

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G080</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/01/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOSS I GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1617 MOSS SPRINGS ROAD</b> <b>ALBEMARLE, NC 28001</b>		
(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	
E 004	<p>Develop EP Plan, Review and Update Annually CFR(s): 483.475(a)</p> <p>§403.748(a), §416.54(a), §418.113(a), §441.184(a), §460.84(a), §482.15(a), §483.73(a), §483.475(a), §484.102(a), §485.68(a), §485.542(a), §485.625(a), §485.727(a), §485.920(a), §486.360(a), §491.12(a), §494.62(a).</p> <p>The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:</p> <p>(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following:</p> <p>* [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach.</p> <p>* [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually.</p>	E 004	<p>ICF Director will retrain the Residential Manager and Residential Team Leader on updating the Emergency Preparedness Plan at least every 2 years and or whenever a change in cleintele in the group home by 5/31/2025.</p> <p>Target completion date: 5/31/2025</p>		

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APR 24 2025

DHSR-MH Licensure Sect

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Peter Steele

Residential Team Leader

04/21/2025

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.

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E 004	Continued From page 1  * [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the Emergency Preparedness Plan (EPP) was reviewed and updated at least every two years. The finding is:  Review of the facility EPP on 3/31/25 revealed a facility EPP Manual which was last updated March, 2009. Continued review of the facility EPP manual revealed no client specific information for 5 out of 5 clients (#1, #2, #3, #4, #5).  Interview with the Statewide ICF Director on 4/1/25 confirmed that the EPP has not been updated recently.	E 004			
W 000	INITIAL COMMENTS	W 000			
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1)  The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medications	W 368			



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W 368	Continued From page 2 were administered in accordance with physician's orders. This affected 1 client (client #4) observed during medication administration. The finding is:  During observations in the home on 4/1/25 at 7:21 AM, client #4 was observed to enter the medication room with staff A and to be administered the following medications: Atorvastatin 10mg, Caltrate +D 600/800 chew, Daily-Vite, Fish Oil 1,000mg, Inositol 500 mg, Loratadine 10mg, Metformin HCl 500 mg, and Glucerna. Continued observations revealed client #4 to swallow all medications with water.  Review on 4/1/25 of client #4's physician's orders dated 2/18/25 revealed the following notation: "Atorvastatin 10 mg - 1 tablet daily at 8:00 PM."  Interview on 4/1/25 with the residential team leader (RTL) confirmed Atorvastatin should have been administered to client #4 at 8:00 PM as prescribed.	W 368	The ICF Director will retrain the RN on comparing the physician's orders to the prescription before attaining the physician's signature.  The RN will monitor the physician's orders quarterly to ensure accuracy before submitting to MD for signature.  Target completion date: 5/31/2025		
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 review, and interviews, the facility failed to serve food in a form consistent with the developmental levels and prescribed diets of 2 of 5 clients (#2 and #3). The findings are:  A. The facility failed to ensure the prescribed diet for client #2. For example:  Observations in the group home on 3/31/25 at	W 474	Residential Team Leader will retrain staff at Moss 2 Group Home alongside the dietician on all the individual diet orders.  Residential Team Leader and Residential Manager will conduct unannounced meal observations 2x weekly for the next 3 months and document on Monarch's meal observation form and send to the ICF Director  Target completion date 5/31/2025		

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W 474	<p>Continued From page 3</p> <p>6:20 PM revealed the dinner meal to be pinto beans, macaroni and cheese, French cut green beans and cornbread muffins. Continued observations revealed staff to serve client #2 all foods, including the cornbread muffin in whole form. Further observations revealed no staff assisted client #2 to modify her food to finely chopped or pureed consistency. Subsequent observation revealed client #2 to consume the entire meal, taking large bites and struggling to swallow the cornbread muffin after putting a large amount in her mouth at once.</p> <p>Observations in the group home on 4/1/25 at 6:45 AM revealed the breakfast meal to be pancakes, sausage and milk. Continued observations revealed staff to serve client #2 two whole pancakes and one sausage patty in whole form and client #2 to pick up the pancake and begin to eat it before staff intervened and cut the food into large bite sized pieces. Further observation revealed client #2 to struggle to swallow a large bite of pancakes.</p> <p>Record review on 3/31/25 revealed a person-centered plan (PCP) for client #2 dated 2/12/25 and a nutritional evaluation dated 10/23/24 stating that client #2's current diet is "finely chopped/pureed as tolerated, no added salt, offer sugar free pudding, cottage cheese, applesauce, mashed potatoes, 4 oz. prune juice AM."</p> <p>Interview with the residential team leader (RTL) confirmed that client #2's diet order is current, and that staff should have assisted her to prepare her food to a finely chopped or pureed consistency.</p>	W 474			



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W 474	<p>Continued From page 4</p> <p>B. The facility failed to ensure the prescribed diet for client #3. For example:</p> <p>Observations in the group home on 3/31/25 at 6:20 PM revealed the dinner meal to be pinto beans, macaroni and cheese, French cut green beans and cornbread muffins. Continued observations revealed staff to serve client #3 all foods, including the cornbread muffin in whole form and for client #3 to consume the entire muffin without assistance from staff to modify it to bite sized pieces.</p> <p>Observations in the group home on 4/1/25 at 6:45 AM revealed the breakfast meal to be pancakes, sausage and milk. Continued observations revealed staff to serve client #3 two whole pancakes and one sausage patty in whole form. Further observation revealed client #3 to begin to eat the food before staff intervened and cut the food into large pieces.</p> <p>Record review on 3/31/25 revealed a person-centered plan (PCP) for client #3 dated 2/21/25 and a nutritional evaluation dated 10/23/24 stating that client #3's current diet is "Regular, bite size pieces, offer second servings, monitor rate of eating, ensure that she drinks two glasses of water with meals."</p> <p>Interview with the residential team leader (RTL) confirmed that client #3's diet order is current, and that staff should have assisted her to prepare her food to bite sized pieces.</p>	W 474	<p>Residential Team Leader/Residential Manager will retrain the staff at Moss 1 Group Home alongside the dietician on all the individual's diet orders.</p> <p>Residential Team Leader and Residential Manager will conduct unannounced meal observations 2x weekly for the next 3 months and document on Monarch's meal observation form and send to the ICF Director.</p> <p>Target completion date: 5/31/2025</p>		