

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

PRINTED: 05/10/2023  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                    |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G041</b>                          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. IMNG _____   | (X3) DATE SURVEY COMPLETED<br><br><b>05/09/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>COUNTRY MANOR GROUP HOME</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1070 PACKING PLANT ROAD<br/>SMITHFIELD, NC 27577</b> |  |   |
| (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 104   | <p><b>GOVERNING BODY</b><br/>CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to complete repairs in the facility and outside in the back yard. This affected 6 of 6 clients in the facility (#1, #2, #3, #4, #5 and #6). The findings are:</p> <p>A. During observations in the facility on 5/8/23 at 3:00pm, a faded towel was hanging over the glass on the front door of the facility. During additional observations of the dining room, a set of blinds were damaged in the window and a sheer set of curtains were barely over half of the window where the blinds had been removed.</p> <p>Interview on 5/8/23 with staff A revealed client #5 had been physically aggressive the week before at the facility and ripped down several sets of window blinds throughout the facility.</p> <p>Interview on 5/9/23 with the qualified intellectual disabilities professional (QIDP) revealed she could not produce a work order for these repairs.</p> <p>B. During observations in the facility on 5/8/23 at 3:15pm the table leg for the dining room table was not completely secured to the base of the table. During observations of snacks consumed by the clients in the dining room, client #3 sat at the end of the table and held onto the leg of the dining room table while he ate his snack. Client #3 stated, "This thing is going to fall off. I will hold onto it." The Table moved several times and staff</p> | W 104  | <p>The Maintenance coordinator, HM and QP will ensure that blinds in the group home are replaced with alternative window treatments.</p> <p>Maintenance coordinator, HM and QP will monitor by completing environmental assessments twice a month for 2 consecutive months.</p> <p>Target date: July 8, 2023</p> |   |

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.

*Resha Blue Administrator* 5/20/23

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                    |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G041</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>05/09/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>COUNTRY MANOR GROUP HOME</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1070 PACKING PLANT ROAD<br><b>SMITHFIELD, NC 27577</b>   |                      |   |
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| W 104   | <p>Continued From page 1</p> <p>A and B attempted to adjust the table so it was straight. One of the chairs at the table was taller and moved back and forth. Client #1 walked over to the only remaining chair that was taller and wobbled, he stated, "I am not sitting there" and he got up and left the table.</p> <p>Interview on 5/8/23 with staff A stated the facility had ordered a dining room table and chairs but she was not certain why it had not arrived at the facility.</p> <p>Interview on 5/8/23 with the residential manager revealed the facility had ordered a dining room table and chairs but there had been a mix up with the payment and the manufacturer was trying to straighten it out.</p> <p>Interview on 5/9/23 with the qualified intellectual disabilities professional (QIDP) revealed she could not produce a work order for these repairs.</p> <p>C. During observations in the facility on 5/8/23 at 3:30pm client #1 walked back inside from playing basketball out in the backyard with clients #2 and #4. Client #1 stated to the surveyor, "Look out there, it is broke. I am not playing anymore." The net for the basketball goal was torn and hanging next to the pole on the goal.</p> <p>Interview on 5/8/23 with staff A and B confirmed that playing basketball outside in the back yard is a preference for clients #1, #2 and #4.</p> <p>Interview on 5/9/23 with the qualified intellectual disabilities professional (QIDP) revealed she could not produce a work order for these repairs.</p> | W 104   | <p>The Maintenance Coordinator, QP and Home Manager will ensure that all furniture and recreational equipment is in good condition.</p> <p>Clients will select from an activity sheet of preferred activities they would like to participate in once a week for 2 consecutive months.</p> <p>The clinical team will complete environmental assessments 3 times a month for 2 consecutive months.</p> <p>Target date: July 8, 2023</p> |                      |   |
| W 159   | QIDP   | W 159   |   |                      |   |

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| NAME OF PROVIDER OR SUPPLIER<br><br>COUNTRY MANOR GROUP HOME |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1070 PACKING PLANT ROAD<br>SMITHFIELD, NC 27577 |   |  |
| (KP) 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) |  |
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| W 159   | <p>Continued From page 2<br/>CFR(s): 483.430(a)</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews the qualified intellectual disabilities professional (QIDP) failed to coordinate repairs in the facility, document significant events for 1 of 5 audit clients (#2) and review the written training programs for 3 of 5 audit clients (#1, #3 and #5) in the facility. The findings are:</p> <p>A. During observations in the facility on 5/8/23 client #2 pulled up his shirt sleeve on his left arm which revealed a healing bite mark over an inch wide. Client #2, who has communication deficits, pointed to the wound on his arm and indicated it hurt. Staff A stated on 5/1/23 that client #5 had gotten upset, grabbed client #2 at the vocational program and client #5 had bitten client #2 on the arm before staff could separate them.</p> <p>Interview on 5/8/23 with the residential manager (RM) revealed client #5 has target behaviors of physical aggression and property destruction. Further interview revealed on 5/1/23 clients #2 and #5 were at the vocational program when client #5 got upset and had bitten client #2 on the left arm.</p> <p>Interview on 5/9/23 with the facility nurse revealed on 5/1/23 clients #2 and #5 were at the vocational program when client #5 got upset and had bitten client #2 on the left arm. She stated she had immediately cleaned the wound, notified the medical provider and client #2 was sent for bloodwork screening for bloodborne pathogens,</p> | W 159  | <p>The clinical team will complete chart reviews 2 times a month for 2 consecutive months.</p> <p>Target date: July 8, 2023</p> |   |
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| <p>W 159</p> <p>Continued From page 3</p> <p>as the bite had broken the skin. Further interview revealed she had followed up to ensure the bite wound was resolving without infection. The nurse stated the guardians for client #2 were notified by phone of this injury.</p> <p>Review on 5/9/23 of an incident report dated 5/1/23 revealed client #2 was bitten by client #5 at the vocational program on 5/1/23 at 10:00am. Client #5 became agitated and staff attempted to redirect him, however he reached over and had bitten client #2 before staff could separate them. Additional review revealed the qualified intellectual disabilities professional (QIDP), Nursing, the medical provider, RM and behavioral management specialist had been notified. There was no documentation to confirm if the guardians of client #2 were notified.</p> <p>Review on 5/9/23 of client #2's record revealed no notes by the QIDP about the bite mark to client #2 on 5/1/23. Further review on 5/9/23 of the electronic record for client #2 revealed no QIDP notes regarding client #2's injury or follow up as well as whether client #2's guardians were notified.</p> <p>Interview on 5/9/23 with the QIDP revealed she could produce no additional documentation, other than the incident report, regarding client #2's bite wound on 5/1/23.</p> <p>B. Cross Refer W254.</p> <p>C. Cross Refer W104.</p> <p>W 247</p> | <p>W 159</p>  | <p>W 159</p>  | <p>W 159</p>   |                               |
| <p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>  | <p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p>34G041</p>   | <p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING _____</p> <p>B. WING _____</p> | <p>(X3) DATE SURVEY COMPLETE-D</p> <p>05/09/2023</p>   |                               |
| <p>NAME OF PROVIDER OR SUPPLIER</p> <p>COUNTRY MANOR GROUP HOME</p>  | <p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>1070 PACKING PLANT ROAD<br/>SMITHFIELD, NC 27577</p>                          |   |  |                               |
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| W247   | <p>Continued From page 4</p> <p>The individual program plan must include opportunities for client choice and self-management.</p> <p>This STANDARD is not met as evidenced by:<br/>Based on observation, record review and confirmed by interviews with staff, the facility failed to assure the person centered plans (PCPs) for 1 of 5 sampled clients (#1) included opportunities for client choice and self-management related to meal preparation. The finding is:</p> <p>During observations in the facility on 5/8/23 of supper preparation at 4:30pm staff A was in the kitchen with client #2 stirring hamburger helper in a skillet and began heating a pot of mixed vegetables on the stovetop. Client #1 walked into the kitchen to see what staff were preparing and asked staff A, "What is that?" Staff A explained that they were preparing Hamburger Helper which they were substituting for turkey burgers. Staff A also explained the menu included mixed vegetables and fruit cocktail for supper. Client #1 walked out of the kitchen and stated, "I am not going to eat that." During observations of supper at 5pm, client #1 walked to the dining room table, asked staff B to pass the iced tea and stated that he did not want anything for supper. At 5:10pm, staff A asked client #1 if he would like her to make him a sandwich in place of his meal. Client #1 stated, " No." At 5:15pm, client #1 took his glass to the kitchen, put it in the dishwasher and went to his bedroom.</p> <p>During observations on 5/9/23 at 6:40am staff C assisted clients to serve toast, grits, sausage, juice and coffee. Client #1 came to the dining room table and stated that he did not want</p> | W247   | <p>QP and Home Manager will ensure a variety of client #1's choice substitutions are purchased and placed in the pantry of the group home.</p> <p>Client #1 will participate in developing the grocery list to identify preferred substitutions once a month for 2 consecutive months.</p> <p>The nurse will monitor client #1's weight and complete nursing assessments twice a month for 2 consecutive months.</p> <p>Clinical team will complete chart reviews twice a month for 2 consecutive months.</p> <p>Clinical team will complete mealtime assessments twice a month for 2 consecutive months.</p> <p>Target date; July 8, 2023</p> |                     |
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             | (X4) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>34G041  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                     | (X3) DATE SURVEY COMPLETED<br><br>05/09/2023   |                     |
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| (X4) D PPE 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 DAY |

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| W 247  | <p>Continued From page 5</p> <p>anything for breakfast. Client #1 asked for staff to pass the orange juice and staff C brought his coffee cup to the dining room table. Client #1 consumed orange juice, coffee and took his cups to the kitchen. When staff C was asked what snacks were available in the kitchen pantry for client #1 to choose from, staff C took the surveyor to the pantry. There was a large box of chips, graham crackers and jello.</p> <p>Interview on 5/9/23 with staff A and staff C who have both worked with client #1 many years revealed he likes nabs (crackers with peanut butter), Vienna sausages and sometimes puddings to snack on whenever he decides to skip mealtimes. However, further interview revealed client #1 has not been provided frequent opportunities to go to the grocery store to select some of these items to stock the pantry. Additional interview revealed client #1 is more frequently skipping meals and often he chooses not to eat breakfast.</p> <p>Review on 5/8/23 of client #1's individual program plan (IPP) dated 4/20/23 revealed he is edentulous and is prescribed a regular diet with Ensure Plus (1) container twice daily at noon and at 8pm. Further review of client #1's IPP revealed he is diagnosed as a Type II diabetic and is prescribed Metformin to treat his Diabetes.</p> <p>Review on 5/9/23 of client #1's nutritional evaluation dated 11/14/22 revealed he is edentulous and is prescribed a regular diet with Ensure Plus (1) container twice daily at noon and at 8pm. Further review revealed staff should, "continue diet and supplements as ordered." His desired weight range is listed as 120-145 pounds.</p> | W 247  |  |  |
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| <p>W247</p> <p>Continued From page 6</p> <p>Review on 5/9/23 of client #1's quarterly nursing review dated 12/31/22 revealed his weight as 135.6 pounds which is within his desired weight range.</p> <p>Interview on 5/9/23 with the facility nurse and the qualified intellectual disabilities professional (QIDP) confirmed that client #1 often skips meals and that he is currently receives Ensure Plus twice daily. Further interview confirmed that given he is often a very select eater, it would be advantageous to ensure that preferred snacks are available to him in the pantry from which to choose meal substitutions.</p> <p>W254</p> <p>PROGRAM DOCUMENTATION<br/>CFR(s): 483.440(e)(2)</p> <p>The facility must document significant events that contribute to an overall understanding of the client's ongoing level and quality of functioning. This STANDARD is not met as evidenced by:<br/>Based on record review and interview the qualified intellectual disabilities professional (QIDP) failed to review the written training programs for 3 of 5 audit clients (#3, #5 and #6). The findings are:</p> <p>A. Review on 5/9/23 of client #3's individual program plan (IPP) dated 9/3/22 revealed he has formal training programs to use a knife to cut up his food, brush his teeth and sign his time sheet at work. Review of the progress summaries for these objectives revealed the following.</p> <p>1. Use his knife to cut his food with 100% independence for 6 consecutive review periods: (implemented 11/18/21)<br/>February 2023: 50%</p> |   | <p>W247</p>  | <p>W254</p> <p>The Habilitation Specialist will review all programs and update as needed to ensure that clients are utilizing programs that help promote their independence.</p> <p>The Habilitation Specialist will monitor documentation twice a month for 2 consecutive months.</p> <p>The clinical team will complete chart reviews twice a month for 2 consecutive months.</p> <p>The Habilitation Specialist and QP will complete interaction assessments 4 times a month for 2 consecutive months.</p> |  |
| <p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>  | <p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br/><br/>34G041</p>   | <p>(X2) MULTIPLE CONSTRUCTION<br/>A. BUILDING _____<br/><br/>B. WING _____</p> | <p>(X3) DATE SURVEY COMPLETED<br/><br/>05/09/2023</p>   |  |
| <p>NAME OF PROVIDER OR SUPPLIER<br/><br/>GOUNTAYMANORGROUPHOME</p>   | <p>STREET ADDRESS, CITY, STATE, ZIP CODE<br/>10YO PACKING PLANT ROAD<br/>SMITHFIELD, NC 27577</p>                           |  |   |  |
| <p>(X4) ID PREFIX TAG<br/><br/>SUMMARY STATEMENT OF DEFICIENCY YES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>  | <p>(X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p> |  | <p>(X6) COMPLETION</p>  |  |



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| <p>VV254</p>  | <p>Continued From page 7</p> <p>March 2023: 30.77%<br/>April 2023: 44.44% step 3</p> <p>2. Will brush his teeth 60% of the time for 6 consecutive months (Implemented 8/11/21)<br/>February 2023: 88.89%<br/>March 2023: 90.91%<br/>April 2023: 77.78%</p> <p>3. Will initiate signing his time sheet for work with 80% verbal prompts for 4 consecutive review periods. (Implemented 8/18/21)<br/>no recent data available to indicate if this objective is current.</p> <p>Interview on 5/9/23 with the qualified intellectual disabilities professional (QIDP) revealed these objectives for client #3 have been ongoing since 2021 and she has not reviewed any of these programs to determine if he is making progress or if revisions need to be made.</p> <p>B. Review of client #5's IPP dated 9/2/22 revealed he has formal training programs to identify pictures in a picture communication book, brush his teeth, wash his hands and participate in meal preparation. Review of the progress summaries revealed the following:</p> <p>1. Will brush his teeth with 80% independence for 4 consecutive review periods (Implemented in 2021).<br/>January: 43%<br/>February 2023: 53.3%<br/>March 2023: 31.58%<br/>April 2023: 37.6%</p> <p>2, Wash his hands (Implemented in 2021)<br/>January 2023: 87.5%</p> | <p>VV254</p>  | <p>The Habilitation Specialist will in-service staff on all new program goals and the importance of documenting client's progress accurately.</p> <p>Target date: July 8, 2023</p> |   |
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| <p>W 2M</p>  | <p>Continued From page 8</p> <p>February 2023: 85.7%<br/>March 2023: 89.4%<br/>April 2023: 87.75%</p> <p>Meal preparation (implemented in 2021)<br/>January 2023: 13.3%<br/>February 2023: 45.45%<br/>March 2023: 64.7%<br/>April 2023: 42.86% verbal prompts</p> <p>Interview on 5/9/23 with the QIDP revealed these objectives for client #5 have been ongoing since 2021 and she has not reviewed any of these programs to determine if he is making progress or if revisions need to be made.</p> <p>C. Review on 5/8/23 of client #6's IPP dated 9/12/22 revealed he has formal programs to tolerate toothbrushing and participate in shaving his face. Review of the progress summaries revealed the following:</p> <p>1. Tolerate toothbrushing 100% time for 6 consecutive months (implemented in 2021)<br/>January 2023: 86.67%<br/>February 2023: 93.3%<br/>March 2023: 80%<br/>April: 100% verbal prompts needed</p> <p>2. Will participate in shaving his face with 50% prompts for 4 consecutive review periods. (Implemented in 2021)<br/>January 2023: 0%<br/>February 2023: 0%<br/>March 2023: 0%</p> <p>Review on 5/9/23 of a habilitation note explained client #6 was growing a beard during January and February. Further review of the habilitation note</p> | <p>W 254</p>   |  |  |
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| W 254 | Continued From page 9<br>revealed client #6 had his beard shaved during a haircut and is now restarting this shaving program.<br><br>Interview on 5/9/23 with the QIDP revealed these objectives for client #6 have been ongoing since 2021 and she has not reviewed any of these programs to determine if he is making progress or if revisions need to be made. | W 254 |  |
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