

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

PRINTED: 04/21/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G350	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/15/2025
NAME OF PROVIDER OR SUPPLIER CAROLINA FARMS GROUP HOME #3			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	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 4/14/25 - 4/15/25 survey revealed several repairs needed inside the group home to include living room furniture, torn patio cushions on the swing, broken plastic chairs stacked on top of other chairs, swing area with black net showing on the ground requiring additional mulch. Interview with the facility administrator (FA) on 4/15/25 revealed there was a budget meeting last week to discuss the repairs and need of new furniture. Further interview with the FA confirmed, furniture has not been ordered and have been advised to collect inquiries for pricing. Continued interview with the qualified intellectual disabilities professional (QIDP) and interim home manager (HM) on 4/15/25 verified items were broken or needing repair.	W 104	W104 Current items to include the living room furniture, patio cushions, broken chairs, and swing area with black net will be addressed. Administration will inservice QP, manager, and/or designee to ensure Frequent checks of the home to monitor And follow up with any repairs and Maintenance issues that have been Reported. The QP, manager, And or designee will be responsible to Ensure follow up occurs after areas of Concern is identified in a timely Manner. The manager and or designee will inservice Staff to report any repairs and Maintenance issues That can be addressed in a Timely manner. The Administration will follow up With the routine repairs and Maintenance in the group home By completing periodic checks In the group home at least quarterly.	6-14-25	
W 129	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy. This STANDARD is not met as evidenced by: The facility failed to ensure the personal privacy	W 129			

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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			(X5) COMPLETION DATE

W 129 Continued From page 1
of 1 of 6 clients (#2) in the group home as
evidenced by observations and interviews. The
finding is:

Observations in the group home throughout the
survey on 4/14/25 - 4/15/25 revealed client #2's
bedroom window to have a curtain valance.
Further observation revealed client #2 to spend
most of his time in his bedroom. Continued
observations revealed surveyors to see inside
client's bedroom window from the outside, while
client was sitting on his bed. Subsequent
observations did not reveal client #1 to receive
privacy while in his bedroom.

Interview with the interim home manager (HM)
revealed that client #2 does have a window blind
that the client will pull back up when or if staff
pulls it down. Further interview with the HM
revealed the window blind is hidden behind the
window valance. Subsequent interview revealed
that privacy should be ensured for client #2 at all
times.

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 2
of 6 clients (#1 and #4). The findings are:

A. Clients #1 and #4 were not served dinner
based on their prescribed diets. For example:

Afternoon observations on 4/14/25 at 5:35 PM

W 129 W129

The team will meet to discuss
Client #2 privacy
While in bedroom. The team will
Meet to discuss any privacy issues
In relation to the other clients
While in their bedrooms. The QP
And/or designee will inservice the staff
On ensuring privacy issues for all clients
Especially the client bedrooms.
The QP and/ or designee will monitor by
Completing periodic observations to ensure
There is no privacy issues noted while in the
Home doing observations at least monthly or
More often as warranted.

6-14-25

W 474

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W 474 Continued From page 2

revealed all clients to sit at the dining room table to prepare for the dinner meal. The dinner meal consisted of 2 small pork chops, white rice, collard greens, cornbread, sliced peaches and juice. Further observations revealed clients #1 and #4 to eat their meal in its entirety. At no point during the observation did staff provide clients #1 and #4 with pork chops and cornbread cut up in small bite sized pieces as prescribed.

Review of record for client #1 on 4/15/25 revealed an individual support plan (ISP) dated 2/20/25 which indicated the client has the following diet: heart healthy diet with seconds on food portions only for fruits and vegetables, food cut into bite size pieces and scheduled snacks.

Review of the record for client #4 revealed an ISP dated 8/27/24 which indicated the client has the following prescribed diet: high fiber, heart healthy avoiding milk products and second food portions on all foods. Boost plus offered as meal replacement if client #4 eats less than 50% of a meal. Food cut into bite size pieces and snacks between meals as scheduled.

Interview with the qualified intellectual developmental disabilities (QIDP) on 4/15/25 revealed that clients #1 and 4's diet orders are current. Further interview with the QIDP confirmed specially modified diets should be followed as prescribed.

B. Client #1 was not served breakfast meal based on his prescribed diet. For example:

Morning observations on 4/15/25 at 7:30 AM revealed client #1 to enter the kitchen and prepare his breakfast with verbal prompts from

W 474

W474

The team will meet to discuss Client #1 and Client #4 Food consistencies and following Prescribed diet. The team will review All individuals eating skills to include Food consistencies and prescribed diet. The QP and/or designee will Inservice Staff on any changes if warranted too the Clients' food consistencies and prescribed Diet.

The team will monitor by conducting Mealtime assessments on various shifts Weekly for 1 month or until the issue is resolved. Periodic meal assessments will occur By the team ongoing.

6-14-25

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W 474	Continued From page 3 staff. Further observations at 7:40 AM revealed client #1 to sit at the table to participate in the breakfast meal. The breakfast meal consisted of dry cereal, 2 whole slices of wheat toast, jam, margarine, and milk. Continued observations revealed client #1 to eat his meal in its entirety. At no point during the observation did staff provide client #1 with his toast cut up in small bite sized pieces as prescribed. Interview with the QIDP on 4/16/25 revealed that staff have been trained to follow clients' prescribed diets. Further interview with the QIDP verified that client #1 diet order is current. Continued interview with the QIDP confirmed specially modified diets should be followed as prescribed.		W 474		