DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 06/14/2023 FORM APPROVED OMB NO. 0938-0391

		T & WEDICAID SERVICES			OMB N	O. 0938-039	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MUL' A. BUILDI	TIPLE CONSTRUCTION	(X3) D.	(X3) DATE SURVEY COMPLETED	
		34G175	B WING				
NAME OF PROVIDER OR SUPPLIER HIGHWAY 117 GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP 3801 US 117 NORTH GOLDSBORO, NC 27530	CODE	06/13/2023		
(X4) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
	Therefore the facility parent (if the client of the client's medic and behavioral stat treatment, and of the This STANDARD is Based on observatinterview, the facility client's (#4)'s guardi alternatives to propossible consequent treatment. The findicular During observations 5:00pm, staff A assischunks of meat loaf, his plate. Client #4 we cups at his placesett he consumed his bethroughout mealtime after he had consumed During observations 7:13am, Staff B assistoast and sausage or observed to have Proto slow the rate at wheeled the consumed breakfast Immediate interview #4 has been ongoing for several weeks. Finding the client in the consumed breakfast Immediate interview #4 has been ongoing for several weeks.	sure the rights of all clients. It is a minor), or legal guardian, all condition, developmental rus, attendant risks of the right to refuse treatment. It is not met as evidenced by: son, record review and staff of failed to ensure 1 of 6 audit an understands the research treatments, and the ces/afternatives to refusal of right is: of supper on 6/12/23 attendant #4 to serve large cabbage and potatoes onto ras observed to have Provale ring to slow the rate at which werages. Client #4 coughed and continued to cough red his meal of breakfast on 6/13/23 at sted client #4 to serve grits into his plate. Client #4 was ovale cups at his placesetting nich he consumed his out mealtime, client #4 red to cough after he had	. W 12	interdisciplinary team meeticlient symptoms, treatment risks associated with clie status. The QIDP/Nurse w staff on the signs, symptom associated with aspiration importance of reporting couching. Meeting notes training will be docume completion. The QIPD, Nurwill monitor for comp	options, and nt medical ill inservice ns, and risks on and the change in and staff ented for se, and RSS	8/11/23	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE S SIGNATURE

Chief Openting Officer

(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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		& MEDICAID SERVICES			OMB N	O. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	The second second	LTIPLE CONSTRUCTION DING	(X3) D/	(X3) DATE SURVEY COMPLETED	
		34G175	B WING			014010000	
	PROVIDER OR SUPPLIER AY 117 GROUP HOME			STREET ADDRESS CITY STATE 3801 US 117 NORTH GOLDSBORO, NC 27530	ZIP CODE	06/13/2023	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN O	CTION SHOULD BE THE APPROPRIATE	(X5 COMPLETION DATE	
W 124	Continued From pa	ge 1	W 1	24			
	consultation dated a to follow up a chron "Reported to be doin during eating." Furth revealed client #4 haspiration and that it therapy as well. "Str aspiration precaution Review on 6/13/23 devaluation dated 9/1 a regular diet with dowith the exception of restaurant. Review of client #4's Barium Swallow studies a diagnost linterview on 6/13/23 confirmed client #4 hon 6/3/11 which resure Dysphagia. Further in time, the possibility of discussed, however lagreement due to coaffect his quality of lift revealed the interdisc discuss client #4's codiscuss possible strapossibility of aspiration to been discussed viguardian.	with the facility nurse and a Barium Swallow study lited in a diagnosis of interview revealed at that if a feeding tube was not in incerns this would greatly the additional interview ciplinary team had not met to bughing during meals to tegies to decrease the on during meals, and this had with client #4's legal	1				
		with the qualified intellectual nal (QIDP) confirmed the					

interdisciplinary team had not met to discuss

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NAME OF	2000	34G175	B WING_		06	6/13/2023
NAME OF PROVIDER OR SUPPLIER HIGHWAY 117 GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3801 US 117 NORTH GOLDSBORO, NC 27530		1312023	
PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRICIENCY)	DRE	(X5) COMPLETION DATE
	client #4's coughing episodes at mealtime and throughout his day to develop possible strategies to decrease the possibility of aspiration during meals. Further interview confirmed the team had also not met with client #4's legal guardian to discuss concern regarding client #4's Dysphagia. PROGRAM IMPLEMENTATION CFR(s) 483 440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan. each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.		W 249 W249: The Nursing Department inservice the staff in the home medication procedures and importance of educating conthrough goal training. Staff training be documented for completion department and QIPD will mocompletion.		roper ers will sing	8/11/23
	Based on observation interview, the facility clients (#2 and #6) in was consistently implied. A. During observation B administered the for #2: Vimpat tab 15mg Clobazam 20mg 1 tab Risperdal 20mg 1 tab medication side effects of Review on 6/12/23 of	not met as evidenced by: on, record review and failed to ensure 2 of 3 audit dividual program plan (IPP) lemented The finding is. on on 6/13/23 at 8:00am. Staff following medications to client 2 tab, Briviact 100mg 1 tab, b: Zoloft 50mg 1 tab, and b: Staff B did not discuss ats or prompt client #2 to a medications. It client #2's IPP revealed an expeat the side effects of				

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AND PLAN OF CORRECTION (X) PROVIDER COMPRECION 34G175 34G17			E & MEDICAID SERVICES				OMB N	0 0938-0391	
ANNE OF PROVIDER OR SUPPLIER HIGHWAY 117 GROUP HOME (X4) ID SUMMARY STATEMENT OF DESCRICUES (EACH DEFICIENCES (EACH DEFICIENCES) (EACH DEFICIENCES (EACH DEFICIENCE) (EACH D	STATEMEN AND PLAN	NT OF DEFICIENCIES OF CORRECTION						(X3) DATE SURVEY	
HIGHWAY 117 GROUP HOME (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 249 Continued From page 3 Interview on 6/13/23 with Staff B revealed client #2 could name the medications and state the purpose of medications. Staff B stated no further instruction was required for medications Interview on 6/13/23 with qualified intellectual disabilities professional (QIDP) revealed staff should complete medication objective training during medication administration. B. During observation on 6/13/23 at 8.15am, Staff B administered the following medications to client #8: Haldol Simg 3 1/2 tab), Ability 30mg 1 tab; Geodon 40mg 1 tab; Lamictal 100mg 2 1/2 tab, Depakote 500mg 1 tab, and Depakote 250 mg 1 tab. Staff B did not discuss medication side effects or prompt client #6 to repeat side effects of medications. Review on 6/13/23 with Staff B revealed client #6: could name the medication sand state the purpose of medications. Interview on 6/13/23 with the nurse revealed staff should complete medication objective training during medications. Review on 6/13/23 with Staff B revealed client #6 could name the medications and state the purpose of medications. Interview on 6/13/23 with staff B revealed client #6 could name the medication side the purpose of medications. Interview on 6/13/23 with staff B stated no further instruction was required for medications. Interview on 6/13/23 with the nurse revealed staff should complete medication objective training				B WING					
PREPIX TAG SUMMARY STATEMENT OF DEFICIENCIES PRECED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 249 Continued From page 3 Interview on 6/13/23 with Staff B revealed client #2 could name the medications and state the purpose of medication objective training during medication of 6/13/23 with the nurse revealed staff should complete medication objective training during medication administration. Interview on 6/13/23 with qualified intellectual disabilities professional (CIIDP) revealed staff should complete medication objective training during medication administration. B. During observation on 6/13/23 at 8.15am, Staff B administrated the following medications to client #6: Haldol 5mg 3 1/2 tab; Abliffy 30mg 1 tab; Geodon 40mg 1 tab; Lamictal 100mg 2 1/2 tab, Depakote 500mg 1 tab, and Depakote 250 mg 1 tab. Staff B did not discuss medication side effects or prompt client #6 to repeat side effects of medications. Review on 6/12/23 of client #6's IPP revealed an objective to verbally repeat the purpose of a specific medications. Staff B stated no further instruction was required for medications. Interview on 6/13/23 with Staff B stated no further instruction was required for medications. Interview on 6/13/23 with the nurse revealed staff should complete medications objective training				STREET ADDRESS, CITY STATE, ZIP CODE 3801 US 117 NORTH					
Interview on 6/13/23 with Staff B revealed client #2 could name the medications and state the purpose of medications. Staff B stated no further instruction was required for medications. Interview on 6/13/23 with the nurse revealed staff should complete medication objective training during medication administration. Interview on 6/13/23 with qualified intellectual disabilities professional (CIDP) revealed staff should complete medication objective training during medication administration. B. During observation on 6/13/23 at 8:15am, Staff B administered the following medications to client #6: Haldol 5mg 3 1/2 tab; Abliffy 30mg 1 tab; Geodon 40mg 1 tab; Lamictal 100mg 2 1/2 tab; Depakote 500mg 1 tab, and Depakote 250 mg 1 tab. Staff B did not discuss medication side effects or prompt client #6 to repeat side effects of medications. Review on 6/12/23 of client #6's IPP revealed an objective to verbally repeat the purpose of a specific medication. Interview on 6/13/23 with Staff B revealed client #6 could name the medications and state the purpose of medications. Staff B stated no further instruction was required for medications. Interview on 6/13/23 with Staff B stated no further instruction was required for medications. Interview on 6/13/23 with the nurse revealed staff should complete medication objective training	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI	x	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP	OULD BE	COMPLETION	
during medication administration. Interview on 6/13/23 with QIDP revealed staff should complete medication objective training		Interview on 6/13/2 #2 could name the purpose of medicate instruction was required in the result of the factor of t	3 with Staff B revealed client medications and state the ions. Staff B stated no further aired for medications 3 with the nurse revealed staff edication objective training dministration. 4 with qualified intellectual anal (QIDP) revealed staff edication objective training dministration. 5 on on 6/13/23 at 8:15am, Staff collowing medications to client 2 tab; Abilify 30mg 1 tab; Lamictal 100mg 2 1/2 tab; ab, and Depakote 250 mg 1 iscuss medication side ent #6 to repeat side effects 6 client #6's IPP revealed an repeat the purpose of a with Staff B revealed client redications and state the ens. Staff B stated no further red for medications. With the nurse revealed staff dication objective training ministration. With QIDP revealed staff	W 2	49				

during medication administration.

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A. BUILDING	PLE CONSTRUCTION	(X3) D	ATE SURVEY OMPLETED
NATE OF		34G175	B WING_			
NAME O	F PROVIDER OR SUPPLIER	W .		STREET ADDRESS, CITY, STATE, ZIP COI	0	6/13/2023
HIGHW	AY 117 GROUP HOME			3801 US 117 NORTH	DE	
	THE CHOOL HOWL			GOLDSBORO, NC 27530		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR	507.0	
TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION:	PREFIX TAG	EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY;	HOULD BE	(X5) COMPLETION DATE
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.		W 460	W460: The Nursing Departm consult with the dietician on the diet order. Any changes will be Staff will be inserviced on the p diet. Staff training will be doc for completion. Nursing. QIPD will monitor for complian	ne current be noted. prescribed umented and RSS	8/11/23
	reviews, the facility fa	not met as evidenced by: ons, interviews and record ailed to ensure 1 of 6 audit their specially-prescribed the finding is:		Tor compilar	icc.	
	5:00pm, staff A assis	of supper on 6/12/23 ted client #4 to serve meat tatoes onto his plate He of each food item.				
	toast and sausage or	of breakfast on 6/13/23 at ted client #4 to serve grits to his plate. He was served bod tem. Client #4 served ts onto his plate.				
	a regular diet with dou	client #4's nutritional 22 revealed he is to receive able portions at every meal meals in the community at a				
	his desired weight ran that he is 76 inches in	his recent weights revealed ge is 155-185 pounds and height. In April 2022, his as 169 pounds and client #4 pounds.				
		client #4's functional /27/22 revealed, " Regular ns to be served on his				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A BUILDING				(X3) DATE SURVEY COMPLETED	
		34G175	B WING			0	5/13/2023
NAME OF PROVIDER OR SUPPLIER HIGHWAY 117 GROUP HOME				3801	ET ADDRESS CITY STATE, ZIP CODE US 117 NORTH DSBORO, NC 27530		
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETION DATE
W 460	double snacks, use Interview on 6/13/23 qualified intellectual	ge 5 eals served in a restaurant. Provale cup for all liquids." B with the facility Nurse and disabilities professional lient #4's diet is current and	W	460			
							and the second