PRINTED: 04/10/2025 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	34G110		B. WING _	B. WING		04/	01/2025
	ROVIDER OR SUPPLIER ROUP HOME			STREET ADDRESS, CITY, S 1615-B MOSS SPRINGS R ALBEMARLE, NC 2800	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	( (EACH CORRE CROSS-REFERE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 104	budget, and operating This STANDARD is r Based on observation governing body and n exercise general policion over the facility by fail and maintenance at the completed in a timely. Observations through survey revealed seve group home to include dining table chairs, and chair in the living roor revealed a broken disfor clients' objectives. revealed a client's mastains on top and torn. Interview with the quaprofessional (QIDP) of broken or needing repthe QIDP revealed the was responsible for cowas unable to complemanner. STAFF TRAINING PECFR(s): 483.430(e)(4)	nust exercise general policy, g direction over the facility. Not met as evidenced by: Instantial and interviews, the management failed to be and operating direction ing to ensure routine repairs the group home were manner. The finding is:  Out the 3/31/25 - 4/1/25 and repairs needed inside the elebroken blinds, broken and a raised lump in a recliner in. Further observations hwasher and treadmill used Continued observations afterest to have severe brown a plastic around it.  Idified intellectual disabilities in 4/1/25 verified items were obair. Further interview with the maintenance personnel completing work orders but the the repairs in a timely and constructions in a timely and constructions in a timely and constructions.	W 1				
	techniques necessary program plans for each responsible. This STANDARD is r Based on observation	demonstrate the skills and to implement the individual ch client for whom they are not met as evidenced by: ns, record review, and failed to ensure staff were					

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.

Facility ID: 20000055

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G110	B. WING _			04/	01/2025
	ROVIDER OR SUPPLIER			16	TREET ADDRESS, CITY, STATE, ZIP CODE 615-B MOSS SPRINGS ROAD LBEMARLE, 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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 194	program center. This #4, #5, and #6). The 19 11:00 AM revealed st #3, #4, #5, and #6 for observations revealed loaded the van and let Continued observation the home with clients 1:20 PM.  Review of clients' rece #5, and #6 revealed a programming from 9:  During an interview of manager (HM) reveals schedule is from 9:00 clients would usually 2:10 PM.  During an interview of intellectual disabilities revealed that there has getting the clients to the time due to staff com time to get clients real Further interview with programming is sche PM and that staff should revealed staff should be revealed that the programming is sche PM and that staff should be revealed that the programming is sche PM and that staff should be revealed that the programming is sche PM and that staff should be revealed that the programming is sche PM and that staff should be revealed that the programming is sche PM and that staff should be revealed that the programming is sche PM and that staff should be revealed that the programming is sche PM and that staff should be revealed staff should be revealed that the programming is sche PM and that staff should be revealed staff should be revealed that the programming is sche PM and that staff should be revealed	porting clients to the day affected 4 of 6 clients (#3, finding is:  Iroup home on 3/31/25 at aff were preparing clients day programming. Further daround 11:25 AM staff eft for day programming. It is revealed staff to return to #3, #4, #5, and #6 around  Ords on 3/31/25 for #3, #4, a scheduled time for day 00 AM-2:00 PM daily.  In 3/31/25 with the home led the day programming of AM-2:00 PM and that the make it back home around	W	194			
W 210	INDIVIDUAL PROGR CFR(s): 483.440(c)(3 Within 30 days after a	9)	W 2	210			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION  3	(X3) DATE SURVEY COMPLETED	
		34G110	B. WING		04/01/2025
NAME OF PROVIDER OR SUPPLIER  MOSS II GROUP HOME			,	STREET ADDRESS, CITY, STATE, ZIP CODE 1615-B MOSS SPRINGS ROAD ALBEMARLE, NC 28001	·
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETION
W 210	assessments or reassupplement the preliprior to admission. This STANDARD is Based on record refailed to ensure needsampled client (#1) of days after admission.  Review on 4/1/25 of person centered planan admission date or revealed a diagnosis. Unspecified Mood D. Traumatic Brain Inju.  Continued review of behavior support platargeted behaviors lipersonal space. Subdental exam dated 1 recommendation of an appointment due and trying to grabs herevealed a hearing enutritional assessment physical therapy assumager (HM) reveated schedule appointment because of the availage professionals. Further revealed that all assessments of the availage of that all assessments.	n must perform accurate seessments as needed to minary evaluation conducted not met as evidenced by: view and interview, the facility ded assessments for 1 were completed within 30 n. The finding is:  client #1's record revealed a n (PCP) dated 10/11/24 with f 9/5/24. Further review to include Severe IDD, isorder, Adjustment Disorder, rry, and ADHD.  client's #1 record revealed a nn (BSP) dated 11/16/24 with sted as invading others becauent review revealed a nn (BSP) dated 11/16/24 with sted as invading others becauent review revealed a national review to client's inability to sit still leands. Additional review exam dated 10/17/24, and the dated 3/31/25, and a dessment dated 2/17/25.  with the qualified intellectual national (QIDP) and home alled that it can be challenging ments for new admissions ability of medical er interview with the QIDP	W 2 <sup>2</sup>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G110	B. WING	B. WING		04/01/2025	
	ROVIDER OR SUPPLIER			16	REET ADDRESS, CITY, STATE, ZIP CODE 115-B MOSS SPRINGS ROAD LBEMARLE, NC 28001		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 368 W 368	that all drugs are adnot the physician's orders. This STANDARD is a Based on observation interview, the facility medications were adwith physician's order clients (#1 and #6). The A. Client #1 medications as prescribed. For example, the continuous of the continuou	administration must assure ministered in compliance with somet as evidenced by: ons, record reviews, and failed to ensure all ministered in accordance rs. This affected 2 of 6 the findings are:  25 at 7:17 AM revealed the to call client #1 to the repare for the medication er observations revealed the wing medications in the cup: am 10mg, Cetirizine 10mg, Conisamide 100mg, and and continued observations take the medications auce and exited the room.		368			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	FIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		34G110	B. WING _			4/01/2025		
NAME OF PROVIDER OR SUPPLIER  MOSS II GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CO 1615-B MOSS SPRINGS ROAD ALBEMARLE, NC 28001				
(X4) ID PREFIX TAG			ID PREFII TAG	PROVIDER'S PLAN OF C  X (EACH CORRECTIVE ACTIC  CROSS-REFERENCED TO TH  DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
W 368	HM to call client #6 to prepare for the mediobservations revealed following medication 40mg, Methimazole 2.5mg, Align 4mg, R 1gm, Polyethylene Control Nitrofurantoin Monorand Sudafed PE 10 revealed client #6 to together with water. revealed the HM to a Nasal Spray, client #6 Record Review on 4 physician's order dar Bromocriptine Mesyl administrated at 8:00 Interview with the facconfirmed the physiciant the HM should r #6's Bromocriptine Mesyl that the HM should r #6's Bromocrip	xample:  //25 at 7:31AM revealed the to the medication room to cation administration. Further ed the HM to place the s in the cup: Pantoprazole 5mg, Bromocriptine Mesylate disperidone 1mg, Sucralfate Glycol powder 238gm, //Mac 100mg, Low-Ogestrel, mg. Continued observations take the pill medications Subsequent observations administrat Eye Drop and for then exited the room.  //1/25 revealed client #6 ted 2/4/25 which indicated late 2.5mg to be D PM daily.  cility nurse on 4/1/25 cian's order was current and not have administrated client //esylate medication until 8:00	W S					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G110	B. WING _			04/01/2025	
	ROVIDER OR SUPPLIER		•	16	REET ADDRESS, CITY, STATE, ZIP CODE 115-B MOSS SPRINGS ROAD LBEMARLE, NC 28001	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 440 W 474	from 4/2024 through 3 drills for 4/24, 5/24, 6, 10/24.  Interview with the quaprofessional (QIDP) of	the facility fire drill reports 3/2025 revealed missing 1/24,7/24, 8/24 9/24, and 1/24,7/24 solution of the second state of th	W				
	Food must be served developmental level of This STANDARD is represented the STANDARD is represented to the STANDARD is represented to the STANDARD is represented to the STANDARD is revealed all clients to the prepare for the diministry of 6 clients (#2, #4, #4). Afternoon observation revealed all clients to the prepare for the diministry of the STANDARD is revealed all clients to the STANDARD is revealed all clients to the prepare for the brevented in the STANDARD is revealed all clients to the standard in the STANDARD is revealed all clients to the standard in the STANDARD is revealed all clients to the standard in the STANDARD is revealed all clients to the standard in the STANDARD is revealed all clients to the standard in the STANDARD is revealed all clients to the standard in the STANDARD is revealed all clients to the standard in the STANDARD is revealed all clients to the standard in the STANDARD is revealed all clients to the standard in the STANDARD is revealed all clients to the standard in the STANDARD is revealed all clients to the standard in the standard i	in a form consistent with the of the client. not met as evidenced by: ns, record reviews, and failed to serve food in a the developmental level of 4 5, and #6). The findings are: ns on 3/31/2025 at 5:05 PM sit at the dining room table ther meal. The dinner meal it, green beans, tossed g, mixed fresh fruit and a servations revealed clients meal in its entirety. ns revealed staff to provide th seconds of spaghetti, toss					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
		34G110	B. WING _			04/01/2025	
NAME OF PROVIDER OR SUPPLIER  MOSS II GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP 1615-B MOSS SPRINGS ROAD ALBEMARLE, NC 28001	•		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 474	fruit and milk. Furth clients #5 and #6 to Continued observato provide clients # and mixed fruit. At did staff provide client fruit cut up in sprescribed. Subsectients #2 and #4 to intellectual disabilities staff G with their means of the asprescribed.  A. Review of the reverse asprescribed.  A. Review of the reverse and a person 11/22/24 which independent following diet: means as a carnation instant be her meal. To add eand fatty condimer calorie intake.  B. Review of reconsection in the following of the revealed a PCP dated 11/18/2 has the following pinto small bite size.  D. Review of the repCP dated 12/6/24 the following presections.	age 6 into four pieces, mixed fresh her observations revealed be eat their meal in its entirety. Itions at 7:40 AM revealed staff 5 with seconds on grits, eggs no point during the observation ents #5 and #6 with their toast small bite sized pieces as quent observations revealed be fed by the qualified dies professional (QIDP) and eal not offered mechanically  accord for client #2 on 4/1/25 centered plan (PCP) dated dicated the client has the hanical soft, encourage lls, offer preferred foods often, breakfast. Offer smoothie or reakfast if she takes <50% of actra butter, olive oil, cheese atts to her food to increase  and for client #4 on 4/1/25 atted 8/1/24 which indicated the wing diet: mechanical soft, ar supplement twice daily.  accord for client #5 revealed a active which indicated the client rescribed diet: regular diet, cut as pieces, seconds as desired.  active of the client has ribed diet: 1400 calorie, staff to the sizes pieces, she needs	W 4	7.74			

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	34G110	B. WING _	B. WING		04/01/2025	
		,	161	5-B MOSS SPRINGS ROAD		
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFI TAG	x			(X5) COMPLETION DATE
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  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.  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			PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APP			
salad, mixed fresh fronly. At no point duri offer a full place setti #6 consisting of a for the dinner meal.  Observations during at 7:00 AM revealed setting on the table viablespoon. Further with the first sale which consisted which consisted the setting of the table viablespoon.	uit and water with a spoon ng the observation did staff ng for clients #1, #3, #5 and rk, spoon, and knife during  the breakfast meal on 4/1/25 client #6 to place the table with a plate, cup, and observations revealed clients participate in the breakfast d of scrambled eggs, grits,					
	Continued From pag prompting to slow do Interview with the QI staff have been train prescribed diets. Fur verified that clients # are current. Continue confirmed specially r followed as prescribed MEAL SERVICES CFR(s): 483.480(b)(3).  Food must be served This STANDARD is Based on observation failed to ensure all approvided to 4 of 6 clief findings are:  Observations during at 4:50 PM revealed setting on the table v tablespoon. Further with the consisted of specially, and the dinner meal.  Observations during at 7:00 AM revealed setting on the table v tablespoon. Further with the dinner meal.  Observations during at 7:00 AM revealed setting on the table v tablespoon. Further with the dinner meal.	ROVIDER OR SUPPLIER  SIMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  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.  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	ROVIDER OR SUPPLIER ROUP HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  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.  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,	ROVIDER OR SUPPLIER  SITE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  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.  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 to participate in the dinner meal which 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,	A BUILDING  34G110  34G110  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  1619-B MOSS SPRINGS ROAD  ALBEMARIE, RO 28001  SUMMARY STATEMENT OF DEPICIENCIES  (EACH DEPICIENCY MUST BE PRECEDED BY PILL  REGULATORY OR LSO IDENTIFYING INFORMATION)  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.  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 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 to participate in 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 dinner meal which consisted of sprambled eggs, grits,	A BUILDING  34G110  B. WING  WITHOUT CATION NUMBER:  A BUILDING  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  1615-B MOSS SPRINGS ROAD  ALBEMARLE, NC 28001  SUMMARY STATEMENT OF DEFICIENCIES (EGAH OFFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  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 confirmed specially modified diets should be followed as prescribed.  MEAL SERVICES  CFR(s): 483 48(b)(p)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 bespoon. Further observations revealed clients #1, #3, #5 and #6 to participate in the dinner meal which consisted of spaghetic, 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 of a tork, 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 preakfast meal on the table with a plate, cup, and tablespoon. Further observations revealed clients #1, #3, #5 and #6 to participate in the preakfast meal which consisted of spaghetic.

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G110	B. WING			04/01/2025		
NAME OF PROVIDER OR SUPPLIER  MOSS II GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE  1615-B MOSS SPRINGS ROAD  ALBEMARLE, NC 28001		DDE	1 04/01/2020		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
W 475	only. At no point duri offer a full place setti #6 consisting of a for the breakfast meal. Interview with the qua professional (QIDP) (#1, #3, #5 and #6 ca	ng the observation did staff ng for clients #1, #3, #5 and k, spoon, and knife during alified intellectual disabilities on 4/1/25 verified that clients n use regular utensils during d have received a full place	W	475				