

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

PRINTED: 11/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G351</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/13/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BASS LAKE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>408 BASS LAKE HOLLY SPRINGS, NC 27540</b>		
(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	
W 249	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of adaptive implementation. This affected 1 of 3 audit clients (#6). The findings are:</p> <p>Observations in the home throughout the survey on 11/12-11/13/24, client #6 was not wearing her left ear hearing aid. Further observation in the home at dinner at 5:30pm client #6 did not use the plate riser. Continued observation in the home at breakfast at 7:40am client #6 did not use her plate riser.</p> <p>Review on 11/13/24 of client #6's IPP dated 9/29/24 revealed adaptive equipment to be used a plate riser and hearing aid. Further review of ENT consult dated 5/2/20 recommendation to resume use of hearing aid, consult dated 4/12/21 previously use hearing aid. Further review of the occupational therapy note dated 9/20/24 revealed hearing aid, and plate riser listed.</p>	W 249			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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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W 249	Continued From page 1	W 249			
W 382	<p>Interview on 11/13/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6 should have hearing aid or a discontinued note as well as with discontinue the plate riser if she no longer uses it.</p> <p><b>DRUG STORAGE AND RECORDKEEPING</b> CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure medications remained locked except when being prepared for administration. The finding is:</p> <p>During morning observation medications administration observations in the home on 11/13/24 there were 2 bottles of medications on the file cabinet, vitamins and equate brand headache medication. The medications had no pharmacy label. Additional observation revealed there were clients and staff in the area where the medication administration occurred.</p> <p>Interview on 11/13/24, the site supervisor stated the pills were her personal medications and should not have been left out on the counter.</p> <p>Interview on 11/13/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed medications should be locked when not in use.</p>	W 382			