

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

PRINTED: 07/22/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G175		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/22/2025	
NAME OF PROVIDER OR SUPPLIER HIGHWAY 117 GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 3801 US 117 NORTH 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 249	<p>PROGRAM IMPLEMENTATION 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 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 observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of communication. This affected 1 of 4 audit clients (#5). The finding is:</p> <p>Observation on 7/21/25 - 7/22/25 in the home revealed no choice board was utilized by client #5 to communicate with staff, and no choice board was evident.</p> <p>Review on 7/21/25 of client #5's IPP, dated 2/12/25 revealed he has a speech impediment that makes it difficult to understand what he is saying. He communicates through gesturing and some vocalizations. A choice board was given to the home with words and pictures to assist him in expressive communication.</p> <p>Interview on 7/22/25 with Staff C revealed client #5 had just transferred in from another home on 7/8/25, and he was not aware of a choice board.</p>			W 249			

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 249	Continued From page 1 Interview on 7/22/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the choice board may be located at the previous home, and they will need to check. The facility will prepare an additional choice board for client #5's present home.	W 249			
W 268	CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)(i) These policies and procedures must promote the growth, development and independence of the client. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility did not implement policies that promoted the growth and independence of 1 of 4 audit clients (#5). The finding is: Observations on 7/22/25 in the dining room 6:30am revealed clients #5 and #6 at the table doing table activities. After looking at the home chore chart, Staff B told client #5 and #6 that it was their turn to assist with breakfast preparation. Client #6 began to loudly refuse to assist in the kitchen if client #5 was also helping, stating that client #5 would "get on his nerves" and "talk to him". Staff B briefly attempted to calm client #6. He then told client #6 to come in the kitchen to help, and someone else could assist instead of client #5. Client #2 was then asked to assist in the kitchen. Although client #5 was present for the entirety of the incident, Staff B did not talk to client #5 about the decision or offer a choice of helping in meal preparation or setting the table. During breakfast preparation, he was observed to stand in the dining and kitchen area to watch the meal preparation activities.	W 268			

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W 268	Continued From page 2 Review on 7/22/25 of client #5's individual program plan (IPP), dated 2/12/25, revealed he has a speech impediment and communicates mostly through gesturing. His skills include assisting food preparation. Review on 7/22/25 of client #5's educational evaluation, dated 2/17/25, revealed he can set the table, prepare drinks, follow recipes, serve prepared food, and operate small appliances. Review on 7/22/25 of the home chore chart revealed clients #5 and #6 were scheduled to prepare breakfast on this morning. Interview on 7/22/25 with Staff B revealed client #5 had been transferred in a week earlier from another home. He is still getting accustomed to the home. The home does have a chore chart they follow so that everyone has a turn.	W 268			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure clients were furnished and taught to use their glasses and hearing aid. This affected 3 of 4 audit clients. The	W 436			

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W 436	<p>Continued From page 3 finding is:</p> <p>A. Observation in the home on 7/21/25 - 7/22/25 revealed client #1 did not wear glasses. Staff did not prompt him to wear glasses.</p> <p>Review on 7/21/25 of client #1's individual program plan (IPP), dated 9/19/24, revealed he "would benefit from wearing glasses but he refuses".</p> <p>Review on 7/22/25 of client #1's eye exam document, dated 8/14/24, revealed he has astigmatism in both eyes and was prescribed glasses.</p> <p>Interview on 7/22/25 with the facility nurse revealed client #1 has not had glasses because the optometrist had written "n/a" beside glasses on the cover page of the visit. However, the nurse agreed that the more detailed visit notes revealed there was a prescription for client #1 to have the option of wearing glasses.</p> <p>Interview on 7/22/25 with the Program Director revealed the facility can check with the doctor and ensure client #1 has the option of wearing glasses.</p> <p>B. Observation in the home on 7/21/25 - 7/22/25 revealed client #5 did not wear a hearing aid. Staff did not prompt him to wear a hearing aid.</p> <p>Review on 7/21/25 of client #5's IPP, dated 2/12/25, revealed he has a speech impediment and was given hearing aids in 2018. He refuses to wear them.</p> <p>Review on 7/22/25 of client #5's audiology notes,</p>	W 436			

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W 436	<p>Continued From page 4</p> <p>dated 4/17/25, revealed he had a hearing test on 3/13/25 and an over the counter hearing aid for his left ear was recommended to see if he will use it.</p> <p>Interview on 7/22/25 with Staff C revealed client #5 does have a hearing aid, but refuses to use it.</p> <p>Interview on 7/22/25 with the facility nurse revealed client #5 has a hearing aid, but he refuses to use it.</p> <p>Interview on 7/22/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #5 should have training with his hearing aid.</p> <p>C. Observation in the home on 7/21/25 - 7/22/25 revealed client #6 did not wear glasses. Staff did not prompt him to wear glasses.</p> <p>Review on 7/21/25 of client #6's individual program plan (IPP), dated 5/5/25, revealed he wears glasses full time for corrective vision.</p> <p>Review on 7/22/25 of client #6's eye exam document, dated 5/20/25, revealed he wears prescription glasses full time.</p> <p>Interview on 7/22/25 with client #6 revealed he does wear glasses, but his glasses are broken.</p> <p>Interview on 7/22/25 with the facility nurse revealed client #6 does wear glasses full time but the he does not always choose to wear them. She does not know where they are at this time, and no orders for new glasses have been placed.</p> <p>Interview on 7/22/25 with the Program Director revealed client #6 should be furnished with his</p>	W 436			

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W 436	Continued From page 5			W 436			
W 460	<p>glasses and taught to use them.</p> <p>FOOD AND NUTRITION SERVICES</p> <p>CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure 2 of 4 audit clients (#1 and #3) received their specially prescribed diet as indicated. The findings are:</p> <p>A. During dinner observation on 7/21/25 at 5:30pm, client #1 was served and consumed one small serving of lasagna, one slice of garlic toast, and one portion of Caesar salad. During breakfast observation on 7/22/25 at 7:30am, he was served and consumed a double portion of turkey sausage, one portion of toast, and one portion of oatmeal.</p> <p>Review on 7/21/25 of client #1's individual program plan (IPP), dated 9/19/24, revealed he receives a regular, family-style diet of double portions, served on a plate.</p> <p>Review on 7/22/25 of client #1's physician orders, dated 7/31/25, revealed he should receive double portions on a plate.</p> <p>Review on 7/22/25 of client #1's nutrition evaluation, dated 8/1/24, revealed he is prescribed a regular diet with double portions, served on a plate.</p>			W 460			

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W 460	<p>Continued From page 6</p> <p>Interview on 7/22/25 with Staff C revealed client #1 receives double portions.</p> <p>Interview on 7/22/25 with the facility nurse revealed client #1 should receive double portions of all food, as prescribed.</p> <p>Interview on 7/22/25 with the Program Manager revealed client #1 should have received double portions.</p> <p>B. During dinner observation on 7/21/25, client #3 was served pureed lasagna, bread, and salad. Staff used a blender and water to puree food. Thick-It was used to thicken juice to honey consistency. However, the lasagna was not smooth and had chunks of visible food. Client #3 was observed to cough throughout the meal and attempt to leave the table at one time, as he continued to cough while eating. Staff offered him assistance. Client #3 completed his meal without incident.</p> <p>Review on 7/22/25 of client #3's IPP, dated 10/10/24, revealed he receives a pureed diet with honey-thick liquids. He needs reminders to use his Provale cup. Staff should be observant while he is eating to make sure he is taking his time as he is a risk for aspiration.</p> <p>Review on 7/22/25 of client #3's Nutritional Evaluation, dated 7/8/25 revealed he is prescribed a pureed consistency with honey-thick liquids. He should receive yogurt or pudding with each meal and be monitored closely during meals for aspiration.</p> <p>Interview on 7/22/25 with Staff C revealed client #3's food had to be pureed. He coughs a lot</p>	W 460			

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W 460	<p>Continued From page 7 during meals.</p> <p>Interview on 7/22/25 with the facility nurse revealed client #3's food should be pureed to a smooth consistency.</p> <p>Interview on 7/22/25 with the Program Manager revealed client #3 should have all food blended to a pureed consistency.</p>	W 460			