

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

PRINTED: 02/06/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G273		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/04/2025	
NAME OF PROVIDER OR SUPPLIER NORTHSIDE GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 3301 BARKSDALE ROAD FAYETTEVILLE, NC 28301			
(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>PROGRAM IMPLEMENTATION 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 interviews, the facility failed to ensure 1 of 3 audit clients (#5) 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 equipment. The finding is:</p> <p>Observation throughout the survey on 2/3/25 through 2/4/25 in the home revealed client #5 did not use his spelling ace device at any time.</p> <p>Review on 2/3/25 of client #5's IPP dated 4/1/25 revealed, client #5 should use the spelling ace device to communicate with staff and others his basic wants and needs.</p> <p>Interview on 2/3/25 with staff A revealed client #5 should use the spelling ace device.</p> <p>Interview on 2/4/25 with the qualified intellectual disabilities professional (QIDP) confirmed that client #5 should use his spelling ace device to communicate. QIDP was unaware that the spelling ace was not working.</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 262	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i)</p> <p>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 3 audit clients (#1 and #2) were reviewed and monitored by the human rights committee (HRC). The findings are:</p> <p>A. Review on 2/3/25 of client #2's Behavior Plan (BP) dated 5/16/24 revealed target behaviors of non compliance and aggression. The BP revealed no written consent by the HRC for the medications Aripiprazole and Hydroxyzine.</p> <p>B. Review on 2/3/25 of client #1's BP dated 5/16/24 revealed target behaviors of noncompliance, aggression and self injurious behaviors. The BP revealed no written consent by the HRC for the medications Aripiprazole, Benztropine, Buspirone.</p> <p>Interview on 2/4/25 with the qualified intellectual disabilities professional (QIDP) confirmed the facility had not obtained HRC consents.</p>	W 262			
W 340	<p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p>	W 340			

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W 340	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure staff were sufficiently trained to implement appropriate health and hygiene methods. This affected 2 of 3 audit clients (#1 and #5). The findings are:</p> <p>A. Observations in the home throughout the survey on 2/3/25 through 2/4/25, client #1 and #5 fingernails were noted to be very long.</p> <p>Record review on 2/4/25 of client #1's annual comprehensive functional assessment dated 12/27/23 revealed client needs assistance for care nail trimming.</p> <p>Record review on 2/4/25 of client #5's annual comprehensive functional assessment dated 12/27/23 revealed client needs assistance for care nail trimming.</p> <p>Interview on 2/4/25 with staff B revealed nails can be trimmed on any shift at anytime. Confirmed client #1 and #5 needed there nails trimmed.</p> <p>Interview on 2/4/25 with staff C confirmed nails for client #1 and #5 were long and needed trimming.</p> <p>B. Observation in the home throughout the survey on 2/3/25 through 2/4/25, client #1 needed assistance to get up from the chair where he was sitting. Client #1 struggled to walk from the chair to the bathroom and from the bathroom to the kitchen table. Further observation in the home at 6:30am client #1 struggle to walk from his bedroom to the living area to sit in a chair.</p> <p>Record review of client #1's medical consult</p>	W 340			

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W 340	Continued From page 3 revealed client #5 was prescribed Ibuprofen 800mg medication for pain to be administered as needed. Interview on 2/3/25 with staff A revealed she observed client #1 having pain in his leg and knee. She confirmed she doesn't normally call to the nurse to report clients being in pain, to take any medication for pain. Interview on 2/4/25 with staff C revealed she had observed client #1 having difficulty walking and in pain. Staff C revealed she had not called the nurse to report client #1 struggling with walking or being in pain to take pain medications.	W 340			
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility to ensure medications were administered in accordance with physician's orders. This affected 1 of 3 audit clients (#3). The finding is: Observation on 2/4/25 client #3 was administered Collagen-multivitamin . Client #3 poured a full cup of water to take her medications. Client #3 took 3 sips and water while swallowing her pills. Record review on 2/4/25 of client #3's medication	W 368			

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W 368	Continued From page 4 administration record revealed the medication should be given with 8 ounces of water. Further review of the physician orders signed on 1/31/25.	W 368			
W 436	Interview on 2/4/25 staff C confirmed the medication administration record was written that the collagen- multivitamin to be given with 8 ounces of water. SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure Client #3 had access to glasses. This affected 1 of 3 audit clients (#3). The finding is: Observation on 2/3-4/25 while client #3 was watching her tablet close to her face touching the tip of her nose. Watching the table from 5:00pm to dinner time at 6:00pm with no glasses on. Further observation on the morning of 2/4/25 client #3 was watching her tablet in the family room without her glasses on. Review on 2/4/25 of client #3's vision consult dated 6/14/24 revealed client #3 "should never be without glasses". Interview on 2/3/25 with the home supervisor confirmed client #3 should have on glasses but the glasses were left with her mother.	W 436			

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W 436	Continued From page 5	W 436			
W 488	<p>Interview on 2/4/25 with the qualified intellectual disabilities professional (QIDP) confirmed client #3 should wear glasses at all time.</p> <p>DINING AREAS AND SERVICE CFR(s): 483.480(d)(4)</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 3 audit clients (#5) ate in a manner which was not stigmatizing. The finding is:</p> <p>During dinner observation in the home at 6:10pm, approximately, client #5 consumed this meal with a large towel draped over his chest. The upper portion of the towel was secured around his neck while the lower portion extended down to his lap.</p> <p>Review on 2/3/25 of client #5's Individual Program Plan (IPP) dated 4/1/24 revealed no towel should be utilized during meals.</p> <p>Interview on 2/4/25 with staff A revealed she was preventing client #5 clothes from getting messy. Staff A stated she was unsure of what a clothing protector was.</p> <p>Interview on 2/4/25 with the qualified intellectual disabilities professional (QIDP) revealed no client have clothing protectors.</p>	W 488			