjectives identified plan.  This STANDARD is Based on observative treatment program review, the facility fractive treatment program individual need was (#2, #3, and #5) resure and mealtime adaptare:  A. The facility failed for client #2. For extening observation 4:51 PM revealed of daily walking program Continued observation and staff C to assis Walker to her whee client around the work client and staff B hours are subsequent of the placed in her dining room for wattern the client and staff B hours are subsequent of the placed in her dining room for wattern the client and staff B hours are subsequent of the placed in her dining room for wattern the client and staff B hours are subsequent of the placed in her dining room for wattern the client and staff B hours are subsequent of the placed in her dining room for wattern the client and staff B hours are subsequent of the placed in her dining room for wattern the client and staff B hours are subsequent of the placed in her dining room for wattern the client and staff B hours are subsequent to the placed in her dining room for wattern the client and staff B hours are subsequent to the placed in her dining room for wattern the client and staff B hours are subsequent to the placed in her dining room for wattern the client and staff B hours are subsequent to the placed in her dining room for wattern the client and staff B hours are subsequent to the placed in her dining room for wattern the client and staff B hours are subsequent to the placed in her dining room for wattern the client and staff B hours are subsequent to the placed in her dining room for wattern the client and staff B hours are subsequent to the placed in her dining room for wattern the client and staff B hours are subsequent to the placed in her dining room for wattern the client and staff B hours are subsequent to the placed in her dining room for wattern the client and sta	rdisciplinary team has individual program plan, ceive a continuous active consisting of needed ervices in sufficient number apport the achievement of the d in the individual program.  Is not met as evidenced by: tion, interviews, and record ailed to assure a continuous ogram identified as an implemented for 4 of 6 clients lative to prescribed gait belt tive equipment. The findings	W 2	49			
LABORATOR\	/ DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		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:		1 ` ′	FIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		34G156	B. WING		02	/14/2024
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 3716 WESTWOOD DRIVE HAMPTONVILLE, NC 27020		11,2021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (  (EACH CORRECTIVE ACT  CROSS-REFERENCED TO T  DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 249	Merry Walker to he prescribed gait belt. Review of the recorrevealed a person-1/10/24. Review of therapy consult dat continue daily walki Walker, continue ga activities (i.e., Transprograms to ensure Interview on 2/14/2disability profession #2's PCP was curreconfirmed that clien provided with a preto ensure the client.  B. The facility failed divided dish for client.  Evening observation 5:38 PM revealed the divided dish for client.  Evening observation 5:38 PM revealed the divided observation on the terminal proof the recorrect of the recorrect provided a person-12/14/23. Review of the recorrect procession of	r wheelchair using her  rd on 2/14/24 for client #2 centered plan (PCP) dated the PCP revealed a physical ed 9/14/23 for client #2 to ng program with a Merry ait belt use for standing sfers, etc.), and to continue all e her safety.  4 with the qualified intellectual hal (QIDP) verified that client ent. Continued interview hat #2 should have been scribed gait belt for transfers as safety.  I to provide a high sided, hat client #3's place at the vas set with a regular plate. tions revealed client #3 to consisting of chicken and regetables, biscuit and fruit, all sistency, using the regular  and on 2/14/24 for client #3 centered plan (PCP) dated of the PCP revealed an only consult dated 10/12/23 ient #3 should use a high	W 2	49		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED		
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NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 3716 WESTWOOD DRIVE HAMPTONVILLE, NC 27020	· ·	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 249	disability profession #3's PCP was curre confirmed that clier provided with a high mealtimes.  C. The facility failed for client #5. For exception of the provided to 5:38 PM revealed to dining room table with divided dish, a regulant a clothing protect revealed client #5 to from a regular cup observations revealed client #5 to from a regular cup observations revealed conversation about use a straw, but to Review of the reconserved a person-4/11/23. Review of occupational therap stated that client #5	anal (QIDP) verified that client ent. Continued interview at #3 should have been in sided divided dish during at to provide a straw or sip cup cample:  In sin the facility on 2/13/24 at that client #5's place at the vas set with a high sided allar spoon, two regular cups, ector. Continued observations to be offered thickened drinks with no straw. Further led the staff to have a whether the client is able to decide not to provide a straw.  In d on 2/14/24 for client #5 centered plan (PCP) dated the PCP revealed an one consult dated 1/23/24 which is should use a high sided that a sip cup as adaptive	W 24	19		
W 260	disability profession #5's PCP was curre confirmed that clien provided with a stra PROGRAM MONIT CFR(s): 483.440(f) At least annually, th	4 with the qualified intellectual hal (QIDP) verified that client ent. Continued interview hat #5 should have been aw sip cup during mealtimes. FORING & CHANGE (2)  The individual program plants appropriate, repeating the	W 26	60		

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			STREET ADDRESS, CITY, STATE, ZIP O 3716 WESTWOOD DRIVE HAMPTONVILLE, NC 27020	•		
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Continued From para process set forth in This STANDARD is Based on record refailed to ensure the was revised at least (#6). The finding is Review of records or revealed a PCP data additional document evidence that client place and that the paince 12/28/22.  Interview on 2/14/24 disability profession client #6's current para Continued interview the PCP meeting has PROGRAM MONIT CFR(s): 483.440(f)(). The committee shomonitor individual prinappropriate behavior the opinion of the client protection and This STANDARD is	ge 3 paragraph (c) of this section. Is not met as evidenced by: Eview and interview, the facility person-centered plan (PCP) It annually for 1 of 6 clients:  In 2/13/24 for client #6 Ited 12/28/22. There was no Itation provided to show Itelian had not been updated Itelian is dated 12/28/22. Itelian is dated 12/28/23.	W 2	DEFICIENCY)			
interviews, the facili restrictive technique reviewed annually be (HRC) for 4 of 6 clie findings are:  A. Observations the survey period from	ty failed to ensure that es were monitored and by the human rights committee ents (#1, #2, #3 and #6). The oughout the recertification 2/13/24 - 2/14/24 revealed					
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE  Continued From pa process set forth in This STANDARD is Based on record re failed to ensure the was revised at leas: (#6). The finding is  Review of records or revealed a PCP dat additional document evidence that client place and that the pr since 12/28/22.  Interview on 2/14/2e disability profession client #6's current p Continued interview the PCP meeting ha PROGRAM MONIT CFR(s): 483.440(f)()  The committee sho monitor individual p inappropriate behave in the opinion of the client protection and This STANDARD is Based on observat interviews, the facility restrictive technique reviewed annually be (HRC) for 4 of 6 clie findings are:  A. Observations the survey period from	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3 process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the person-centered plan (PCP) was revised at least annually for 1 of 6 clients (#6). The finding is:  Review of records on 2/13/24 for client #6 revealed a PCP dated 12/28/22. There was no additional documentation provided to show evidence that client #6's PCP meeting had taken place and that the plan had not been updated since 12/28/22.  Interview on 2/14/24 with the qualified intellectual disability professional (QIDP) confirmed that client #6's current plan is dated 12/28/22.  Continued interview with the QIDP revealed that the PCP meeting had not taken place. PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i)  The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure that restrictive techniques were monitored and reviewed annually by the human rights committee (HRC) for 4 of 6 clients (#1, #2, #3 and #6). The	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3 process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the person-centered plan (PCP) was revised at least annually for 1 of 6 clients (#6). The finding is:  Review of records on 2/13/24 for client #6 revealed a PCP dated 12/28/22. There was no additional documentation provided to show evidence that client #6's PCP meeting had taken place and that the plan had not been updated since 12/28/22.  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WING  STREET ADDRESS, CITY, STATE, ZIPG  3716 WESTWOOD DRIVE  BUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3 process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the person-centered plan (PCP) was revised at least annually for 1 of 6 clients (#6). The finding is:  Review of records on 2/13/24 for client #6 revealed a PCP dated 12/28/22. There was no additional documentation provided to show evidence that client #6's PCP meeting had taken place and that the plan had not been updated slince 12/28/22.  Interview on 2/14/24 with the qualified intellectual disability professional (QIDP) confirmed that client #6's current plan is dated 12/28/22.  Interview on 2/14/24 with the qualified intellectual disability professional (QIDP) confirmed that the PCP meeting had not taken place.  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NAME OF I	PROVIDER OR SUPPLIER	,		STREET ADDRESS, CITY, STATE, ZIP 3716 WESTWOOD DRIVE HAMPTONVILLE, NC 27020			
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W 262	locked due to food clients. Continued of monitor transmitter bedroom. The recemonitor was observed. Review of client #1 a person-centered which states the auclient #1's safety. Or revealed no eviden consented to, or mand pantry or the arequired.  Interview with the oprofessional (QIDP signed consent form the survey. Continuverified HRC rights clients should be unannually.  B. Observations the survey period from that the refrigerator locked due to food clients. Continued on non-recording vide client #2's bedroom	seeking behaviors by two observation revealed an audio to be present in client #1's siver connected to the audio wed to be in the living room.  's record on 2/14/24 revealed plan (PCP) dated 12/14/23 adio monitor is necessary for continued record review ce that the HRC had reviewed, onitored the locked refrigerator udio monitor annually, as  [ualified intellectual disability by on 2/14/24 revealed that ms could not be located during ared interview with the QIDP limitation consent forms for all pdated and signed by the HRC roughout the recertification 2/13/24 - 2/14/24 revealed and pantry in the home are seeking behaviors by two observation revealed a or monitor to be present in a. The receiver connected to was observed to be in the living	W 26	32			
	person-centered pl states the video mo #2's safety. Continuevidence that the H	s record on 2/14/24 revealed a an (PCP) dated 1/10/24 which onitor is necessary for client ued record review revealed no IRC had reviewed, consented e locked refrigerator and pantry					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G156	B. WING _		02	/14/2024
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 3716 WESTWOOD DRIVE HAMPTONVILLE, NC 27020		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 262	or the audio monitor.  Interview with the oprofessional (QIDP signed consent form the survey. Continuverified HRC rights clients should be upannually.  C. Observations the survey period from that the refrigerator locked due to food clients. Continued of monitor transmitter bedroom. The recemonitor was observed which states the auclient #3's safety. Or revealed no eviden consented to, or mand pantry or the arequired.  Interview with the oprofessional (QIDP signed consent form the survey. Continuverified HRC rights clients should be upannually.  D. Observations the survey period from	age 5 or annually, as required.  ualified intellectual disability ) on 2/14/24 revealed that ms could not be located during led interview with the QIDP limitation consent forms for all odated and signed by the HRC  roughout the recertification 2/13/24 - 2/14/24 revealed and pantry in the home are seeking behaviors by two observation revealed an audio to be present in client #3's iver connected to the audio yed to be in the living room.  Is record on 2/14/24 revealed plan (PCP) dated 12/14/23 dio monitor is necessary for continued record review ce that the HRC had reviewed, onitored the locked refrigerator udio monitor annually, as  ualified intellectual disability ) on 2/14/24 revealed that ms could not be located during led interview with the QIDP limitation consent forms for all odated and signed by the HRC  roughout the recertification 2/13/24 - 2/14/24 revealed and pantry in the home are	W 26	2		

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	IPLE CONSTRUCTION  NG	COMPLETED		
		34G156	B. WING		02/	14/2024
YADKIN	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3716 WESTWOOD DRIVE HAMPTONVILLE, NC 27020	•	-
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ( (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE	(X5) COMPLETION DATE
W 262	locked due to food	ge 6 seeking behaviors by two	W 2	62		
W 263	no evidence that the consented to, or mo and pantry, as requiled. Interview with the quantity professional (QIDP signed consent form the survey. Continuated the survey. Continuated the survey of the survey. Continuated the survey of the survey. PROGRAM MONIT CFR(s): 483.440(f). The committee should be upannually. PROGRAM MONIT CFR(s): 483.440(f). The committee should be upannually. PROGRAM MONIT CFR(s): 483.440(f). The committee should be upannually. PROGRAM MONIT CFR(s): 483.440(f). The committee should be upannually. PROGRAM MONIT CFR(s): 483.440(f). The committee the conducted only consent of the clien minor) or legal guantities. The same the same the survey be should be upannually. PROGRAM MONIT CFR(s): 483.440(f). The committee the conducted on the survey of the survey o	ualified intellectual disability ) on 2/14/24 revealed that ns could not be located during ed interview with the QIDP limitation consent forms for all odated and signed by the HRC  TORING & CHANGE (3)(ii)  uld insure that these programs with the written informed t, parents (if the client is a rdian. s not met as evidenced by: tions, record reviews and ity failed to ensure that es were reviewed and gal guardians of 4 of 6 clients	W 2	63		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  G		TE SURVEY MPLETED
		34G156	B. WING _		02	/14/2024
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 3716 WESTWOOD DRIVE HAMPTONVILLE, NC 27020		
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W 263	Review of client #1 no evidence that the described were reverth's guardian as result in the survey. Continuterified guardian construction of the survey. Continuterified guardian construction of the survey period from that the refrigerator locked due to food clients. Continued on non-recording videoclient #2's bedroom the audio monitor with the audio monitor with the construction.  Review of client #2 no evidence that the described were reverth's guardian as resulting from the survey. Continuterified guardian construction of the survey. Continuterified guardian construction of the survey period from the survey period from that the refrigerator locked due to food the survey of the survey period from that the refrigerator locked due to food the survey of the survey of the survey period from that the refrigerator locked due to food the survey of th	Is record on 2/14/24 revealed e restrictive techniques iewed and approved by client quired.  Qualified Intellectual Disability (2) on 2/14/24 revealed that ms could not be located during red interview with the (QIDP) onsent forms for all clients and signed annually.  Toughout the recertification 2/13/24 - 2/14/24 revealed and pantry in the home are seeking behaviors by two observation revealed a comonitor to be present in an The receiver connected to was observed to be in the living are servictive techniques iewed and approved by client	W 26	3		

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W 263	monitor transmitter bedroom. The rece monitor was observed. Review of client #1' no evidence that the described were revenus #3's guardian as result in the control of the survey. Continuterified guardian construction of the survey period from that the refrigerator locked due to food clients.  Review of client #6' no evidence that the described were revenus #6's guardian as result in the survey. Continuterified guardian control ocked to survey that the Control ocked that the described were revenus with the Control ocked that the described were revenus with the Control ocked that the described were revenus with the Control ocked that the described were revenus with the Control ocked that the described were revenus with the Control ocked that the cont	to be present in client #3's iver connected to the audio yed to be in the living room.  Is record on 2/14/24 revealed to restrictive techniques iewed and approved by client quired.  Qualified Intellectual Disability (2) on 2/14/24 revealed that ms could not be located during red interview with the (QIDP) consent forms for all clients and signed annually.  Toughout the recertification 2/13/24 - 2/14/24 revealed and pantry in the home are seeking behaviors by two  Is record on 2/14/24 revealed to and pantry in the home are seeking behaviors by two  Is record on 2/14/24 revealed to an approved by client quired.  Qualified Intellectual Disability (2) on 2/14/24 revealed that ms could not be located during red interview with the (QIDP) consent forms for all clients and signed annually.  RATION	W 2			
	The system for drug that all drugs, include	g administration must assure ding those that are				

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		34G156	B. WING		02	2/14/2024
NAME OF	PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  3716 WESTWOOD DRIVE					
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W 369	self-administered, a This STANDARD in Based on observarinterview, the facility were administered (#1) observed during The finding is:  Observation in the AM revealed staff A hands. Continued to obtain medication Further observations can medications, one medications revealed in applesance medications into a and client #1 was of mixed in applesance and client #1 was of mixed in applesance for the 2/13/24 physical medications to admixed in applesance for the 2/13/24 physical medications to admixed in applesance for the 2/13/24 physical medications to admixed in applesance for the 2/13/24 physical medications to admixed in applesance for the 2/13/24 physical medications to admixed in applesance for the 2/13/24 physical medications to admixed for the 2/13/24 physical medications and the 2/13/24 physical medications to admixed for the 2/13/24 physical medications and the 2/13/24 physical medicatio	are administered without error. Its not met as evidenced by: Ition, record review and by failed to assure all drugs without error for 1 of 6 clients and medication administration.  In group home on 2/14/24 at 7:15 and client #1 to both sanitize observation revealed client #1 on bin from cabinet area. In revealed staff A to educate, punch medications and pour mapill bottle. Subsequent alled staff A poured all morning medicine cup with applesauce observed to eat medications be.  In client #1 on 2/14/24 orders dated 2/13/24. Review sician orders revealed ininister at 8:00 AM to be 5MG and Loratadine Tab review of physician orders for medications to administer at in Tab 1000MCG, Calcium	W 369			

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		34G156	B. WING		02	/14/2024
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP O 3716 WESTWOOD DRIVE HAMPTONVILLE, NC 27020		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
W 369	observed to admini #1 after breakfast v Levothyroxin Tab 50 administered 30 mi other medications.  Interview with the faconfirmed the 2/13/#1 to be current. Co	ster all medications for client which included the medication 0 MCG that should have been nutes before breakfast and acility nurse on 2/14/24 (24 physician orders for client ontinued interview with the ed that staff should administer	W 3	69		