


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

PRINTED: 07/29/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G168	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/23/2025
NAME OF PROVIDER OR SUPPLIER NORTHBAY GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1907 NORTHBAY DRIVE BROWN SUMMIT, NC 27214		
(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 observation and interview the governing body failed to exercise general policy, budget, and operating direction over the facility relative to food supply. The finding is: Observations in the group home on 7/22/25 revealed a hallway for storing the emergency food supply. Continued observations revealed an excessive number of expired foods to include: 3 boxes of cereal, 2 boxes of ritz crackers, 2 boxes of saltine crackers, 24 bottles of apple juice, 2 packages of dry 9.6 oz dry milk, 24 cans of V8 juice, 2 canisters of Kool-Aid, and 20 cans of tuna. Interview on 7/23/25 with the qualified intellectual disabilities professional (QIDP) confirmed that facility should have an adequate supply of emergency food. Continued interview with the QIDP confirmed that the emergency foods should not be expired.	W 104	The Program Manager (PM) has conducted a expiration date review of all items and discarded all expired products. The PM has replaced all expired items. The Area Director will monitor emergency foods monthly to ensure an adequate supply of emergency foods.		9/19/2025
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 interview, the facility failed to ensure that prescribed adaptive equipment was maintained	W 436	<div style="text-align: center;"> RECEIVED  DHSR-MM Licensure Sect </div>		

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

TITLE

(X6) DATE

[Signature]

Area Director

8/8/2025

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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W 436	<p>Continued From page 1</p> <p>for 1 of 4 audited clients (#4) relative to prescribed eyeglasses. The finding is:</p> <p>Observation in the group home during recertification survey 7/22-23/25 revealed client #4 to participate in hygiene routine, dinner meal, breakfast meal, and medication administration. Continued observations revealed client #4 to not wear prescribed eyeglasses throughout the survey. Further observations revealed that staff did not at any time provide the client with his prescribed eyeglasses.</p> <p>Review of records for client #4 on 7/23/25 revealed an individual support plan (ISP) dated 6/19/25. Continued review of ISP revealed an eye exam completed on 9/23/24 with a diagnosis of strabismic amblyopia left eye, monocular exotropia left eye and a new prescription for eyeglasses.</p> <p>Interview with the facility nurse on 7/16/25 confirmed that client #4 is prescribed eyeglasses. Continued interview with the facility nurse confirmed that the client had an eye exam completed on 9/23/24 and the client will be provided with new glasses.</p>		W 436	<p>Client #3 has since the review. To ensure that Client #3 always has glasses, the facility will purchase a second pair of glasses.</p> <p>The PM will monitor daily to ensure Client #3 always wears his glasses.</p> <p>The Area Director will monitor monthly for compliance.</p>	9/19/2025
W 448	<p>EVACUATION DRILLS</p> <p>CFR(s): 483.470(i)(2)(iv)</p> <p>The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on review of records and interview, the facility failed to investigate all problems with evacuation drills specific to the timeliness of the evacuation. The finding is:</p> <p>Review of the facility fire drill reports on 7/23/25</p>		W 448		

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W 448	Continued From page 2 revealed eleven fire drills that exceeded 5 minutes of evacuation time (8/24-10min; 9/24-10min; 10/24-8min; 11/24-7min; 12/24-6min; 2/25-7min; 3/25-9min; 4/25-8min; 5/25-7min; 6/25-9min; 7/25-7min. Continued review of the fire drills report revealed no evidence of a review for times exceeding 5 minutes. Interview with the qualified intellectual disabilities professional (QIDP) revealed that the expectation for the fire drill evacuation time is not to exceed 5 minutes. Continued interview with the QIDP confirmed that the facility is responsible for reviewing drills and ensuring timeliness of evacuation and developing a plan to address any difficulties with fire drills.	W 448	The PM will inservice staff regarding starting and ending time of the drill. The start time is to begin once the alarm has been pulled. The end time is when everyone has arrived at the evacuation location. Should there be evacuations that exceed 5 minutes, notation will be made on the fire drill form explaining the reason for an extended evacuation time. The PM will monitor monthly drill forms for compliance. The Area Director will also monitor monthly for compliance.	9/19/2025	
W 463	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(4) The client's interdisciplinary team, including a qualified dietitian and physician must prescribe all modified and special diets. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 1 of 4 audited clients (#4) received their specialty diet as prescribed. The finding is: Observations in the group home on 7/22/25 at 5:42 PM revealed client #4 to participate in the dinner meal which included 3 steak tacos with toppings (lettuce, cheese, tomatoes, and sour cream), a large bake potato, sherbert, and water. Continued observations revealed the client to consume the dinner meal in whole consistency. Subsequent observations in the group home on 7/23/25 at 6:42 AM revealed client #4 to	W 463	The Dietician will inservice staff on client's specially prescribed diets, particularly regarding Client #4's regularly prescribed diet with food cut into bite size pieces with seconds. The PM will monitor daily for compliance. The Area Director will monitor weekly for compliance.	9/19/2025	

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W 463	Continued From page 3 participate in the breakfast meal which included a pop tart, banana, and orange juice. Continued observations revealed client #4 to consume the breakfast meal and take his dishes to the kitchen. At no time during the evening and morning observations were staff observed to provide the client with his prescribed diet by providing food bite size. Review of records on 7/23/25 for client #4 revealed a physician's order (PO) dated 6/1/25-5/31/26. Continued review of the POs revealed that client #4 is prescribed a regular diet with food cut in bite size pieces with seconds. Interview on 4/23/25 with the facility nurse confirmed client #4's diet as prescribed. Continued interview with the facility nurse confirmed that staff should have provided client #4 with his prescribed diet to provide food bite size.	W 463			