

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2024
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NAME OF PROVIDER OR SUPPLIER MOSS I GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1617 MOSS SPRINGS ROAD ALBEMARLE, NC 28001
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(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
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E 004	<p>Develop EP Plan, Review and Update Annually CFR(s): 483.475(a)</p> <p>§403.748(a), §416.54(a), §418.113(a), §441.184(a), §460.84(a), §482.15(a), §483.73(a), §483.475(a), §484.102(a), §485.68(a), §485.542(a), §485.625(a), §485.727(a), §485.920(a), §486.360(a), §491.12(a), §494.62(a).</p> <p>The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:</p> <p>(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following:</p> <p>* [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach.</p> <p>* [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually.</p>	E 004		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.

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

PRINTED: 04/26/2024
FORM APPROVED
OMB NO. 0938-0391

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E 004	Continued From page 1 * [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the Emergency Preparedness Plan (EPP) was reviewed and updated at least every two years. The finding is: Review of the facility EPP on 4/23/24 revealed a facility EPP Manual which was last updated March, 2009. Continued review of the facility EPP manual revealed no client specific information for 5 out of 5 clients (#1, #2, #3, #4, #5). Interview with the Statewide ICF Director on 4/24/24 confirmed that the EPP has not been updated recently.	E 004			
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii) Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to serve food in a form consistent with the developmental level of 2 of 5 clients (#2, and #4) relative to prescribed diet. The finding is: Based on observations, record review, and interviews, the facility failed to serve food in a form consistent with the developmental level of 2 of 5 clients (#2, and #4) relative to prescribed	W 474			

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W 474	<p>Continued From page 2 diet. The finding is:</p> <p>Observations in the group home on 4/23/24 at 5:45 PM revealed the dinner meal to be baked thin sliced turkey (deli meat), black beans and rice, sugar free punch, water, and fresh peeled apple slices. Continued observation revealed client #2, and #4 to be served hand over hand. Further observation revealed client #2 to tear her whole wheat sliced piece into large pieces and client #4 to fold his whole wheat slice of bread and consume with the dinner meal. At no point during the dinner meal was client #2 and #4's whole wheat bread cut into bite size pieces.</p> <p>Observation in the group home on 4/24/24 at 6:45 AM revealed the breakfast meal to be a choice of raisin bran or cheerios cereal, one slice of whole wheat cheese toast , 1/2 of a whole banana, skim milk, orange juice and water. Continued observation revealed client #2 and client #4 to consume their whole wheat cheese toast in whole consistency with client #2 eating Hers at a fast pace, nearly choking, in an effort to drink her beverages. Further observation revealed client #4 to consume his 1/2 of banana in whole consistency after asking for help to have it peeled. At no point during the breakfast meal was client #2 and #4's whole wheat cheese bread cut into bite size pieces nor was #4's banana cut into bite size pieces</p> <p>Review of client #2's record on 4/24/24 revealed a nutritional assessment dated 3/20/24 for client #2's diet to be low cholesterol, low fat, no concentrated sweets, food to cut in small pieces as needed, and double portions of fluids with meals and snacks. Continued review of records revealed a nutritional assessment for client #2</p>	W 474			

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W 474	<p>Continued From page 3</p> <p>dated 11/10/22 with a diet of low cholesterol, low fat, no concentrated sweets, all food cut in small pieces, and 4 oz. prune juice in the morning. Further review of records revealed a nutritional assessment for client #4 dated 3/20/24 with a diet of low concentrated sweets, low saturated fats, cut food in bite size pieces avoid hot dogs, grapes, celery, nuts add fatty condiments (extra butter, oil avocado, cream cheese, extra cheese) to increase caloric intake, Glucerna - 1 bottle two times daily, extra portions as desired.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) and residential manager (RM) on 4/24/24 confirmed client #2, and #4's prescribed diet. Further interview with the QIDP and RM confirmed specially modified diets should always be followed as prescribed.</p>	W 474			