

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/10/2023
NAME OF PROVIDER OR SUPPLIER MOSS II GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1615-B MOSS SPRINGS ROAD ALBEMARLE, NC 28001		
(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 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure clients (#1, #2, #3, #4, #5 and #6) had the right to be treated with dignity regarding the use of incontinence padding. The finding is:</p> <p>During observations in the home on 5/10/23 at 6:27am, Staff E was observed to place incontinence pads on the couches in the living room and prompt the clients to sit on them. The incontinence pads remained on the couch throughout the morning observations.</p> <p>Interview on 5/10/23 with Staff E revealed the incontinence pads are used to cover the furniture in case of toileting accidents.</p> <p>Interview on 5/10/23 with the qualified intellectual disabilities professional (QIDP) confirmed that the incontinence padding placed under the clients does not provide the clients with dignity.</p>	W 125	<p>W 125 Staff will ensure dignity and respect for all people supported. Incontinent pads will no longer be used on the couches in the living room. QP/RM/ will conduct monitoring weekly using the Residential Observation checklist for the next 2 months.</p> <p>Target date: 7/9/2023</p>		
W 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medications were administered in accordance with physician's</p>	W 368	<p>W 368 Staff will ensure that medications are administered as ordered by the physician. Staff will be retrained on the Medication Administration Policy. QP/ RM will conduct weekly Medication observations using the Residential Observation checklist for the next 2 months.</p> <p>Target date: 7/9/2023</p>		

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DHSR-MH Licensure Sect

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Keri Chen

Statewide ICF Director

5/23/2023

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 368	Continued From page 1 orders. This affected 1 of 3 clients observed during medication administration. The finding is: During observations in the home on 5/10/23 at 6:40am, client #6 was observed to eat her breakfast. At 7:18am, Staff G was observed to administer one tablet of Pantoprazole 40mg and Fluticasone 50mcg, one spray in each nostril. Review on 5/10/23 of client #6's physician's orders dated 5/2023 revealed an order for Pantoprazole 40mg, "Take one tablet by mouth daily before meals" and Fluticasone 50mcg, "Use 2 sprays in each nostril every day." Interview on 5/10/23 with the qualified intellectual disabilities professional (QIDP) confirmed the Pantoprazole tablet should have been taken before client #6 ate, and that client #6 should have received 2 sprays of Fluticasone in each nostril.	W 368			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: The facility failed to assure all medications were secured appropriately as required as evidenced by observations and interviews. The finding is: During observations in the home on 5/10/23 at 7:12am, Staff G was observed to walk out of the medication room. Both doors to the medication room was open, and medications were observed sitting on the desk. The doors to the medication room remained open and the medications	W 382	W382 Staff will ensure that all drugs are locked when being prepared for administration. Staff will be retrained on the Medication Administration Policy in regards to securing the medications prior and during medication pass. QP/ RM will conduct weekly Medication Observations using the Residential Observation checklist for the next 2 months. Target date: 7/9/2023		

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

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W 382	Continued From page 2 remained sitting out until Staff G walked back into the room at 7:17am. Interview on 5/10/23 with the qualified intellectual disabilities professional (QIDP) confirmed that medications are supposed to remain locked except during medication administration.	W 382			