STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G110	A. BUILDING _____ B. WING _____	04/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOSS II GROUP HOME	1615-B MOSS SPRINGS ROAD ALBEMARLE, NC 28001

(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 104	GOVERNING BODY CFR(s): 483.410(a)(1) The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observations and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to ensure routine repairs and maintenance at the group home were completed in a timely manner. The finding is: Observations throughout the 3/31/25 - 4/1/25 survey revealed several repairs needed inside the group home to include broken blinds, broken dining table chairs, and a raised lump in a recliner chair in the living room. Further observations revealed a broken dishwasher and treadmill used for clients' objectives. Continued observations revealed a client's mattress to have severe brown stains on top and torn plastic around it. Interview with the qualified intellectual disabilities professional (QIDP) on 4/1/25 verified items were broken or needing repair. Further interview with the QIDP revealed the maintenance personnel was responsible for completing work orders but was unable to complete the repairs in a timely manner.	W 104		
W 194	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(4) Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure staff were	W 194		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 194	Continued From page 1 consistent with transporting clients to the day program center. This affected 4 of 6 clients (#3, #4, #5, and #6). The finding is: Observations in the group home on 3/31/25 at 11:00 AM revealed staff were preparing clients #3, #4, #5, and #6 for day programming. Further observations revealed around 11:25 AM staff loaded the van and left for day programming. Continued observations revealed staff to return to the home with clients #3, #4, #5, and #6 around 1:20 PM. Review of clients' records on 3/31/25 for #3, #4, #5, and #6 revealed a scheduled time for day programming from 9:00 AM-2:00 PM daily. During an interview on 3/31/25 with the home manager (HM) revealed the day programming schedule is from 9:00 AM-2:00 PM and that the clients would usually make it back home around 2:10PM. During an interview on 3/31/25 with the qualified intellectual disabilities professional (QIDP) revealed that there has been some issues with getting the clients to the day programming on time due to staff coming in late or taking their time to get clients ready in a timely manner. Further interview with the QIDP verified day programming is scheduled from 9:00 AM-2:00 PM and that staff should ensure clients get there on time and leave as scheduled in their person centered plans.	W 194		
W 210	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3) Within 30 days after admission, the	W 210		

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W 210	Continued From page 2 interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure needed assessments for 1 sampled client (#1) were completed within 30 days after admission. The finding is: Review on 4/1/25 of client #1's record revealed a person centered plan (PCP) dated 10/11/24 with an admission date of 9/5/24. Further review revealed a diagnosis to include Severe IDD, Unspecified Mood Disorder, Adjustment Disorder, Traumatic Brain Injury, and ADHD. Continued review of client's #1 record revealed a behavior support plan (BSP) dated 11/16/24 with targeted behaviors listed as invading others personal space. Subsequent review revealed a dental exam dated 1/24/25 with a recommendation of Ativan 2mg be taking before an appointment due to client's inability to sit still and trying to grabs hands. Additional review revealed a hearing exam dated 10/17/24, nutritional assessment dated 3/31/25, and a physical therapy assessment dated 2/17/25. Interview on 4/1/25 with the qualified intellectual disabilities professional (QIDP) and home manager (HM) revealed that it can be challenging to schedule appointments for new admissions because of the availability of medical professionals. Further interview with the QIDP revealed that all assessments should be completed within 30 days after admission for all clients.	W 210		

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W 368	Continued From page 3	W 368		
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 reviews, and interview, the facility failed to ensure all medications were administered in accordance with physician's orders. This affected 2 of 6 clients (#1 and #6). The findings are: A. Client #1 medications were not administered as prescribed. For example: Observations on 4/1/25 at 7:17 AM revealed the home manager (HM) to call client #1 to the medication room to prepare for the medication administration. Further observations revealed the HM to place the following medications in the cup: Keppra 15ml, Clobazam 10mg, Cetirizine 10mg, Atomoxetine 40mg, Zonisamide 100mg, and Guanfacine HCl 1mg. Continued observations revealed client #1 to take the medications together with apple sauce and exited the room. Record Review on 4/1/25 revealed client #1 physician's order dated 3/17/25 which indicated Cetirizine 10mg to be administrated at 8:00 PM daily. Interview with the facility nurse on 4/1/25 confirmed the physician's order was current and that the HM should not have administrated client #1's Cetirizine medication until 8:00 PM as prescribed. B. Client #6 medications were not administered	W 368		

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W 368	Continued From page 4 as prescribed. For example: Observations on 4/1/25 at 7:31AM revealed the HM to call client #6 to the medication room to prepare for the medication administration. Further observations revealed the HM to place the following medications in the cup: Pantoprazole 40mg, Methimazole 5mg, Bromocriptine Mesylate 2.5mg, Align 4mg, Risperidone 1mg, Sucralfate 1gm, Polyethylene Glycol powder 238gm, Nitrofurantoin Mono/Mac 100mg, Low-Ogestrel, and Sudafed PE 10mg. Continued observations revealed client #6 to take the pill medications together with water. Subsequent observations revealed the HM to administrat Eye Drop and Nasal Spray, client #6 then exited the room. Record Review on 4/1/25 revealed client #6 physician's order dated 2/4/25 which indicated Bromocriptine Mesylate 2.5mg to be administrated at 8:00 PM daily. Interview with the facility nurse on 4/1/25 confirmed the physician's order was current and that the HM should not have administrated client #6's Bromocriptine Mesylate medication until 8:00 PM as prescribed.	W 368		
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on review of records and interview, the facility failed to show evidence quarterly fire drills were conducted for each shift of personnel relative to first, second, and third shift. The finding is:	W 440		

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W 440	Continued From page 5 Review on 4/1/25 of the facility fire drill reports from 4/2024 through 3/2025 revealed missing drills for 4/24, 5/24, 6/24,7/24, 8/24 9/24, and 10/24. Interview with the qualified intellectual disabilities professional (QIDP) on 4/1/25 confirmed there were no additional documentation to reflect the missing drills.	W 440		
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii) Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to serve food in a form consistent with the developmental level of 4 of 6 clients (#2, #4, #5, and #6). The findings are: Afternoon observations on 3/31/2025 at 5:05 PM revealed all clients to sit at the dining room table to prepare for the dinner meal. The dinner meal consisted of spaghetti, green beans, tossed salad, low fat dressing, mixed fresh fruit and a beverage. Further observations revealed clients #5 and #6 to eat their meal in its entirety. Continued observations revealed staff to provide clients #5 and #6 with seconds of spaghetti, toss salad and fresh fruit. At no point during the observation did staff provide clients #5 and #6 with food cut up in small bite sized pieces as prescribed. Morning observations on 4/1/2025 at 7:30 AM revealed all clients to sit at the dining room table to prepare for the breakfast meal. The breakfast meal consisted of scrambled eggs, grits, wheat	W 474		

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W 474	Continued From page 6	W 474		

toast slices cut up into four pieces, mixed fresh fruit and milk. Further observations revealed clients #5 and #6 to eat their meal in its entirety. Continued observations at 7:40 AM revealed staff to provide clients #5 with seconds on grits, eggs and mixed fruit. At no point during the observation did staff provide clients #5 and #6 with their toast and fruit cut up in small bite sized pieces as prescribed. Subsequent observations revealed clients #2 and #4 to be fed by the qualified intellectual disabilities professional (QIDP) and staff G with their meal not offered mechanically soft as prescribed.

A. Review of the record for client #2 on 4/1/25 revealed a person centered plan (PCP) dated 11/22/24 which indicated the client has the following diet: mechanical soft, encourage seconds at all meals, offer preferred foods often, double portions at breakfast. Offer smoothie or carnation instant breakfast if she takes <50% of her meal. To add extra butter, olive oil, cheese and fatty condiments to her food to increase calorie intake.

B. Review of record for client #4 on 4/1/25 revealed a PCP dated 8/1/24 which indicated the client has the following diet: mechanical soft, boost plus or similar supplement twice daily.

C. Review of the record for client #5 revealed a PCP dated 11/18/24 which indicated the client has the following prescribed diet: regular diet, cut into small bite sizes pieces, seconds as desired.

D. Review of the record for client #6 revealed a PCP dated 12/6/24 which indicated the client has the following prescribed diet: 1400 calorie, staff to cut her food into bite sizes pieces, she needs

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W 474	Continued From page 7 prompting to slow down. Interview with the QIDP on 4/1/25 revealed that staff have been trained to follow clients' prescribed diets. Further interview with the QIDP verified that clients #2, #4, #5 and #6's diet orders are current. Continued interview with the QIDP confirmed specially modified diets should be followed as prescribed.	W 474		
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure all appropriate utensils were provided to 4 of 6 clients (#1, #3, #5 and #6). The findings are: Observations during the dinner meal on 3/31/25 at 4:50 PM revealed client #6 to place the table setting on the table with a plate, cup, and tablespoon. Further observations revealed clients #1, #3, #5 and #6 to participate in the dinner meal which consisted of spaghetti, green beans, toss salad, mixed fresh fruit and water with a spoon only. At no point during the observation did staff offer a full place setting for clients #1, #3, #5 and #6 consisting of a fork, spoon, and knife during the dinner meal. Observations during the breakfast meal on 4/1/25 at 7:00 AM revealed client #6 to place the table setting on the table with a plate, cup, and tablespoon. Further observations revealed clients #1, #3, #5 and #6 to participate in the breakfast meal which consisted of scrambled eggs, grits, wheat toast, mixed fruit and milk with a spoon	W 475		

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W 475	Continued From page 8 only. At no point during the observation did staff offer a full place setting for clients #1, #3, #5 and #6 consisting of a fork, spoon, and knife during the breakfast meal. Interview with the qualified intellectual disabilities professional (QIDP) on 4/1/25 verified that clients #1, #3, #5 and #6 can use regular utensils during mealtimes and should have received a full place setting during all meals.	W 475		