PRINTED: 05/17/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	34G315	B. WING			05/15/2024	
NAME OF PROVIDER OR SUPPLI	ER		STREET ADDRESS, CITY, STAT 483 CREEK ROAD ORRUM, NC 28369	E, ZIP CODE		
PREFIX (EACH DEFICIE	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED DEFICII	ACTION SHOULD BE TO THE APPROPRIAT	(X5) COMPLETION DATE	
§460.84(d)(2), §483.475(d)(2), §483.475(d)(2), §485.542(d)(2), §485.920(d)(2), *[For ASCs at §4 at §485.542, OP §485.727, CMH6 §491.12, and ES (2) Testing. The to test the emergmust do all of the (i) Participate in community-base (A) When a conaccessible, concexercise every 2 (B) If the [far natural or mannactivation of the exempt from encommunity-base functional exercise event. (ii) Conduct an a years, opposite functional exercithis section is contained in the (A) A second ful community-base functional exercitional exe	418.113(d)(2), §441.184(d)(2), 482.15(d)(2), §483.73(d)(2), §484.102(d)(2), §485.68(d)(2), §485.625(d)(2), §485.727(d)(2), §491.12(d)(2), §494.62(d)(2). 416.54, CORFs at §485.68, REHs O, "Organizations" under Cs at §485.920, RHCs/FQHCs at \$RD Facilities at §494.62]: [facility] must conduct exercises gency plan annually. The [facility] et following: a full-scale exercise that is ad every 2 years; or munity-based exercise is not luct a facility-based functional years; or cility] experiences an actual made emergency that requires emergency plan, the [facility] is gaging in its next required and or individual, facility-based se following the onset of the dditional exercise at least every 2 the year the full-scale or se under paragraph (d)(2)(i) of anducted, that may include, but is a following: -scale exercise that is ad or individual, facility-based se; or		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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E 039	a facilitator and incla a narrated, clinically scenario, and a set directed messages designed to challen (iii) Analyze the [facility analyze the analyze	udes a group discussion using y-relevant emergency of problem statements, or prepared questions ge an emergency plan. Sility's] response to and ation of all drills, tabletop ergency events, and revise the cy plan, as needed. 18.113(d):] Dices that provide care in the ency plan at least provide care in the ency plan at least provide emergency plan at least provide exercise that is every 2 years; or unity based exercise is not at an individual facility based every 2 years; or experiences a natural or exercise or individual or exercise or individual onal exercise following the exercise or individual onal exercise following the ency event. Ilitional exercise every 2 years, are full-scale or functional exercise or individual onal exercise or individual onal exercise or individual onal exercise following the ency event. Ilitional exercise every 2 years, are full-scale or functional exercise or individual onal exercise or individual onal exercise that is or a facility based functional	EO	39		

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E 039	a narrated, clinicall scenario, and a set directed messages designed to challer (3) Testing for hosp care directly. The exercises to test th year. The hospice (i) Participate in aris community-base (A) When a community-based (A) When a community-based facility-based funct (B) If the hospice eman-made emerge the emergency planengaging in its nex based or facility-based following the onset (ii) Conduct an add may include, but is (A) A second full-scommunity-based exercise; or (B) A mock disaste (C) A tabletop exefacilitator that inclunarrated, clinically-and a set of proble messages, or prep challenge an emerging in Analyze the homaintain document exercises, and emergency in the community in th	y-relevant emergency to of problem statements, to of problem statements, to of prepared questions age an emergency plan. Dices that provide inpatient thospice must conduct the emergency plan twice per must do the following: to annual full-scale exercise that the digital digital digital digital digital to annual individual to annual individual to annual exercise; or to an annual individual to an annual individual to an annual individual to an annual exercise and the trequires activation of the hospice is exempt from to required full-scale community to sed functional exercise to for the emergency event. The ditional annual exercise that to the following: to a facility based functional the dill; or the roise or workshop led by a the des a group discussion using a trelevant emergency scenario, to a facility based functional to a facility based functional the dill; or the difference of the discussion using a trelevant emergency scenario, to a facility based functional the dill; or the difference of the discussion using a trelevant emergency scenario, to a facility based functional the difference of the difference o	EO	39		

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E 039	*[For PRFTs at §44 §482.15(d), CAHs (2) Testing. The [P conduct exercises twice per year. The dothe following: (i) Participate in an is community-base (A) When a commaccessible, conduct facility-based funct (B) If the [PRTF, Hactual natural or maceuires activation [facility] is exempt required full-scale facility-based functionset of the emerging (ii) Conduct and that may include following: (A) A second full-scommunity-based functional exercises (B) A moch (C) A tabletophed by a facilitator adiscussion, using a emergency scenar statements, directed questions designed plan. (iii) Analyze the maintain document exercises, and emergency and conducted in the conduc	A1.184(d), Hospitals at at §485.625(d):] RTF, Hospital, CAH] must to test the emergency plan e [PRTF, Hospital, CAH] must an annual full-scale exercise that ed; or unity-based exercise is not et an annual individual, cional exercise; or ospital, CAH] experiences an an-made emergency that of the emergency plan, the from engaging in its next community based or individual, cional exercise following the gency event. In [additional] annual exercise or de, but is not limited to the exercise or workshop that is not individual, a facility-based exercise or workshop that is and includes a group an anrated, clinically-relevant it, and a set of problem ed messages, or prepared do to challenge an emergency exercise the cyplan, as needed.	EC	39			

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E 039	exercises to test the annually. The PAC following: (i) Participate in an is community-based (A) When a community-based function (B) If the PACE expended and the emergency platengaging in its next based or individual exercise following event. (ii) Conduct any years opposite the exercise under partice conducted that in the following: (A) A second full-scommunity-based functional exercise (B) A mock disasted (C) A tabletop exercise a facilitator and inclusing a narrated, of scenario, and a sed directed messages designed to challer (iii) Analyze the Pamaintain document exercises, and emergency *[For LTC Facilities*]	ACE organization must conduct be emergency plan at least E organization must do the an annual full-scale exercise that ed; or unity-based exercise is not et an annual individual, ional exercise; or periences an actual natural or ency that requires activation of in, the PACE is exempt from it required full-scale community if, facility-based functional the onset of the emergency additional exercise every 2 year the full-scale or functional agraph (d)(2)(i) of this section may include, but is not limited to ecale exercise that is or individual, a facility based if or er drill; or reise or workshop that is led by bludes a group discussion, linically-relevant emergency of problem statements, is, or prepared questions and emergency plan. ACE's response to and tation of all drills, tabletop ergency events and revise the y plan, as needed.	E	039		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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E 039	test the emergency including unannour emergency procedu ICF/IID] must do the (i) Participate in an is community-based (A) When a community-based function (B) If the [LTC facility-based function (B) If the [LTC facility is exempled a full-scale individual, facility-based individual, facility-based following the onset (ii) Conduct an additional exercises (B) A mock disasted (C) A tabletop exercised functional exercised functional exercised functional exercised functional exercised (C) A tabletop exercised functional exercised func	replan at least twice per year, and staff drills using the ures. The [LTC facility, e following: a annual full-scale exercise that d; or unity-based exercise is not than annual individual, onal exercise. Ity] facility experiences an en-made emergency that for the emergency plan, the enterprise from engaging its next endominated to the following: It is community-based or eased functional exercise of the emergency event. In the exercise that enot limited to the following: It is called exercise that is enterprise or workshop that is led by a group discussion, using a relevant emergency scenario, and statements, directed exercise that exercise that exercise or workshop that is led by a group discussion, using a relevant emergency scenario, and statements, directed exercise designed to gency plan. It is facility] facility's response to mentation of all drills, tabletop ergency events, and revise the exercise second exercises and revise the exercise and revise th	E	039			

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E 039	accessible, conduct facility-based functional emergency plar engaging in its next community-based of functional exercise emergency event. (ii) Conduct an add may include, but is (A) A second full-so community-based of functional exercise; (B) A mock disaster (C) A tabletop exercise facilitator and inclusing a narrated, clusing a narrated, clus	d; or unity-based exercise is not that an annual individual, onal exercise; or experiences an actual natural or noty that requires activation of an, the ICF/IID is exempt from a required full-scale or individual, facility-based following the onset of the ditional annual exercise that not limited to the following: cale exercise that is or an individual, facility-based or ar drill; or cise or workshop that is led by under a group discussion, inically-relevant emergency of problem statements, or prepared questions in ge an emergency plan. E/IID's response to and action of all drills, tabletop ergency events, and revise the explan, as needed. E-102] HHA must conduct exercises and at HHA must do the following: cull-scale exercise that is	E	039			

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E 039	(B) If the HHA or man-made emer of the emergency pengaging in its next community-based of functional exercise emergency event. (ii) Conduct an add opposite the year the exercise under parais conducted, that limited to the follow (A) A second functional exercise; (B) A mock disa (C) A tabletop of led by a facilitator adiscussion, using a emergency scenaristatements, directed questions designed plan. (iii) Analyze the HH documentation of a emergency events, emergency plan, as *[For OPOs at §486 (d)(2) Testing. The to test the emerger following: (i) Conduct a paper workshop at least a led by a facilitator adiscussion, using a emergency scenarial emergency sc	experiences an actual natural regency that requires activation lan, the HHA is exempt from a required full-scale or individual, facility based following the onset of the ditional exercise every 2 years, the full-scale or functional agraph (d)(2)(i) of this section at may include, but is not ing: all-scale exercise that is or an individual, facility-based or exercise or workshop that is and includes a group narrated, clinically-relevant o, and a set of problem d messages, or prepared to challenge an emergency. A's response to and maintain II drills, tabletop exercises, and and revise the HHA's is needed.	E 03	39		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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E 039	questions designed plan. If the OPO ex man-made emerge the emergency plan engaging in its next following the onset (ii) Analyze the OPO documentation of a emergency events, OPO's] emergency *[RNCHIs at §403. (d)(2) Testing. The exercises to test the must do the following (i) Conduct a paper least annually. A talk discussion led by a clinically-relevant e of problem statement of problem statement prepared questions emergency plan. (ii) Analyze the RNI maintain document and emergency emergency plan, as This STANDARD in Based on docume facility failed to ensor tabletop exercise Preparedness (EP) finding is: Review on 5/14/24 include a full-scale, exercise conducted.	to challenge an emergency periences an actual natural or ncy that requires activation of n, the OPO is exempt from a required testing exercise of the emergency event. O's response to and maintain II tabletop exercises, and and revise the [RNHCI's and plan, as needed. 748]: RNHCI must conduct the emergency plan. The RNHCI ng: -based, tabletop exercise at coletop exercise is a group facilitator, using a narrated, mergency scenario, and a set ents, directed messages, or edesigned to challenge an HCI's response to and ation of all tabletop exercises, ents, and revise the RNHCI's is needed. It is not met as evidenced by: -nt review and interviews, the cure facility/community-based es to test their Emergency plan were conducted. The	E 03	9			

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E 039	Continued From page 9		E 03	39		
W 201	2024.	ot been completed for 2023 or ANSFERS, DISCHARGE 0(4)(i)	W 20	01		
	the facility must have client's record that it discharged for good This STANDARD is Based on interview the facility failed to	s not met as evidenced by:				
W 202	cause documented 5/15/24 of client #7 documented behave or March 2024. Fur dated 5/14/24 reveal discharge of client in 2024. Interview with 5/15/24, revealed the and meetings concurred there was no document of the concurred the concurred the concurred to the co	ged client #7 without good in his record. Review on a behavior log revealed no iors for the month of February of the review of discharge note aled the team met and a with a period of the team of the	W 20	02		
	the facility must proprepare the client a	ther transferred or discharged, ovide a reasonable time to nd his or her parents or nsfer or discharge (except in				

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W 202	emergencies). This STANDARD is Based on record refacility failed to assist to prepare client (# discharge. The find Review on 5/15/24 requirements dated of client discharge in accordance to the discharge notice, in 5/15/24 with the quiprofessional reveal 5/15/24 and discharge in accordance to the discharge notice, in 5/15/24 and discharge notice, in 5/15/24 and discharge in accordance to the discharge of the discharge of the discharge of the develop a final sum developmental, being nutritional status. This STANDARD is Based on record refailed to develop a developmental, being nutritional status up the facility did not of client #7's facility documentation of pon 5/15/24 with the disabilities profession	s not met as evidenced by: eview and interviews, the ure reasonable time was given 7) and his guardian for ing is: of the facility's discharge 1 11/16/20 revealed " notice from services, will be provided e state specified time frame of writing" Interview on alified intellectual disabilities ed there was a meeting on rge was agreed upon that day ation being given. ANSFERS, DISCHARGE (5)(i)	W 20			
W 247	•	GRAM PLAN	W 24	7		

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W 247	opportunities for clisself-management. This STANDARD is Based on observatinterviews, the facilic clients (#6) was profor choice and self-During observations survey on 5/14/24 to observed to only coobservations in the 5/15/24 revealed stinto the kitchen to sclients. Interview of manager revealed to liquids due to bowe colonoscopy sched with the Qualified In Professional (QIDP should have been gassisting with break allowed to consume PROGRAM DOCUL CFR(s): 483.440(e)	ram plan must include ent choice and so not met as evidenced by: tions, record review and ity failed to ensure 1 of 6 audit ovided consistent opportunities management. The finding is: so in the home throughout the hrough 5/15/24, client #6 was onsume clear liquids. Further home on the morning of aff B asked client #6 to come coramble eggs for the other in 5/14/24 with the home that client #6 was on clear I prep instructions for a uled on 5/16/24. Interview intellectual Disabilities of confirmed that client #6 given a choice regarding crast as he wasn't being the it. MENTATION	W 24				
	terms. This STANDARD is	s not met as evidenced by:					

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W 252	interviews, the facili relative to the acco criteria was docum. This affected 2 of 6 findings are: A. Review on 5/14/ Program Plan (IPP formal training progweekly at the day program endications 7 days coin identification 5 program. Review on 5/15/24 data sheets for Aprogram for cleaning identifying behavior and 8 days of data door and identifying 2024. B. Review on 5/14/ 7/25/23 revealed for toothbrushing, training anytice evening activity, and Monday-Friday. Review on 5/15/24 data sheets for Aprogram.	ity failed to ensure data implishment of objective ented in measurable terms. It audit clients (#1 and #4). The caudit client #4's Individual clients glass door 7 and home, identifying behavior are per week at the home and and the caudit client #4's program plan in caudit clients glass door and medications for April 2024 missing for cleaning the glass graph behavior medication in May caudit client #1's IPP dated commal training programs for client #1's IPP dated commal training programs for client #1's program plan in graph gr	W 25	52			

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W 252	of May 2024, no da goals. Interview on 5/15/2 revealed she had b working on revising	ta collected for any training 4 the habilitation specialist een out of work and will be and in-servicing staff on	W 2	252			
W 262	working on revising and in-servicing staff on documentation on goals. PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the restrictive behavior techniques for 2 of 6 audit clients (#1 and #4) were reviewed and monitored by the human rights committee (HRC). The findings are: A. Review on 5/14/24 of client #4's Behavior Support Plan (BSP) dated 8/6/23 revealed target behaviors consisting of aggression, severe disruptive behavior, property destruction, inappropriate sexual behavior, taking food, stealing, failure to make responsible choices, AWOL and self-injurious behavior. Further review on 5/14/24 of client #4's BSP revealed no written consent by the HRC for the medication Buspar that was added on 11/20/23. Interview with the Qualified Intellectual Disabilities Professional (QIDP) confirmed that client #4 did not have written consent by HRC for the medication Buspar and that she was unaware the medication had been added.		W 2	262			

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W 262	Continued From pa	ge 14	W 20	52			
W 263	8/26/23 revealed ta hallucinating/confus anxious behavior, s failure to make respreview on 5/14/24 c consent by the HRC the QIDP confirmed written consent for verbal consent.	24 of client #1's BSP dated rget behaviors consisting of sing thoughts, agitation, severe disruptive behavior and consible choices. Further of client #1's BSP no written C. Interview on 5/15/24 with did that client #7 did not have the HRC she only received a TORING & CHANGE (3)(ii)	W 20	53			
	are conducted only consent of the clien minor) or legal guar This STANDARD is Based on observatinterview, the facility programs were only informed consent of	uld insure that these programs with the written informed at, parents (if the client is a rdian. It is not met as evidenced by: tions, record review and a y failed to ensure restrictive and y conducted with the written a legal guardian. This t clients (#1 and #4). The					
	Support Plan (BSP) behaviors consistin disruptive behavior, inappropriate sexual stealing, failure to n AWOL and self-injureview on 5/14/24 cdated 2/21/24 reveal Clonazepam, Geod	24 of client #4's Behavior) dated 8/6/23 revealed target g of aggression, severe , property destruction, al behavior, taking food, nake responsible choices, irious behavior. Record of client #4's physician's orders aled orders for Depakote, lon, Seroquel and Buspar.					
	, articl record revie	on on or large lovedied no					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G315	B. WING_		05	/15/2024
	PROVIDER OR SUPPLIER RESIDENTIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 483 CREEK ROAD ORRUM, NC 28369		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 263	written informed co the use of Buspar. Intellectual Disabilit confirmed that clier consent by the lega Buspar and that she had been added. B. Review on 5/14/2 8/26/23 revealed ta hallucinating/confus anxious behavior, sfailure to make respreview on 5/14/24 consent by a legal with the QIDP confinave written conserved verbal cornursing SERVIC CFR(s): 483.460(c) The facility must preservices in accorda This STANDARD in Based on observatinterviews, the facil services in accorda audit clients (#6) rephysician's orders with the survey on 5/14/2 revealed that clients	Insent by the legal guardian for Interview with the Qualified ies Professional (QIDP) at #4 did not have written all guardian for the medication ie was unaware the medication ie was unaware the medication in the was unaware the medication in the behaviors consisting of, sing thoughts, agitation, severe disruptive behavior and consible choices. Further of client #1's BSP no written guardian. Interview on 5/15/24 rmed that client #7 did not not for the BSP she only issent. The second interview and interview in the reeds. In the reeds of 1 of 6 lative to assuring that were documented. The finding ones in the home throughout 24 through 5/15/24, client #6 ally consume clear liquids. With the home manager #6 was on clear liquids due to ions for a colonoscopy	W 26			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G315	B. WING _		05/	/15/2024	
	PROVIDER OR SUPPLIER RESIDENTIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 483 CREEK ROAD ORRUM, NC 28369			
(X4) ID PREFIX TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
W 331	Continued From pa	ge 16 owel prep instructions dated	W 33	11			
		revealed the client could only ds on 4/17/24 for a					
	#6 was scheduled f However, upon arriv to be completed be cleared out his bow time the facility was prior to the colonos cleaned out. The nu have any document	acilty nurse revealed that client for a colonoscopy on 4/18/24. val, the procedure was unable cause the client had not els. The nurse stated that this doing 2 days of clear liquids copy to ensure client #6 was urse revealed that she did not tation or physician orders to the recommendation made by					
	program plan dated of a history of sleep	24 of client #1's individual I 7/25/23 revealed a diagnosis apnea. Further review of 9/20/23 revealed a history of					
W 369	(RN) confirmed clie apnea history. Ther completed while clie		W 36	9			
	that all drugs, include self-administered, a This STANDARD is	g administration must assure ding those that are are administered without error. s not met as evidenced by: ions, record review and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G315	B. WING		05.	/15/2024
	PROVIDER OR SUPPLIER RESIDENTIAL			STREET ADDRESS, CITY, STATE, ZIP C 483 CREEK ROAD ORRUM, NC 28369		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 369	interview, the facility medications were at This affected 1 of 6 receiving medication. During observations 7:35am, clients were Further observations home manager was with administering hincluded Metformin 50mcg.	ge 17 y failed to ensure all dministered without error. clients (#4) observed ns. The findings are: s in the home on 5/15/24 at re observed eating breakfast. is in the home at 8:37am, the s observed assisting client #4 nis medications, which ER 500mg and Synthroid of client #4's physician's the revealed an order for	W 3	69		
W 460	Metformin ER 500n twice daily before in 7:00am and 6:00pn tablet every mornin 7:00am. Interview on 5/15/2 revealed the facility medications can be hour after schedule nurse also confirme medication outside nurse also confirme received Metformin FOOD AND NUTRI CFR(s): 483.480(a) Each client must rewell-balanced diet i specially-prescribed	ng take 1 tablet by mouth, neals and was ordered for and Synthroid 50mcg, take 1 g and was ordered for 4 with the facility nurse 's medication policy states given one hour before or one d medication time. The facility ed that client #4 received the approved time frame. The ed client #4 should have before eating breakfast. TION SERVICES (1)	W 4	60		

05/15/2024 SS, CITY, STATE, ZIP CODE AD 28369 VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE
SS, CITY, STATE, ZIP CODE AD 28369 VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE (X5) COMPLETION DATE
CORRECTIVE ACTION SHOULD BE COMPLÉTION DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G315	B. WING _		05	/15/2024
	PROVIDER OR SUPPLIER RESIDENTIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 483 CREEK ROAD ORRUM, NC 28369		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 460	mixed some milk in make it smooth but the consistency show waffle or eggs were Interview on 5/15/24 revealed client #3 d should be smooth of the consistency of the c	4 with staff B revealed she with the waffles and eggs to it didn't work. Staff B revealed buld look like baby food but the enot smooth like baby food. 4 with the home manager liet is pureed and his food, consistency. ons in the home on 5/14/24 at ras at the table for dinner. Daked chicken, peas and lient #5 attempted to cut baked in with his knife. Client #5 dded consistency and not a deservation in the home on 5/15 was at the table for breakfast. 2 waffles and eggs for 5 cut the waffles with a knife s.	W 40	50		
W 481	#5 was on a bite siz long as client #5 cu size. Review on 5/1 evaluation dated 4/healthy regular diet MENUS CFR(s): 483.480(c) Menus for food actu file for 30 days. This STANDARD is Based on observat	ually served must be kept on s not met as evidenced by: tions and interviews, the facility d substitutions were	W 4	B1		

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		34G315	B. WING		05	/15/2024	
	PROVIDER OR SUPPLIER RESIDENTIAL		STREET ADDRESS, CITY, STATE, ZIP CODE 483 CREEK ROAD ORRUM, NC 28369				
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF (X) (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 481	home manager was chicken, carrots and 5/14/24 of the facility revealed beef tacoulettuce, sour cream applesauce, margate Review on 5/15/24 revealed the substitution to been document the home manager should have been control to the substitution of	s in the home on 5/14/24, the sobserved cooking baked dipeas and rice. Review on ty's menu book for 5/14/24 shell with cheese, tomato, taco sauce, tator tots, rosy rine and beverage of choice. of the menu substitution book tutions made on 5/14/24 had ted. Interview on 5/15/24 with revealed menu substitutions documented. However, she not been documented for	W 4	81			