PRINTED: 02/28/2024 FORM APPROVED OMB NO. 0938-0391

		(X2) MULTIPLE CONSTRUCTION A. BUILDING		-	(X3) DATE SURVEY COMPLETED	
	34G273	B. WING		_	02/27/2024	
NAME OF PROVIDER OR SUPPLIER NORTHSIDE GROUP HOME			STREET ADDRESS, CITY, ST 3301 BARKSDALE ROAD FAYETTEVILLE, NC 28	·		
PREFIX (EACH DEFICIENCY MUS	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH CORRECTIVE CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIAT (ICIENCY)	(X5) COMPLETION DATE	
failed to ensure behavior included written projects affected 3 of 3 audit client findings are: A. Review on 2/26/24 of program plan (IPP), data behavior goal. Review on 2/26/24 of clientervention plan (BIP), objective to demonstrate episodes of target behamonths from the date of undated. B. Review on 2/26/24 of clientervention plan (BIP), objective to demonstrate episodes of target behamonths from the date of undated. B. Review on 2/26/24 of clientervealed an objective to than 3 episodes of target consecutive months from the BIP was undated. C. Review on 2/26/24 of clientervealed an objective to device the provided that the provi	dividual program plan acted completion dates. It met as evidenced by: If and interview, the facility or training objectives and completion dates. This ents (#1, #4, and #6). The act of client #1's individual ted 10/18/23, revealed not the interview of the inter	W 2	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.

OF DEFICIENCIES OF CORRECTION	L IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
	34G273	B. WING _		02/27/20	24	
NAME OF PROVIDER OR SUPPLIER NORTHSIDE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3301 BARKSDALE ROAD FAYETTEVILLE, NC 28301		,	
(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	ULD BE COME	(X5) PLETION DATE	
Continued From pa	ige 1	W 23	0			
disabilities professi	onal (QIDP) revealed the					
		W 24	0			
relevant intervention toward independer This STANDARD is Based on record refacility failed to ensign #4, and #6) individual included specific intoverall independent A. Review on 2/26/210/18/23, revealed paragraph and one services to be plant Personal Hygiene - Washing Self-Help - Money Machine Choice Behavior Plan	ns to support the individual nce. s not met as evidenced by: eviews and interview, the ure for 3 of 3 audit clients (#1, all program plans (IPP) formation to support their ce. The findings are: 24 of client #1's IPP, dated one physical domain social domain paragraph, with ned listed as: Toothbrushing and Hand Management and Verbalizing					
of strength and nee	eds, description of supports					
11/1/23, revealed seas:	ervices to be planned listed					
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa Interview on 2/27/2 disabilities professi dates had been put BIP or IPP. INDIVIDUAL PROC CFR(s): 483.440(c) The individual prog relevant interventio toward independer This STANDARD i Based on record re facility failed to ens #4, and #6) individu included specific in overall independen A. Review on 2/26// 10/18/23, revealed paragraph and one services to be plant Personal Hygiene - Washing Self-Help - Money I Choice Behavior Plan Informal Program - Further review of the of strength and need and services, or sp B. Review on 2/26// 11/1/23, revealed s as: Personal Hygiene -	PROVIDER OR SUPPLIER SIDE GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 Interview on 2/27/24 with the qualified intellectual disabilities professional (QIDP) revealed the dates had been put on data sheets but not in the BIP or IPP. INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure for 3 of 3 audit clients (#1, #4, and #6) individual program plans (IPP) included specific information to support their overall independence. The findings are: A. Review on 2/26/24 of client #1's IPP, dated 10/18/23, revealed one physical domain paragraph and one social domain paragraph and one social domain paragraph and washing Self-Help - Money Management and Verbalizing Choice Behavior Plan Informal Program - Leisure and Physical Further review of the IPP revealed no discussion of strength and needs, description of supports and services, or specific goals and objectives. B. Review on 2/26/24 of client #4's IPP, dated 11/1/23, revealed services to be planned listed as: Personal Hygiene - Toothbrushing and Hand	A BUILDIN B. WING	DENTIFICATION NUMBER: 34G273 B. WING B. WING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 301 BARKSDALE ROAD FAYETTEVILLE, NC 28301 DENTIFICATION MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX TAG PR	A BUILDING 34G273 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 3301 BARKSDALE ROAD FAYETTEVILLE, NC 28301 PROVIDER OR UNST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 Interview on 2/27/24 with the qualified intellectual disabilities professional (QIDP) revealed the dates had been put on data sheets but not in the BIP or IPP. INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(1) The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure for 3 of 3 audit clients (#1, #4, and #6) individual program plans (IPP) included specific information to support their overall independence. A. Review on 2/26/24 of client #1's IPP, dated 10/18/23, revealed one physical domain paragraph, and one social domain paragraph, with services to be planned listed as: Personal Hygiene - Toothbrushing and Hand Washing Self-Help - Money Management and Verbalizing Choice Behavior Plan Informal Program - Leisure and Physical Further review of the IPP revealed no discussion of strength and needs, description of supports and services, or specific goals and objectives. B. Review on 2/26/24 of client #4's IPP, dated 11/1/23, revealed services to be planned listed as: Personal Hygiene - Toothbrushing and Hand	

		` IDENTIFICATION NI IMPED: \ ` `		IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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W 240	Self-Help - Money I Choice Behavior Plan Informal Program - Further review of th goals and objective C. Review on 2/26/4/1/23, revealed se Personal Hygiene - Washing Self-Help - Money I Choice Behavior Plan Informal Program - Further review of th goals and objective Interview on 2/27/2 disabilities professi were being carried in the IPP. PROGRAM MONIT CFR(s): 483.440(f) The committee sho monitor individual pinappropriate behavior plan information individual pinappropriate behavior individual pinappropriate individual p	Management and Verbalizing Leisure and Physical le IPP revealed no specific is to address his needs. 24 of client #6's IPP, dated rvices to be planned listed as: Toothbrushing and Hand Management and Verbalizing Leisure and Physical le IPP revealed no specific is to address his needs. 4 with the qualified intellectual lonal (QIDP) revealed goals out by staff, but were not listed for TORING & CHANGE (3)(i) suld review, approve, and programs designed to manage vior and other programs that,	W 24				
	client protection and This STANDARD is Based on record refailed to ensure the for 3 of 3 audit clien	s not met as evidenced by: eview and interview, the facility behavior support plans (BSP) nts (#1, #4 and #6) were tored by the human rights					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L , IDENTIFICATION NITIMBED: L		PLE CONSTRUCTION IG		COMPLETED	
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W 262	A. Review on 2/26//revealed a BSP, unto include Aripipraz revealed no written Review on 2/26/24 program plan (IPP) was prescribed psy control behaviors of aggression. Interview on 2/27/2 disabilities professi was no current HR/18. Review on 2/26/24 and revealed a BSP, unto include Risperidor revealed no written Review on 2/26/24 and revealed no written	24 of client #1's record idated, with listed medications ole. Further review of the BSP consent by the HRC. of client #1's individual dated 10/18/23, revealed he rehotropic medications to for non-compliance and 4 with the qualified intellectual onal (QIDP) confirmed there Consent for client #1's BSP. 24 of client #4's record idated, with listed medications one. Further review of the BSP consent by the HRC. of client #4's IPP, dated he was prescribed rations to control behaviors of daggression. 4 with the QIDP confirmed has the QIDP confirmed has the Consent for client #4's and Divalproex. In to include timeout for no more hay be used to address eview of the BSP revealed no	W 26				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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W 262	4/1/23, revealed he medications to comnon-compliance an Interview on 2/27/2 there was no current	was prescribed psychotropic trol behaviors of	W 2	262			
W 263	CFR(s): 483.440(f) The committee shoare conducted only consent of the clier minor) or legal guarthis STANDARD i Based on record refacility failed to ensonly conducted with of a legal guardian. clients (#1, #4, and A. Review on 2/26/2 revealed a BSP, un to include Aripipraz Benztropine. No sic included. Review on 2/26/24 program plan, date prescribed psychot	ould insure that these programs with the written informed at, parents (if the client is a rdian. It is not met as evidenced by: eviews and interviews, the cure restrictive programs were in the written informed consent. This affected 3 of 3 audit #6). The findings are: 24 of client #1's record adated, with listed medications	W 2	263			
	dated 1/1/24, revea Aripiprazole and Bu	of client #1's doctor orders, alled medications to include aspirone for behavior. of written informed consent by					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	JITIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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W 263	guardian, dated 1/3 medications as Arip Benztropine. No sidincluded. B. Review on 2/26/2/revealed a BSP, unto include Risperidowas included. Review on 2/26/24 program plan, date behavior plan with the Review on 2/27/24 dated 1/1/24, revea Risperidone for behavior plan with guardian, dated 1/2 or side effects listed. C. Review on 2/27/24 guardian, dated 1/2 or side effects listed. C. Review on 2/26/revealed a BSP, unto include Aripipraz Benztropine. No sidincluded. Review on 2/26/24 program plan, date prescribed psychot Lorazepam, Buspin behaviors of non-concept and program plan, dated 1/1/24, revealed 1/1/1/24, revealed 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	ol/24, revealed listed biprazole, Cetirizine, and le effects information was 24 of client #4's record dated, with listed medications one. No side effect information of client #4's individual d 11/1/23, revealed he has a no medications listed. of client #4's doctor orders, led medications to include navior. of written informed consent by 19/24, revealed no medications d. 24 of client #6's record dated, with listed medications	W 26				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 263	Review on 2/27/24 guardian, dated 1/2 medications as Bus side effects information on 2/27/2 disabilities professifacility had always under the series of the	of written informed consent by 29/24, revealed listed spirone and Pantoprazole. No	W 2	63			