STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G307	A. BUILDING _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBERLEA GROUP HOME	5691 MACK LINEBERRY ROAD CLIMAX, NC 27233

(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 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure that privacy was maintained for 2 of 5 sampled clients (#2 and #4) The findings are: A. During observations in the home on 3/4/25 at 6:45 PM, Staff C was observed to tell client #4 to go change into his pajamas. Client #4 was observed to go into his bedroom and begin changing his clothes, with the bedroom door open. Continued observations revealed client #4 to walk out of his bedroom, wearing his pajamas pants. Further observations revealed client #4 to walk into the laundry room, where he handed Staff C his shirt, then turned and walked back into his bedroom, where he finished changing his clothes with the bedroom door open. Observations on 3/5/25 at 7:33 AM revealed client #4 to tell staff he had to "pee". Continued observations revealed client #4 to go to the bathroom, pull his pants down and sit on the toilet with the door open. Further observations revealed staff A to stand in the doorway of the bathroom conversing with client #4 while using the bathroom and the door remained open. Interview on 3/5/25 with the qualified intellectual disabilities professional (QIDP) and program manager (PM) confirmed staff should have prompted client #4 to close the doors and cover up to maintain his privacy. B. Observations in the home on 3/5/25 at 6:50	W 130	The agency works hard at ensuring the privacy of all clients. Staff will be inserviced regarding client privacy, focusing on promoting clients to close doors to ensure client privacy when applicable. The inservice will focus specifically on Client #4's specific need for redirection to close his bedroom door when changing clothes and when using the bathroom to maintain his privacy. The staff inservice will be conducted by the QP and/or PM. The Program Manager (PM) and/or QP will monitor for compliance during daily/weekly home visits. RECEIVED MAR 31 2025 DHSR-MH Licensure Sect	05/02/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sheila Hood MA | TITLE: QM Director | (X6) DATE: 3/26/2025

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G307	A. BUILDING _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBERLEA GROUP HOME	5691 MACK LINEBERRY ROAD CLIMAX, NC 27233

(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 130	Continued From page 1 AM revealed Client #2 to walk into the bathroom, pull his pants down and sit on the toilet with the door open. Continued observations revealed another client to walk by the bathroom door and headed down the hallway. Further observations revealed client #2 to exit the bathroom and head towards the kitchen to squirt hand sanitizer in his hand. Interview on 3/5/25 with the QIDP and PM confirmed staff should have prompted clients #2 and #4 to close the bedroom and bathroom door to maintain his privacy.	W 130		
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in hygiene methods specific to ensuring paper supplies were accessible in bathrooms for 6 of 6 clients. The finding is: Observations in the group home on 3/4/25 - 3/5/25 revealed two bathrooms utilized by clients #1, #2, #3, #4, #5 and #6. Continued observations of both bathrooms revealed no paper towel or hand soap in either bathroom throughout observations. Further observations revealed clients #1, #2, #3, #4, and #6 at various times to enter into the bathrooms, wash their hands with no paper towel or soap products, close the door and to exit the bathroom. Subsequent observations revealed both	W 189	The QP and/or the PM will inservice staff on hygiene methods including ensuring that paper supplies and soap are available at each water station for use. In addition, the in-service will address the monitoring needs of Client #4 in regards to paper towel waste as well as documenting this behavior on the behavior log sheets. The PM will provide a daily staff responsibility list of tasks to complete, including ensuring that paper supplies and hand soap are available at each water station. The PM will ensure the home has an adequate supply of paper products and hand soap at all times. The PM and/or QP will monitor for compliance during daily/weekly visits to the home. The PM and/or QP will ensure accurate behavior logs have been completed and submitted for review to determine if Client #4's behavior of paper towel waste can be addressed in the BSP as a targeted behavior.	05/02/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G307	A. BUILDING _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBERLEA GROUP HOME	5691 MACK LINEBERRY ROAD CLIMAX, NC 27233

(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 189	Continued From page 2 bathrooms to remain with no paper towels or soap products throughout the observation period. Interview with staff A on 3/4/25 verified that there were no paper towels or soap products in both bathrooms and she wasn't sure why. Continued interview with staff A revealed hand sanitizer is kept on the kitchen counter and clients are prompt to utilize it when they exit the bathrooms. Interview with the program manager (PM) on 3/5/25 revealed that client #4 has some challenges with wasting paper towels by overstuffing his pockets which leads to washing machine issues. Continued interview with the PM and qualified intellectual disabilities professional (QIDP) revealed there is no mention of this behavior in client's #4 behavior support plan (BSP). Further interview with the QIDP confirmed that all bathrooms should have an ample supply of paper products and soap available to clients when occupying the bathrooms in the group home.	W 189		
W 371	DRUG ADMINISTRATION CFR(s): 483.460(k)(4) The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. This STANDARD is not met as evidenced by: Based on observation and interview, the system for drug administration failed to assure 3 of 5 sampled clients (#1, #2, and #4) observed during medication administration were provided education related to name, purpose and side	W 371		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G307	A. BUILDING _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBERLEA GROUP HOME	5691 MACK LINEBERRY ROAD CLIMAX, NC 27233

(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 371	Continued From page 3 effects of medications administered. The findings are: A. During a medication administration observation on 3/4/25 at 5:55 PM revealed staff B to escort client #4 to the medication room. Continued observations revealed staff B to verify the pre-packed medications to the medications listed on the MAR. Staff F was then observed to tear open the pre-packed medications and transfer medications to a medication cup. Further observations revealed staff B to administer client #4's medication by mouth followed with a cup of water. Subsequent observations revealed staff B to prompt client #4 to put his medication bin back into the cabinet. Additional observations did not reveal client #4 to receive any education related to name, purpose and side effects of medications administered B. During a medication administration observation on 3/5/25 at 7:35 AM revealed staff F to call client #1 to the medication room. Continued observations revealed staff F to verify the pre-packed medications to the medications on the MAR, then stated to client #1, "I'm going to give you your 8am medications and controlled med.". Staff F was then observed to tear open pre-packed medications and transfer medications to a medication cup. Further observations revealed staff F to administer client #1' medications by mouth followed with a boost drink. Subsequent observations did not reveal client #1 to receive any education related to name, purpose and side effects of medications administered. C. During a medication administration observation on 3/5/25 at 7:45 AM revealed staff F	W 371	The nurse will inservice staff that when administering medication, client's should receive education related to the name of medication, the purpose of and side effects of medications administered. The QP will inservice staff on client specific goals in regards to medication administration. The nurse, QP, and PM will observe a medication pass monthly with non-duplicated staff to ensure compliance.	05/02/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G307	A. BUILDING _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBERLEA GROUP HOME	5691 MACK LINEBERRY ROAD CLIMAX, NC 27233

(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 371	Continued From page 4 to call client #2 to the medication room. Continued observations revealed staff F to prompt client #2 to identify and put his medication bin on the counter. Further observations revealed staff F to verify the pre-packed medications to the medications listed on the MAR, then stated to client #2, "I'm going to give you your 8 AM medications". Staff F was then observed to tear open the pre-packed medications and transfer medications to a medication cup. Further observations revealed staff F to administer client #2' medications by mouth followed with a cup of water. Subsequent observations revealed staff F to prompt client #2 to put his medication bin back into the medication cabinet. Additional observations did not reveal client #2 to receive any education related to name, purpose and side effects of medications administered. Interview with the facility nurse on 3/5/25 revealed staff has been trained to provide education to all clients while administering medication. Continued interview with the nurse revealed all clients should be provided some sort of education relative to the medications administered.	W 371		
W 448	EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv) The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to investigate any problems with fire evacuation drills, including the reason for extended times needed for evacuations. The finding is: Review on 3/5/25 of the facility's fire evacuation	W 448	The Environmental Health & Safety (EHS) Director will inservice staff on drills, specifically addressing extended evacuation times. The drill form has been updated to include space to record the reason why the drill had an extended time needed for evacuation as applicable. The EHS Director will review drill submissions, looking for extended times for evacuation, the reason for the extended time, and address accordingly.	05/02/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G307	A. BUILDING _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBERLEA GROUP HOME	5691 MACK LINEBERRY ROAD CLIMAX, NC 27233

(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 448	Continued From page 5 drills over the past year revealed several drills with extended evacuation times to include: 1/7/25 (7 minutes), 12/19/24 (5 minutes), 9/20/24 (5 minutes) 8/16/24 (5 minutes), 7/4/24 (10 minutes), 6/20/24 (6 minutes), 5/14/24 (7 minutes) , 4/6/24 (4 minutes), and 3/13/24 (5 minutes). Continued review of facility documentation did not reveal in-service training relative to extended fire evacuation drill concerns and interventions to address the extended fire drill evacuation timeframes. Interview on 3/5/25 with the qualified intellectual disabilities professional (QIDP) and program manager (PM) confirmed the drills should have been evaluated to determine the issues of the extended evacuation times. Continued interview revealed the agency previously implemented late last year, on the fire drills forms, an area to address the reasoning for extended time during evacuation. Further interview with the QIDP and PM could not verify if in-service training had been completed relative to the extended fire evacuation times to ensure the safety of the facility residents.	W 448		
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations, record review, and interview the facility failed to ensure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. This potentially affected 6 of 6 clients (#1, #2, #3, #4, #5 and #6).	W 454		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G307	A. BUILDING _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBERLEA GROUP HOME	5691 MACK LINEBERRY ROAD CLIMAX, NC 27233

(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 454	Continued From page 6 The findings are: A. Observations in the group home on 3/4/25 at 6:00 PM revealed staff C to prompt client #3 to set the table. Continued observations revealed client #3 to walk into the kitchen to retrieve the utensils, set his place and peers at the dining table. Further observations at 6:10 PM revealed client #3 to pour water into clients #1, #2, #4, #5 and #6 cups at the table. Subsequent observations at 6:10 PM revealed all clients were prompted to go wash their hands. Additional observations at 6:15 PM revealed client #1, #2, #3, #5 and #6 to sit at the dining table to participate in the dinner meal. At no point during observations did staff C prompt client #3 to wash his hands prior to setting the dining table. Interview on 3/5/25 with the qualified intellectual disabilities professional (QIDP) and program manager (PM) revealed that staff should have prompted all clients to wash their hands. Continued interview with the QIDP and PM revealed prior to meal preparation, setting the table and participation in meals, all clients and staff should wash their hands.	W 454	The QP and/or PM will inservice all staff regarding Infection Control, specifically in regards to staff promoting clients to wash their hands prior to engaging in any meal prep activity to include setting the table. The PM/QP will monitor daily/weekly during visits to the home for compliance.	05/02/2025