

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

PRINTED: 06/11/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G013</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/10/2025</b>	
NAME OF PROVIDER OR SUPPLIER  <b>GRANVILLE ICF/MR GROUP HOME</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>5509 DORSEY ROAD OXFORD, NC 27565</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
W 104	<p><b>GOVERNING BODY</b> 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 record review and interviews, the facility failed to provide efficient oversight for staff while conducting fire drills. This potentially affected all clients in the home (#1, #2, #3, #4, #5, and #6). The finding is:</p> <p>Review on 6/9/25 of facility fire drill reports from May 2024 - May 2025 revealed four third shift fire drills had been conducted. Additional review of the reports noted two staff assisted with three of the fire drills.</p> <p>Interview on 6/10/25 with Staff E (third shift staff) revealed only one person is scheduled to work on third shift. Additional interview indicated when fire drills are scheduled, another staff will come in to assist with the fire drills.</p> <p>Interview on 6/10/25 with the Home Manager (HM) confirmed only one person is scheduled to work each night on 3rd shift. The HM further indicated a second person routinely comes in to assist with third shift fire drills as they are schedule.</p> <p>Interview on 6/10/25 with the Administrator indicated the second person comes in to alert the fire drill company of the drill. The Administrator denied the second person "assists" with the fire drill as indicated by the staff.</p>			W 104			
W 240	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe</p>			W 240			

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 240	<p>Continued From page 1</p> <p>relevant interventions to support the individual toward independence.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations, record review and interviews, the facility failed to ensure client #3's Individual Program Plan (IPP) included specific information to support his independence during meals and his safety needs. This affected 1 of 3 audit clients.</p> <p>A. During observations of the lunch and breakfast meals at the day program on 6/9 - 6/10/25, various staff cleared client #3's dishes after meals without his assistance. Client #3 was not prompted to participate with this task.</p> <p>Interview on 6/10/25 with Staff B revealed they try to get him to assist but he will refuse at times.</p> <p>Review on 6/10/25 of client #3's IPP dated 10/23/24 revealed no information regarding his ability to assist with clearing his dishes after meals.</p> <p>Interview on 6/10/25 with the Qualified Intellectual Disabilities (QIDP) and Home Manager (HM) indicated client #3 was not capable of carrying his dishes in the kitchen; however, no alternative ways to assist the client had been considered.</p> <p>B. Review on 6/9/25 of client #3's IPP dated 10/23/24 revealed he has Cerebral Palsy, Seizure Disorder, Osteoporosis, Spastic Quadriplegia and Encephalopathy. Additional review of the plan noted the client utilizes a wheelchair for mobility and requires two staff for all lifts, transfers and to stand pivot. Further review of client #3's IPP did not include any specific information regarding his needs when fire drills are conducted at the facility.</p>	W 240			

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W 240	Continued From page 2	W 240			
	Interview on 6/10/25 with the Home Manager indicated client #3 needs more assistance during fire drills since he is a two-person lift and in a wheelchair.				
	Interview on 6/10/25 with the QIDP confirmed client #3's IPP needs to have more specific information added regarding his fire safety needs in the home.				
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)	W 247			
	The individual program plan must include opportunities for client choice and self-management.				
	This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #1's Individual Program Plan (IPP) included his ability to make choices regarding religious preferences. This affected 1 of 3 audit clients. The finding is:				
	During 3 of 3 meal observations at the day program and in the home on 6/9 - 6/10/25, various staff prompted client #1 to say grace before clients began consuming their meal.				
	During an interview on 6/10/25, when asked why the grace is said before meals, Staff B stated, "They not gon eat til you say it." The staff noted the clients are used to someone saying grace at each meal and some won't start eating until they hear "Amen".				
	Review on 6/10/25 of client #1's IPP dated 11/13/24 revealed he is verbal and able to communicate his wants and needs. Additional				

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W 247	Continued From page 3 review of the client's IPP did not indicate how he makes choices regarding his religious preferences.	W 247			
W 340	Interview on 6/10/25 with the Qualified Intellectual Disabilities Professional (QIDP) and Home Manager (HM) confirmed client #1 will often say grace at meals. Additional interview acknowledged the client's IPP does not include information regarding his ability to make choices.  <b>NURSING SERVICES</b> 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, document review and interviews, the facility failed to ensure all staff were sufficiently trained regarding the proper use of latex gloves. The finding is:  During observations of dinner and breakfast preparation in the home on 6/9 - 6/10/25, various staff wore latex gloves while performing cooking tasks. The staff periodically assisted clients to wear gloves as well while helping in the kitchen. Additional observations of the breakfast meal on 6/10/25 revealed two staff wearing latex gloves while assisting clients to serve themselves.  Interview on 6/10/25 with Staff C revealed they had been trained to wear gloves while performing tasks in the kitchen and at meals.	W 340			

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W 340	<p>Continued From page 4</p> <p>Review on 6/10/25 of the facility's policy's and procedures manual (Revised March 2017) noted, "Wear gloves when touching blood, body fluids, secretions, and contaminated items. Put on clean gloves, just before touching mucous membranes or non-intact skin." Additional review of staff training materials revealed, "You must wear disposable, single-use gloves whenever...cleaning blood spills, performing a task that has the potential for exposure...Hand hygiene and washing is the single most important method of preventing the spread of infections. This includes proper hand washing techniques and the use of hand sanitizers." Additional review of the policy and training materials did not indicate latex gloves should be used during meal preparation or dining.</p> <p>Interview on 6/10/25 with the facility's nurse confirmed staff have only been trained to wear latex gloves as described in the training and per the facility's policy and procedures.</p>	W 340			