

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

PRINTED: 04/23/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G349	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/15/2025
NAME OF PROVIDER OR SUPPLIER CAROLINA FARMS GROUP HOME #2			STREET ADDRESS, CITY, STATE, ZIP CODE 31713 HERB FARM CIRCLE 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	<p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>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, document review and interview, the governing body failed to exercise general policy, budget, and operating direction over the facility relative to groceries. The finding is:</p> <p>Observations in the home on 4/14/25 revealed a pitcher of milk in the refrigerator dated 4/14. Continued observations revealed the pitcher was not labeled with an expiration date or type of milk. Further observations revealed there was no additional milk in the home.</p> <p>Observations in the home on 4/15/25 revealed the same pitcher of milk in the refrigerator dated 4/14. Continued observations revealed there was enough milk in the pitcher for one individual. Further observations revealed there was no additional milk in the home, which prompted the residential manager to retrieve a box of dry milk dated 7/25/24 from the pantry and prepared it in the pitcher.</p> <p>Review on 4/14/25 of the homes' menu revealed all residents to consume 1% milk during mealtimes.</p> <p>Interview with the qualified intellectual disability professional (QIDP) on 4/15/25 confirmed there was no milk in the home and that there should have been some additional milk in the refrigerator. Continued interview with the QIDP revealed that an office staff member is responsible for ordering the groceries online and</p>	W 104	<p>W104 Governing Body</p> <p>Administration will complete an inservice to the team to include the QP and manager to ensure groceries such as milk are in the home for the individuals. The manager and/or designee will order/purchase food from what is needed for the menu. If certain items are not available due to supply will utilize/implement appropriate substitutions. The QP will inservice staff to notify the manager and/or designee, if out of certain food items, such as milk, inservice will include notifying the manager and/or QP to plan to ensure items are available to the individuals. The Administration will monitor the groceries in the home on a biweekly basis to ensure food items are in the home to meet the individuals needs/diets per the menu for at least 2 months or until the issue is resolved.</p>		6-13-25

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 104	Continued From page 1 having them delivered to the home on a weekly basis.	W 104			
W 193	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(3) Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients. <i>This STANDARD is not met as evidenced by:</i> Based on observations, record review and interview, the facility failed to ensure 1 of 3 sampled clients (client #6) received the needed interventions as identified in their Behavior Support Plan (BSP) relative to prevention and proactive measures. The finding is: Observations in the home on 4/14/25 between 4:30 PM - 6:00 PM revealed client #6 to grab and pull surveyor's arm in the direction he wanted to go. Continued observations revealed client #6 to grab and pull surveyor's arm five times with staff intervening four out of five times. Further observations revealed on the fifth grab and pull, client #6 dug his fingernails into surveyor's hand leaving nail markings in the skin. Additional observations revealed client #6 to be redirected to a seat or taken to his room. At no point during observations did staff engage him in a simple activity to assist him with participation. Subsequent observations in the home on 4/14/25 during the dinner meal revealed client #6 to grab and drink out the cup of another resident prior to staff intervening. Continued observations revealed staff to asked client #6 to return to dining table and have a seat. Observations in the home on 4/15/25 during the	W 193	W193 Staff training The team will meet to review skills and techniques necessary to administer preventive interventions to manage inappropriate behavior of client #6. The intervention should include an intervention to a simple activity to assist him with participation. The team will review all individuals BSP to include all interventions to ensure they are appropriate to manage inappropriate behavior. The QP will inservice the staff on all target behaviors and interventions that are positive in redirecting to include providing activities to encourage participation. IF interventions to address inappropriate behaviors are not effective in redirecting /minimizing, the QP will notify the psychologist to conduct a team meeting to make any changes needed. The QP and/or designee will review monthly at house meetings for 3 months and quarterly thereafter the BSP for all individuals to ensure adequate training and any feedback from the staff. The team will monitor by conducting periodic observations in the home to ensure BSP's are implemented as written weekly for 2 months or until the issue is resolved.		6-13-25

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W 193	<p>Continued From page 2</p> <p>breakfast meal revealed client #6 to be sitting alone at the dining table when he stood up to grab a spoon of cereal out of the bowl of another resident. Continued observations revealed staff to come out the kitchen to intervene before client #6 put the spoon in his mouth and redirected him to have a seat back at the table.</p> <p>Review on 4/14/25 of client #6's record revealed a BSP dated 3/1/25 with an objective for client #6 to engage in maladaptive behaviors no more than four times per month for twelve consecutive months by 2/28/26. Continued review of the BSP revealed the following target behaviors: food seeking (attempting to eat others' food, eating from the trash, non-food items, extra food) and social aggression (hit, kick, bite, scratch, head butt, pull others hair, lean into others, and forcefully pull or yank others). Further review of the BSP revealed for preventative measures staff should bring simple activities to client #6, use prompts to assist him with participation, if he participates reward him with a favored activity (sensory, attention, music, etc.) Additionally, staff is to monitor client #6 during mealtimes to prevent him from grabbing others' food.</p> <p>Interview with the qualified intellectual disability professional (QIDP) on 4/15/25 verified client #6's BSP is current and staff should follow preventative measures and interventions as written.</p>	W 193			
W 249	<p>PROGRAM IMPLEMENTATION</p> <p>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</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>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 observation, record review and interview, the facility failed to assure a continuous active treatment program was provided for 1 of 6 clients (#6) to support the achievement of objectives in the individual support plan (ISP). The finding is:</p> <p>Observations in the group home on 4/14/25 between 4:30 PM to 6:00 PM revealed client #6 to sit in the kitchen at his separate dining table, walk around the kitchen area and to walk in the living room area unengaged without activity 87 minutes of 90 minutes of observation. Continued observations revealed that staff at no time provided client #6 the opportunity to participate with the dinner meal. Further observations revealed at no time was client #6 offered choices in leisure activities.</p> <p>Subsequent observations in the group home on 4/15/25 from 6:30 AM until 7:30 AM revealed client #6 to sleep until his medication pass at 7:30 AM. Additional observations revealed client #6 to consume his breakfast and go into his bedroom to lay back down. Further observation revealed client #6 to be unengaged without activity for 68 minutes of the 120 of morning observation. It should be noted that during observations at no time did staff prompt client #6 to participate in any meaningful activities.</p>	W 249 W249	<p>The team will meet to discuss and develop an active treatment plan as part of ISP for Client #6. The team will review all individuals' ISP/programs to ensure active treatment is provided to include the option of leisure/meaningful activities. Preference assessments will be conducted and/or reviewed to determine options for leisure/meaningful activities are made available to the individuals to facilitate active treatment. The QP will review all goals for all clients to determine if any changes or revisions are needed to include ensuring the individuals participate in active treatment with meaningful activities as part of their routine. The team will periodically demonstrate what active treatment looks like for the individuals to include leisure/meaningful activities on a weekly basis or until the issue is resolved. The QP will inservice the staff on programs for the individuals that provide active treatment options to include leisure/ meaningful activities throughout their day. The team will monitor by conducting observations on a weekly basis for 2 months or until the issue is resolved to ensure active treatment is being provided to all individuals based off the ISP.</p>	6-3-25	

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W 249	Continued From page 4 Review of records for client #6 on 4/15/25 revealed an individual support plan (ISP) dated 2/12/25. Continued review of the ISP revealed the following goals: make choices, refrain from overstuffing his mouth, complete daily oral hygiene, participate in money management tasks, participate in recreational activities and complete tasks each day aimed at increasing vocational skills. Interview with the qualified intellectual disabilities professional (QIDP) on 4/15/25 verified that client #6's ISP dated 2/12/25 is current. Continued interview with the QIDP verified that client #6's goals were current. Further interview with the QIDP confirmed staff should engage the clients in meaningful activities during periods of inactivity.	W 249			
W 253	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(2) The facility must document significant events that are related to the client's individual program plan and assessments. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to document significant events, specifically accurately tracking the rates of target behaviors, affecting 1 of 6 clients (#6). The finding is: Observations in the home on 4/14/25 between 4:30 PM- 6:00 PM revealed client #6 to grab and pull surveyor's arm in the direction he wanted to go. Continued observations revealed client #6 to grab and pull surveyor's arm five times with staff intervening four out of five times. Further observations revealed on the fifth grab and pull,	W 253			

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W 253	<p>Continued From page 5</p> <p>client #6 dug his fingernails into surveyors' hand leaving nail markings in the skin.</p> <p>Subsequent observations in the home on 4/14/25 during the dinner meal revealed client #6 to grab and drink out of the cup of another resident prior to staff intervening.</p> <p>Review on 4/14/25 of client #6's record revealed a behavior support plan (BSP) dated 3/1/25 with an objective for client #6 to engage in maladaptive behaviors no more than four times per month for twelve consecutive months by 2/28/26. Continued review of the BSP revealed target behaviors to include: food seeking (attempting to eat others' food, eating from the trash, non-food items, extra food) and social aggression (hit, kick, bite, scratch, head butt, pull others hair, lean into others, and forcefully pull or yank others).</p> <p>Review on 4/15/25 of client #6's record revealed a baseline behavior data sheet dated 4/14/25. Continued review of the behavior data sheet revealed staff to document from 5:30 PM-5:45 PM client #6 was walking around in the living room, exhibited social aggression three times, and was redirected to his room. Further review of the behavior data sheet revealed zero documentation for food seeking and the two additional social aggression behaviors. Subsequent review of the behavior data sheet revealed the last recorded documentation on the baseline behavior data sheet was 12/2/24 for client #6.</p> <p>Interview with the qualified intellectual disability professional (QIDP) on 4/15/25 confirmed the BSP is current and that staff should be</p>	W 253 W253	<p>The team will meet to discuss the documentation component of Client #6 BSP plan. All individuals who have a formal BSP program will be reviewed to ensure adequate frequent documentation of target behaviors is occurring per the plan. The QP will Inservice staff will be trained to document all behaviors in Therap as it ends and/or prior to end of shift to ensure documentation is completed. QP will Inservice staff will be trained to document significant events, specifically accurately tracking the rates of target behaviors. The QP will inservice on all BSP for all individuals to ensure accurate timely documentation on the frequency/amount targets behaviors to get accurate rates of target behaviors. QP and Psychologist will monitor to ensure accurate documentation on what occurred with the behavior documentation monthly or more often as needed. The psychologist reviews monthly through Therap and reports to the QP any issues or concerns with documentation. The QP and/or designee will review the BSP documentation and document via tlogs any issues or concerns that need to be reported to the Psychologist monthly for 3 months and then quarterly thereafter.</p>	6-25	

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W 253	Continued From page 6	W 253			
W 473	documenting accurate data daily during each shift on Therap and the behavior data sheet located at the home. MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 6 clients (#6) received his meal at an appropriate temperature. The finding is: Observation in the group home on 4/14/25 at 5:15 PM revealed client #6 to participate in the dinner meal. Continued observations revealed client #6 to be served minced turkey, roasted potatoes, carrots, strawberries, milk and water. Further observations of the dinner meal for client #6 revealed all food items to be of minced consistency with beverages to be nectar thickened. Subsequent observations revealed client #6 to take several bits of his dinner meal and refuse additional bites. Additional observations at 5:17 PM revealed the home manager (HM) to remove client #6's dinner meal and placed it on the kitchen counter covered for an estimated time of twenty-two minutes. Continued observations at 5:39 PM reveal home manager to offer client #6 his dinner meal from the kitchen counter. Further observations revealed client #6 to take two bites of the dinner meal and refuse additional bites. Review of records on 4/15/26 for client #6 revealed an individual support plan (ISP) dated 2/12/25. Continued review of the ISP revealed	W 473 W473	Staff will be inservice to ensure a plan in place to address Client #6 to ensure food is warmed/served at appropriate temperature. The QP and/or designee will meet the staff with proper storage of food not eaten with the importance of ensuring appropriate temperature prior to serving. The team will monitor by conducting weekly observations to ensure food is served at an appropriate temperature.		6-15-25

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W 473	Continued From page 7 client #6 to have the following diet order: dysphagia level 5 diet minced and moist with 2nd food portions, liquid thickened to nectar consistency, six small frequent meals, with Endure at all meals, and evening (4X daily), with additional Ensure being provided anytime he eats less than 50% of his meal. <i>Interview with the qualified intellectual disabilities professional (QIDP) on 4/15/25 verified that client #6's ISP dated 2/12/25 is current. Continued interview with the QIDP verified that client #6's diet orders are current. Further interview with the QIDP confirmed staff should have warmed client #6's food before offering his meal to him.</i>	W 473			
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 observation and interview, the facility failed to provide 1 of 6 clients (#4) with appropriate utensils for her breakfast meal. The finding is: <i>Observation in the group home on 4/15/25 during the breakfast meal revealed client #4 prepared a bowl of cereal with milk and placed a slice of toast in the toaster oven. Continued observations revealed client #4 to take and sit the bowl of cereal and spoon on the table. Further observation revealed staff to bring over a slice of toast with jam cut into bite size pieces, but client #4 refused the toast and jam and finished her bowl of cereal. Additional observations revealed client #4's designated seating area at the table had not been sanitized and she had no table setting. At no point during observations did any</i>	W 475 W475	The team will meet to assess Client #4 in the areas of eating being served with appropriate utensils available at all meals including breakfast. The team will meet to review to ensure appropriate utensils are provided for all the individuals based on their eating skills as identified in ISP. The QP and/or designee will ensure all individuals have appropriate utensils to meet their eating needs. The QP will inservice the staff to ensure all individuals' area is sanitized area of dining table and ensure full table setting to include placement, fork, and knife unless otherwise specified by the team per the ISP. The team will monitor by conducting mealtime observations weekly for 1 month or until the issue is resolved.		6-3-25

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W 475	Continued From page 8 staff member prompt client #4 to sanitize her place nor did staff offer her a full table setting to include a placemat, fork, and knife. Interview with the qualified intellectual developmental professional (QIDP) on 4/15/25 revealed client #4's place at the table should have been sanitized before her breakfast meal. Continued interview with the QIDP revealed staff should have prompted client #4 to place all her table settings on the table prior to her breakfast meal. Further interview with the QIDP revealed client #4 should have been provided with a full place setting with the breakfast meal.	W 475			
W 478	MENUS CFR(s): 483.480(c)(1)(ii) Menus must provide a variety of foods at each meal. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure client #6 was offered the variety of foods listed on the menu. During dinner observations in the home on 4/14/25 revealed client #6 was served turkey, potatoes, and carrots minced along with a bowl of mixed fruit cup. Continued observations revealed client #6 was not offered a biscuit and cup of chocolate pudding per menu. Further observations revealed client #6 ate less than 50% of his meal and was not offered his Ensure during the dinner meal. At no time during the dinner meal were seconds offered. Review on 4/14/25 of the homes' menu revealed the following dinner menu: 4 oz roast beef with 1 cup of mashed potatoes, ½ cup of carrots, 1	W 478 W478	The team will meet to discuss Client #6 current diet. The team will meet to review and discuss all individuals' diets. The QP will inservice the staff to ensure that individuals are offered a variety of foods listed on the menu per the individual prescribed diet. The QP will inservice the staff to ensure diet orders are followed. The team will monitor by conducting weekly mealtime observations weekly for 1 month or until the issue is resolved.	6-3-25	

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W 478	<p>Continued From page 9</p> <p>biscuit, 1 tsp margarine, ½ cup mixed fruit, ½ cup chocolate pudding, and 1 cup 1% milk.</p> <p>During breakfast observations in the home on 4/15/25 revealed client #6 was served grits and toast minced. Continued observations revealed client #6 was not offered a biscuit per menu. Further observations revealed client #6 ate less than 50% of his meal and was not offered his Ensure during the breakfast meal. At no time during the dinner meal were seconds offered.</p> <p>Review on 4/15/25 of the homes' menu revealed the following breakfast menu: ½ cup apple juice, 1 cup cream of wheat, 1 biscuit, 1 tsp Margarine, 1 cup 1% milk, coffee, or tea.</p> <p>Review on 4/14/25 of client #6's record revealed an Individual Support Plan (ISP) dated 2/12/25. Continued review of the ISP for client #6 revealed the following diet order: Dysphagia level 5 minced and moist with 2nd food portions, with liquids thickened to nectar consistency, 6 small frequent meals, with Ensure at all meals and evening (4x daily), with additional Ensure being provided anytime he eats less than 50% of his meal.</p> <p>During an interview on 4/15/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the diet order was current and that staff should have followed the menu and diet as prescribed.</p>	W 478			