DEPART	MENT OF HEALTH	AND HUMAN SERVICES					APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			0	MB NO.	0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í		E CONSTRUCTION	CON	E SURVEY IPLETED
		34G273	B. WING	i			R 29/2024
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
NORTHS	IDE GROUP HOME			3	301 BARKSDALE ROAD		
				F	AYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENT	rs	W C	000			
{W 230}	deficiencies cited o	ucted on 4/29/24 for n 2/26 - 2/27/24. All ecited. No new noncompliance GRAM PLAN	{W 2:	30}			
100 2003	CFR(s): 483.440(c) The objectives of th	ı(4)(ii) ne individual program plan	100 23	50}			
	This STANDARD is Based on record re failed to ensure beh included written pro	brojected completion dates. s not met as evidenced by: eview and interview, the facility navior training objectives ojected completion dates. This t clients (#1, #4, and #6). The					
		24 of client #1's individual , dated 10/18/23, revealed no					
	intervention plan (B objective to demon episodes of target b	of client #1's behavior IP), undated, revealed an strate no more than 3 behavior for six consecutive ate of BIP plan. The BIP was					
	B. Review on 2/26/2 11/1/23, revealed n	24 of client #4's IPP, dated o behavior goal.					
	revealed an objective than 3 episodes of	of client #4's BIP, undated, ve to demonstrate no more target behavior for six s from the date of BIP plan. ed.					
		24 of client #6's IPP, dated					
LABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	VATURE		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.

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		AND HUMAN SERVICES				FORM	05/01/2024 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´			(X3) DATE COM	E SURVEY PLETED
		34G273	B. WING				R 29/2024
NAME OF F	PROVIDER OR SUPPLIER	-		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
NORTHS	IDE GROUP HOME				301 BARKSDALE ROAD FAYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
{W 230}	revealed an objective than two episodes of consecutive months plan. The BIP was of Interview on 2/27/24 disabilities profession dates had been put BIP or IPP. The facility Plan of 3/7/24, revealed the The QP will meet we behavior goals and Staff will be trained continue to monitor A. Review on 4/29/21 10/18/23 revealed re client #1 has a beha psychotropic medice eliminate some of the behaviors: non-com Review on 4/29/24 intervention plan (B behaviors to include non-compliance with "demonstrate no me target behaviors for the date of this plan the plan, and no psi date were provided	behavior goal. of client #6's BIP, undated, ve to demonstrate no more of his target behaviors for six s from the date of the BIP undated. 4 with the qualified intellectual onal (QIDP) revealed the con data sheets but not in the Correction (POC), dated e following: ith the Treatment Team to add dates to the habilitation plan. on the new goals. The QP will progress with all goals. 24 of client #1's IPP, dated ho behavior goal. However, avior plan and receives sation "to help reduce and he following negative npliance and aggression." of client #1's behavior IP), undated, revealed target	{W 2:	30}			
	Interview on 4/29/24	4 with the QIDP revealed the					

		AND HUMAN SERVICES				FORM	05/01/2024 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /			(X3) DATE COM	E SURVEY PLETED
		34G273	B. WING				२ 29/2024
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
NORTHS	DIDE GROUP HOME				301 BARKSDALE ROAD AYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
{W 230}	facility had not impl due to extended was sign off and date th #1 does not have a B. Review on 4/29/2 11/1/23 revealed not client #4 has a beat psychotropic medic eliminate some of t behaviors: non-com Review on 4/29/24 intervention plan (B behaviors to include non-compliance wit "demonstrate no m target behaviors for the date of this plan the plan, and no ps date were provided determine the proje C. Review on 4/29/2 program plan (IPP) behavior goal. How psychotropic medic eliminate some of t behaviors: non-com Review on 4/29/24 intervention plan (B behaviors to include non-compliance wit "demonstrate no m target behaviors for the date of this plan the plan, and no ps	emented client #1's BIP yet ait time for the psychologist to e plan. As of right now, client behavior goal. 24 of client #4's IPP, dated behavior goal. However, avior plan and is on tation "to help reduce and he following negative opliance and aggression." of client #4's behavior BIP), undated, revealed target e aggression and th a behavior goal to ore than three episodes of his r six consecutive months from on". No date was provided for ychologist's signature with in the behavior plan to ected completion date. 24 of client #6's individual , dated 4/1/23, revealed no ever, client #6 is on tation "to help reduce and he following negative opliance and aggression."	{W 2	30}			

If continuation sheet Page 3 of 14

		AND HUMAN SERVICES				FORM	05/01/2024 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´		E CONSTRUCTION	(X3) DATE COMI	E SURVEY PLETED
		34G273	B. WING				२ 29/2024
NAME OF F	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
NORTHS	IDE GROUP HOME			-	301 BARKSDALE ROAD AYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
{W 230}	Continued From pa determine the proje	ge 3 cted completion date.	{W 23	30}			
{W 240}	disabilities profession had recently met or behavior goals and However, the new of been added to the p been trained. The fit psychologist to sign Interview on 4/29/24 revealed the team fit and the information were having issues off on plans. Normal	4 with the QIDP supervisor nad met to discuss restrictions needed within plans, but they with the psychologist signing ally, it can take up to two s signed and returned. GRAM PLAN	{W 24	40}			
	relevant intervention toward independen This STANDARD is Based on record re facility failed to ensu #4, and #6) individu included specific inf	ram plan must describe ns to support the individual nce. s not met as evidenced by: eviews and interview, the ure for 3 of 3 audit clients (#1, al program plans (IPP) formation to support their ce. The findings are:					
	10/18/23, revealed paragraph and one services to be plann Personal Hygiene - Washing	24 of client #1's IPP, dated one physical domain social domain paragraph, with ned listed as: Toothbrushing and Hand Management and Verbalizing					

If continuation sheet Page 4 of 14

		AND HUMAN SERVICES				FORM	: 05/01/2024 APPROVED . 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` í		LE CONSTRUCTION	(X3) DAT COM	E SURVEY IPLETED
		34G273	B. WING	i			R 29/2024
NAME OF I	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
NORTHS	DE GROUP HOME				3301 BARKSDALE ROAD FAYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIN DEFICIENCY)	D BE	(X5) COMPLETION DATE
{W 240}	Behavior Plan Informal Program - Further review of the of strength and need and services, or spore B. Review on 2/26/2 11/1/23, revealed se as: Personal Hygiene - Washing Self-Help - Money M Choice Behavior Plan Informal Program - Further review of the goals and objective C. Review on 2/26/2 4/1/23, revealed se Personal Hygiene - Washing Self-Help - Money M Choice Behavior Plan Informal Program - Further review of the goals and objective Interview on 2/27/22 disabilities profession were being carried in the IPP.	Leisure and Physical the IPP revealed no discussion teds, description of supports ecific goals and objectives. 24 of client #4's IPP, dated ervices to be planned listed Toothbrushing and Hand Management and Verbalizing Leisure and Physical the IPP revealed no specific 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 the IPP revealed no specific 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 the IPP revealed no specific to address his needs. 4 with the qualified intellectual onal (QIDP) revealed goals out by staff, but were not listed Correction (POC), dated	{W 2	40}			

		AND HUMAN SERVICES				FORM	05/01/2024 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COM	E SURVEY PLETED
		34G273	B. WING				२ 29/2024
NAME OF I	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
NORTHS	DE GROUP HOME				301 BARKSDALE ROAD FAYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
{W 240}	By 4/27/24, the QP team to add an ass needs, a description and specific goals a in-service all staff of A. Review on 4/29/2 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 th of strength and nee of supports and ser objectives. Review on 4/29/24 collection sheets re - attending to assig consecutive months - bathing in the tub accuracy for 3 cons - verbalizing specifi day with no by-date - demonstrate no m behaviors for six co date of behavior pla B. Review on 4/29/2 11/1/23, revealed so following areas:	will meet with the treatment essment of strengths and n of supports and services, and objectives. The QP will on updated habilitation plans. 24 of client #1's IPP, dated one physical domain social domain paragraph, with ned listed as: Toothbrushing and Hand Management and Verbalizing Leisure and Physical te IPP revealed no discussion eds, assessments, description rvices, or specific goals and of client #1's training data evealed goals to include: ned tasks for 30 minutes for 3 s by 3/16/25 independently with 100% secutive months by 2/16/25 c choices 2 out of 3 times per	{W 2	40}			

If continuation sheet Page 6 of 14

		AND HUMAN SERVICES				FORM	05/01/2024 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` í		E CONSTRUCTION	(X3) DATI COM	E SURVEY PLETED
		34G273	B. WING				२ 29/2024
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
NORTHS	DE GROUP HOME				301 BARKSDALE ROAD AYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
{W 240}	 Self-Help for Mor Verbalizing Choice Behavior Plan Informal Program Further review of th goals and objective Review on 4/29/24 collection sheets re- correctly separate colored clothing, sh 50% accuracy for 3 2/16/25 independently bat months with 100% independently was months with 100% correctly name a S coins with 100% ac cons for six co date of behavior pla C. Review on 4/29/2 4/1/24, revealed se following areas: Personal Hygiene Washing Self-Help for Mor Verbalizing Choice Behavior Plan Informal Program 	hey Management and a for Leisure and Physical he IPP revealed no specific to address his needs. of client #4's training data evealed goals to include: the white clothes from the heets, towels, wash cloths with a consecutive months by he in shower for 3 consecutive accuracy by 2/16/25 sh his hands for 3 consecutive accuracy by 2/16/25 sh his hands for 3 consecutive accuracy by 2/16/25 sh his hands for 3 consecutive accuracy for 3 consecutive more than 3 episodes of target onsecutive months from the	{W 2	40}			

		I AND HUMAN SERVICES E & MEDICAID SERVICES				FORM	05/01/2024 APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		34G273	B. WING	i			R 29/2024
NAME OF I	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
NORTHS	SIDE GROUP HOME				301 BARKSDALE ROAD AYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
{W 240} {W 262}	collection sheets re - bathe in the tub in months with 100% - independently was months with 100% - make choices thro items he may want - demonstrate no m target behavior for st the date of the plan Interview on 4/29/24 team has met on di have been implement the goals have not b PROGRAM MONIT CFR(s): 483.440(f) The committee sho monitor individual p inappropriate behavior in the opinion of the client protection and This STANDARD is Based on record ref failed to ensure the for 3 of 3 audit client reviewed and monitic committee (HRC). A. Review on 2/26/24	evealed goals to include: dependently for 3 consecutive accuracy by 3/23/25 sh his hands for 3 consecutive accuracy by 3/18/25 oughout the day to identify - ongoing nore than two episodes of his six consecutive months form a (no date given) 4 with the QIDP revealed the iscussing goals, and the goals ented for training. However, been added to the written plan been trained on new goals. FORING & CHANGE (3)(i) build review, approve, and programs designed to manage vior and other programs that, e committee, involve risks to d rights. s not met as evidenced by: eview and interview, the facility a behavior support plans (BSP) nts (#1, #4 and #6) were tored by the human rights	{W 24				

If continuation sheet Page 8 of 14

		AND HUMAN SERVICES				FORM	05/01/2024 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ·			(X3) DATE COM	E SURVEY PLETED
		34G273	B. WING				२ 29/2024
NAME OF	PROVIDER OR SUPPLIER	-		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
NORTHS	BIDE GROUP HOME				301 BARKSDALE ROAD AYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
{W 262}	 was prescribed psy control behaviors of aggression. Interview on 2/27/24 disabilities profession was no current HRG. B. Review on 2/26/27 revealed a BSP, unit to include Risperidor revealed no written Review on 2/26/24 11/11/23, revealed here was no current BSP. C. Review on 2/26/24 there was no current BSP. C. Review on 2/26/24 with listed medications addition, restriction than five minutes more behavior. Further rewritten consent by the medications to control of the medications to cont	 A with the qualified intellectual onal (QIDP) confirmed there C consent for client #1's BSP. 24 of client #4's record dated, with listed medications one. Further review of the BSP consent by the HRC. of client #4's IPP, dated he was prescribed sations to control behaviors of d aggression. 4 with the QIDP confirmed the HRC consent for client #4's 24 of client #6's IPP, undated, ons to include Lorazepam, ine, and Divalproex. In to include timeout for no more hay be used to address eview of the BSP revealed no the HRC. of client #6's IPP, dated was prescribed psychotropic trol behaviors of a dates of the the the the the the the the the the	{W 2	62}			

If continuation sheet Page 9 of 14

		AND HUMAN SERVICES				FORM	05/01/2024 APPROVED 0938-0391
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í		E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		34G273	B. WING	i			R 29/2024
NAME OF	PROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
NORTHS	SIDE GROUP HOME				301 BARKSDALE ROAD AYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
{W 262}	The facility Plan of 3/7/24, revealed the By 4/27/24, revealed the By 4/27/24, the QP behavior plan conserights statement that resident may have. guardian to review renewed annually at A. Review on 4/29/2 consent form, dated consent, but no HR addition, client #1 h receives "Benztropid behavior. Review on 4/29/24 revealed staff may his room" for no lor aggression. In addi Quetiapine, Aripipra B. Review on 4/29/2 consent form, dated consent, but no HR addition, client #4 h receives "Olanzapit behavior. Review on 4/29/24 revealed staff may his room" for no lor aggression. In addi Quetiapine, Aripipra B. Review on 4/29/2 consent form, dated consent, but no HR addition, client #4 h receives "Olanzapit behavior. Review on 4/29/24 revealed staff may his room" for no lor aggression. In addi Divalproex and Rist C. Review on 4/29/2 consent form, dated consent, but no HR addition, client #4 h receives "Olanzapit behavior.	Correction (POC), dated e following: will update the agency's ent form to include a human at will address any restrictions The QP will meet with each the new form. The form will be and as needed. 24 client #1's updated BIP d 3/16/24, revealed a guardian C consent was located. In has "no restrictions" and ine and Buspirone" for of client #1's BIP, undated, use timeout by "placing him in hger than five minutes for tion, his medications include azole, and Buspirone. 24 client #4's updated BIP d 3/22/24, revealed a guardian C consent was located. In has "no restrictions" and ne and Risperidone" for of client #4's BIP, undated, use timeout by "placing him in he and Risperidone" for	{W 2	62}			

If continuation sheet Page 10 of 14

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	05/01/2024 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			(X3) DATE COM	E SURVEY PLETED
		34G273	B. WING				२ 29/2024
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
NORTHS	IDE GROUP HOME				301 BARKSDALE ROAD AYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
{W 262}		n, Lorazepam, Quetiapine,	{W 2	62}			
	revealed staff may his room" for no lon aggression. In addit	of client #6's BIP, undated, use timeout by "placing him in iger than five minutes for tion, his medications include ram, Divalproex, and					
{W 263}	were no restrictions unaware of what the suppose to do perta	ORING & CHANGE	{W 20	63}			
	are conducted only consent of the clien minor) or legal guar This STANDARD is Based on record re facility failed to ensu only conducted with of a legal guardian.	uld insure that these programs with the written informed t, parents (if the client is a rdian. s not met as evidenced by: eviews and interviews, the ure restrictive programs were the written informed consent This affected 3 of 3 audit #6). The findings are:					
	revealed a BSP, un to include Aripipraze	24 of client #1's record dated, with listed medications ole, Cetirizine, and le effect information was					
	program plan, dated prescribed psychoti	of client #1's individual d 10/18/23, revealed he was ropic medications to control ompliance and aggression. No					

		AND HUMAN SERVICES				FORM	05/01/2024 APPROVED 0938-0391
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		34G273	B. WING				R 29/2024
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
NORTHS	IDE GROUP HOME			-	301 BARKSDALE ROAD AYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
{W 263}	Continued From par medications were li Review on 2/27/24 dated 1/1/24, revea Aripiprazole and Bu Review on 2/27/24 guardian, dated 1/3 medications as Arip Benztropine. No sic included. B. Review on 2/26/24 revealed a BSP, un to include Risperido was included. Review on 2/26/24 program plan, dated behavior plan with r Review on 2/27/24 dated 1/1/24, revea Risperidone for beh Review on 2/27/24 guardian, dated 1/2 or side effects listed C. Review on 2/26/27	Ige 11 sted. of client #1's doctor orders, led medications to include ispirone for behavior. of written informed consent by 0/24, revealed listed biprazole, Cetirizine, and de 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 havior. of written informed consent by 19/24, revealed no medications d. 24 of client #6's record idated, with listed medications	{W 2				
	program plan, date prescribed psychot	of client #6's individual d 10/18/23, revealed he was ropic medications include one, and Quetiapine to control					

If continuation sheet Page 12 of 14

DEPAR ⁻ CENTE	RINTED: 05/01/2024 FORM APPROVED MB NO. 0938-0391									
CENTERS FOR MEDICARE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
34G273		B. WING	i		R 04/29/2024					
NAME OF	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE					
NORTHSIDE GROUP HOME				3301 BARKSDALE ROAD FAYETTEVILLE, NC 28301						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 12 behaviors of non-compliance and aggression. Review on 2/27/24 of client #1's doctor orders, dated 1/1/24, revealed medications to include Citalopram, Lorazepam, Quetiapine, Buspirone and Depakote. Review on 2/27/24 of written informed consent by guardian, dated 1/29/24, revealed listed medications as Buspirone and Pantoprazole. No side effects information was included. Interview on 2/27/24 with the qualified intellectual disabilities professional (QIDP) revealed the facility had always used the same consent form, and all behavior medications should be listed for guardian consent. The facility Plan of Correction (POC), dated 3/7/24, revealed the following: By 4/27/24, the QP will put the current psychotropic medications are also listed on the behavior plan and the behavior plan consent form. The QP will update these plans as needed. A. Review on 4/29/24 of client #1's consent form, signed 3/16/24 by the guardian, revealed he receives Benztropine and Buspirone for behavior. No side effect information was included.		PREFIX (EAG		DEFICIENCY)	RIATE	DATE			
	Review on 4/29/24 given, revealed he medications to inclu and Buspirone. B. Review on 4/29/2	of client #1's BIP, no date receives psychotropic ude Quetiapine, Aripiprazole, 24 of client #4's consent form, he guardian, revealed he								

If continuation sheet Page 13 of 14

	PRINTED: 05/01/2024 FORM APPROVED DMB NO. 0938-0391							
CENTERS FOR MEDICARE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		JLTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
34G273			B. WING			R 04/29/2024		
NAME OF I	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
NORTHSIDE GROUP HOME					301 BARKSDALE ROAD AYETTEVILLE, NC 28301			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
{W 263}	receives Olanzapin behavior. No side of Review on 4/29/24 given, revealed he medications to inclu Risperidone. C. Review on 4/29/24 signed 4/7/24 by the receives Citalopran Buspirone for beha included. Review on 4/29/24 given, revealed he medications to inclu Divalproex, and Bus Interview with the C some of the medica were not included, psychotropic, were be due to a misund	e and Risperidone for effect was included. of client #4's BIP, no date receives psychotropic ude Divalproex and /24 of client #6's consent form, e guardian, revealed he n, Lorazepam, Quetiapine, and wor. No side effect was of client #6's BIP, no date receives psychotropic ude Quetiapine, Citalopram,	{W 2	63}				