PRINTED: 02/28/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENC	CIES	(X1) PROVIDER/SUPPLIER/CLIA			OMB	<u>NO. 0938-039</u>
AND PLAN OF CORRECTION		RECTION IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3)	DATE SURVEY COMPLETED
NAME OF PROMET		34G273	B. WING_			00/05/000
NAME OF PROVIDER OR S				STREET ADDRESS, CITY, STATE, ZIP 3301 BARKSDALE ROAD FAYETTEVILLE, NC 28301	CODE	02/27/2024
PREFIX (EACH D	EFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
This STANE Based on refailed to ensincluded write affected 3 of findings are: A. Review or program plant behavior goal Review on 2/2 intervention probjective to depisodes of the months from undated. B. Review on 11/1/23, revealed an of than 3 episode.	3.440(c)(ves of the signed property of the si	e individual program plan ojected completion dates. not met as evidenced by: view and interview, the facility avior training objectives ected completion dates. This clients (#1, #4, and #6). The of client #1's individual dated 10/18/23, revealed no client #1's behavior), undated, revealed an ate no more than 3 havior for six consecutive of BIP plan. The BIP was	Ha	4/27/2024 the QP will meet am to add behavior goals and bilitation Plan. Staff will be trails. QP will continue to monite	d dates to	new
Review on 2/2 revealed an obtain two episoconsecutive mplan. The BIP	6/24 of control of the control of th	lient #6's BIP, undated, or demonstrate no more is target behaviors for six or the date of the BIP ated.		MAR 1 1 2024 DHSR-MH Licensure Se		
KAI ORY DIRECTOR'S OR P	ROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNATU	JRE	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

		& MEDICAID SERVICES	(X2) MULTIP	LE CONSTRUCTION		SURVEY
STATEMENT (AND PLAN OF	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			3	COMI	PLETED
		34G273	B. WING			27/2024
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 3301 BARKSDALE ROAD	ODE	
NORTHSI	DE GROUP HOME			FAYETTEVILLE, NC 28301		
		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COP	RRECTION	(X5) COMPLETION
(X4) ID PREFIX TAG	/EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DATE
W 230	Continued From p	age 1	W 23	0		
W 240	disabilities profess dates had been pu BIP or IPP.		W 24	10		
	The individual pro- relevant intervent toward independ This STANDARD Based on record facility failed to er #4, and #6) indivi- included specific overall independe	gram plan must describe ions to support the individual		By 4/27/2024 QP will meet witto add an assessment of stre description of supports and s goals and objectives. QP will updated habilitation plans.	ngths and nee ervices, and s	eds, a pecific
	10/18/23, revealed paragraph and of services to be playersonal Hygien Washing Self-Help - Mone Choice	ed one physical domain ne social domain paragraph, with	n			
	of strength and and services, or	f the IPP revealed no discussion needs, description of supports specific goals and objectives.				
	11/1/23, reveale	26/24 of client #4's IPP, dated ad services to be planned listed an arrange of the control of th				
	Washing					

AND PLA	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		34G273	B. WING _		02/27/2024
NORTH	F PROVIDER OR SUPPLIER HSIDE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3301 BARKSDALE ROAD FAYETTEVILLE, NC 28301	02/27/2024
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O RE COMPLETION
W 240	Self-Help - Money M Choice Behavior Plan Informal Program - I Further review of the goals and objectives C. Review on 2/26/2- 4/1/23, revealed serv Personal Hygiene - 1 Washing Self-Help - Money M Choice Behavior Plan Informal Program - L Further review of the goals and objectives Interview on 2/27/24 disabilities profession were being carried ou in the IPP. PROGRAM MONITO CFR(s): 483.440(f)(3)	Anagement and Verbalizing Leisure and Physical Prevealed no specific to address his needs. 4 of client #6's IPP, dated vices to be planned listed as: Toothbrushing and Hand anagement and Verbalizing eisure and Physical IPP revealed no specific to address his needs. with the qualified intellectual al (QIDP) revealed goals at by staff, but were not listed RING & CHANGE (i) d review, approve, and	W 240		
	inappropriate behavior in the opinion of the collient protection and right STANDARD is not assed on record revision and the failed to ensure the befor 3 of 3 audit clients	grams designed to manage r and other programs that, ommittee, involve risks to ights. ot met as evidenced by: ew and interview, the facility ehavior support plans (BSP) (#1, #4 and #6) were ed by the human rights	cons that The	4/27/24 the QP will update the agency sent form to include a human rights st will address any restrictions the resid QP will meet with each guardian to real. This form will be renewed annually a	ent may have.

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
HIND PEAN OF		34G273	B. WING			02/	27/2024
	PROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE 11 BARKSDALE ROAD YETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	200.00	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 262	Continued From p A. Review on 2/26 revealed a BSP, u to include Aripipra revealed no writte Review on 2/26/2 program plan (IPF was prescribed po- control behaviors aggression. Interview on 2/27 disabilities profes was no current H B. Review on 2/2 revealed a BSP, to include Risper revealed no writte Review on 2/26/2 11/1/23, reveale psychotropic me non-compliance Interview on 2/27 there was no cur BSP.	age 3 6/24 of client #1's record indated, with listed medications izole. Further review of the BSP in consent by the HRC. 4 of client #1's individual P), dated 10/18/23, revealed he sychotropic medications to of non-compliance and 6/24 with the qualified intellectual isional (QIDP) confirmed there RC consent for client #1's BSP. 6/24 of client #4's record undated, with listed medications idone. Further review of the BSF in consent by the HRC. 6/24 of client #4's IPP, dated dhe was prescribed dications to control behaviors of and aggression. 6/24 with the QIDP confirmed the the theorem is a consent for client #4's in the the theorem is a consent for client #4's in the the theorem is a consent for client #4's in the the theorem is a consent for client #4's in the the theorem is a consent for client #4's in the theorem is a consent for client #4's i		262	DEFICIENCY)		
	with listed medic Buspirone, Que addition, restrict than five minute	26/24 of client #6's IPP, undated cations to include Lorazepam, tiapine, and Divalproex. In ion to include timeout for no more s may be used to address er review of the BSP revealed no by the HRC.	re				
	Review on 2/26	/24 of client #6's IPP, dated					

AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CONSTRUCTION		OMB NO. 0938-039	
	N OF GOTTLESTION	IDENTIFICATION NUMBER:	A. BUILDI		(X3) DATE SURVEY COMPLETED		
		34G273	B. WING				
	F PROVIDER OR SUPPLIER HSIDE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP C 3301 BARKSDALE ROAD FAYETTEVILLE, NC 28301	ODE 02	/27/2024	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULD BE	(X5) COMPLETION DATE	
	4/1/23, revealed he medications to contron-compliance and Interview on 2/27/24 there was no current BSP. PROGRAM MONITO CFR(s): 483.440(f)(3) The committee should are conducted only work consent of the client, minor) or legal guard This STANDARD is a Based on record reversacility failed to ensure only conducted with the of a legal guardian. To clients (#1, #4, and #6) A. Review on 2/26/24 revealed a BSP, undate to include Aripiprazole Benztropine. No side of included. Review on 2/26/24 of control of the client of	was prescribed psychotropic fol behaviors of laggression. with the QIDP confirmed the HRC consent for client #6's DRING & CHANGE (iii) Id insure that these programs with the written informed parents (if the client is a sian, not met as evidenced by: iews and interviews, the extrictive programs were not written informed consent his affected 3 of 3 audit (iv). The findings are: of client #1's record ted, with listed medications to control poliance and aggression. No deficient #1's doctor orders, medications to include the include of the in	W 263	2	e current psycon the habilitate the behavior	chotropic ion these	
	Aripiprazole and Buspi	medications to include					

	S FOR MEDICARE OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			CONSTRUCTION	(X3) DATE S COMPL	
AND PLAN OF CORRECTION		RECTION IDENTIFICATION NUMBER:		A. BUILDING			
		34G273	B. WING		REET ADDRESS, CITY, STATE, ZIP CODE	02/	27/2024
	NAME OF PROVIDER OR SUPPLIER NORTHSIDE GROUP HOME				D1 BARKSDALE ROAD YETTEVILLE, NC 28301		
NORTHS		TO DEFICIENCIES	ID	-17	PROVIDER'S PLAN OF CORRECTION	N	(X5) COMPLETION
(X4) ID PREFIX TAG	TACH DEELCIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
W 263	Continued From p guardian, dated 1/medications as Ar Benztropine. No sincluded. B. Review on 2/26 revealed a BSP, to include Risperi was included. Review on 2/26/2 program plan, dabehavior plan with Review on 2/27/2 dated 1/1/24, rev Risperidone for the Review on 2/27/2 guardian, dated or side effects listed include Aripiping Benztropine. No included. Review on 2/26/2 program plan, described psychological plan, described psychological program, Busted 1/1/24, revealed a 1/1/24, revealed a 1/1/24, revealed psychological psychol	rage 5 /30/24, revealed listed ripiprazole, Cetirizine, and ride effects information was /6/24 of client #4's record rundated, with listed medications red one. No side effect information /4 of client #4's individual rted 11/1/23, revealed he has a red no medications listed. /4 of client #4's doctor orders, realed medications to include rehavior. /6/24 of written informed consent by /1/29/24, revealed no medications		263			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(V2) MIIII	TIDLE	OMB NO. 0938-0391		
		IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	(X3) DA	TE SURVEY MPLETED	
		34G273	B. WING				
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 3301 BARKSDALE ROAD FAYETTEVILLE, NC 28301	O2	/27/2024	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR	SHOULD DE	(X5) COMPLETION DATE	
	Review on 2/27/24 of guardian, dated 1/29 medications as Busy side effects informated interview on 2/27/24 disabilities profession facility had always us	of written informed consent by 8/24, revealed listed	W 26	9			