

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

PRINTED: 05/14/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G176	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/13/2025
NAME OF PROVIDER OR SUPPLIER AIRPORT ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 195 AIRPORT ROAD GOLDSBORO, NC 27530		
(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 000	INITIAL COMMENTS	W 000			
W 116	<p>CLIENT RECORDS CFR(s): 483.410(c)(6)</p> <p>The facility must provide each identified residential living unit with appropriate aspects of each client's record.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that updated information was available for staff in the group home. This affected 3 of 5 audit clients (#1, #5 and #6). The findings are:</p> <p>A. During review on 5/12/25 of the information book located in the home, revealed there was no information about client #1's Individual Program Plan (IPP) and Nursing Evaluation for staff to review.</p> <p>During an interview on 5/12/24, Staff A confirmed client #1's IPP and Nursing Evaluation were not available for staff to review.</p> <p>B. During review on 5/12/25 of the information book located in the home, revealed client #5's IPP was dated 2/26/24 and her Nursing Evaluation was dated 3/1/24.</p> <p>C. During review on 5/12/25 of the information book located in the home, revealed client #6's IPP was dated 12/5/23 and her Nursing Evaluation was dated 12/5/23.</p>	W 116			

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 116	Continued From page 1 During an interview on 5/12/25, Staff A confirmed clients #5 and #6 IPP and Nursing Evaluation were not updated for staff review. During an interview on 5/13/25, the Intellectual Disabilities Professional (QIDP) confirmed there was no IPP or Nursing Evaluation for client #1 in the home for staff to review. Further interview revealed clients #5 and #6 IPPs and Nursing Evaluations have not been updated for staff review.	W 116			
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 ensure privacy during care of personal needs for 1 of 5 (#4) audit clients. The finding is: During observations in the home on 5/12/25 at 3:50pm, Staff A was going around introducing the surveyor to the clients. When Staff A got to the last bedroom on the right, client #4 was sitting in a chair, while client #2 was sitting on her bed and client #6 was in the attached bathroom. Further observations revealed client #4's underwear were down around her ankles and the only item of clothing she had on was a t-shirt. Staff A redirected client #4 to put back on her underwear and pants. During an immediate interview, Staff A stated client #4 can independently close the bedroom door on her own. Further interview revealed both	W 130			

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W 130	Continued From page 2 clients #2 and #6 should have exited the bedroom before client #4 began to undress. During an interview on 5/13/25, the Qualified Intellectual Disabilities Professional (QIDP) revealed client #4 can close the bedroom door independently for privacy. Further interview revealed both clients #2 and #6 should not have been in the bedroom while client #4 was getting undressed.	W 130			
W 210	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3) Within 30 days after admission, the 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 obtain an initial Social Work (SW) Evaluation for 1 of 1 newly admitted audit clients (#1). The finding is: Review on 5/12/25 of client #1's record revealed she was admitted to the facility on 4/1/25. Further review client #1 did not have a SW evaluation. During an interview on 5/13/25, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 had not received her SW evaluation.	W 210			
W 214	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(iii) The comprehensive functional assessment must identify the client's specific developmental and	W 214			

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W 214	Continued From page 3 behavioral management needs. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 1 newly admitted audit clients (#1) had a psychological evaluation completed within 30 days of admission. The finding is: Review on 5/12/25 of client #1's record revealed she was admitted to the facility on 4/1/25. Further review indicated client #1 did not have a psychological evaluation. During an interview on 5/13/25, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 did not have current/updated psychological evaluation that was completed within 30 days of admission.	W 214			
W 220	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include speech and language development. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure 1 of 1 newly admitted audit client (#1) received their initial speech/language evaluation within 30 days of admission. The finding is: Review on 5/12/25 of client #1's record revealed she was admitted to the facility on 4/1/25. Further review revealed client #1 did not have a speech/language evaluation. During an interview on 5/13/25, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 did not have a speech/language evaluation.	W 220			

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W 221	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include auditory functioning. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure an auditory examination for 1 of 1 newly admitted audit client (#1). The finding is:</p> <p>Review on 5/12/25 of client #1's record revealed she had not received an auditory examination. Further review revealed client #1 was admitted to the facility on 4/1/25.</p>	W 221			
W 288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure a technique to address the inappropriate behaviors of 1 of 5 audit clients (#6) was included in a active treatment plan. The finding is:</p> <p>During observations in the home on 5/12/25 there was a white cabinet with a lock on it. Observations revealed Staff A using a key to unlock the lock to remove a small bottle of juice to give to a client #1 to drink. Staff A then used the key to the relock on the cabinet.</p> <p>During observations in the home on 5/13/25 Staff</p>	W 288			

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W 288	Continued From page 5 C used a key to unlock the white cabinet and took a small bottle of juice out and give it to client #1. During an immediate interview, Staff C stated the cabinet is kept locked because a client will go into it and remove items to eat and drink. During an interview on 5/13/25, Staff D stated client #6 will remove drinks from the cabinet to drink. While interview was occurring client #6 walked by and stated she will remove drinks from the cabinet and drink them. Staff D stated there is no information in client #6's record regarding the locking of the cabinet. Review on 5/12/25 of client #6's Individual Program Plan (IPP) dated 12/4/24 revealed there was no information stating that the cabinet should be locked. Further review of client #6's Behavior Plan (BP) dated 3/26/25 revealed there was no information stating that the cabinet should be locked. During an interview on 5/13/25, the Qualified Intellectual Disabilities Professional (QIDP) confirmed the cabinet should not have been locked to prevent client #6 from going into the cabinet in the house.	W 288			
W 312	DRUG USAGE CFR(s): 483.450(e)(2) be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility	W 312			

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W 312	Continued From page 6 failed to ensure behavior medications were included in her Behavior Plan (BP). This affected 1 of 5 audit clients (#1). The finding is: Review on 5/12/25 of client #1's BP revealed her behavior medications where not included. Client #1's behavior medications are: Ativan, Geodon, Thorazine, and Depakote. During an interview on 5/13/25, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1's behavior medications where not included in her BP.			W 312			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) 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. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in medication administration for 2 of 5 audit clients (#1 and #3). The findings are: A. During medication administration in the home on 5/13/25, Staff B did not inform client #1 the medications she was taking and the reasons why. B. During medication administration in the home on 5/13/25, Staff B did not inform client #3 the medications she was taking and the reasons why. During an interview on 5/13/25, Staff B revealed she did not inform client #1 the reason why is she			W 340			

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W 340	Continued From page 7 is taking her medications because staff have to hurry and do client #1's medication administration because she might have a behavior if the medication administration is not moving along. When asked if client #1 does have a behavior, Staff B stated her behavior plan is to be followed. Staff B could not give a reason why she did not inform client #3 about the medications she was taking. During an interview on 5/13/25, the facility nurse confirmed both clients #1 and #3 should have been informed about the medications they were taking.	W 340			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, documentation and staff interviews, the facility failed to ensure medications were administered without error for 1 of 5 clients (#1) observed during the administration of medications. The finding is: During medication administration in the home on 5/13/25, Staff B assisted client #1 with her medications. During the medication administration client #1 consumed her pills at 8:04am. Further observations revealed one of client #1's pills was Levothyroxine. Additional observations revealed client #1 only consumed pills and nothing else. Review on 5/13/25 of client #1's physician orders signed April 2025 stated, "Levothyroxine Take 1	W 369			

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W 369	<p>Continued From page 8</p> <p>Tablet by mouth once daily @ 6am". Further review revealed, "Metamucil Oran pack Take 1 packet by mouth daily @ 8am".</p> <p>During an interview on 5/13/25, Staff B confirmed client #1 did not get her Levothyroxine at the correct time. Staff B also stated client #1 did not her her prescribed Metamucil, due to the fact there was no Metamucil to give client #1.</p> <p>During an interview on 5/13/25, the facility's nurse confirmed client #1's Levothyroxine was not given at the correct time. Further interview revealed Staff B should have verbally informed the nursing staff how there was no Metamucil in the home to give to client #1.</p>	W 369			