

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

PRINTED: 06/13/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G111	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER PILOTVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 209 PILOT VIEW DRIVE KING, NC 27021		
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W 104	<p>GOVERNING BODY 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 observations, record review, and interview, the governing body and management failed to exercise general policy and operating direction over the facility by failing to ensure routine cleaning, routine extermination, and maintenance repairs at the group home were completed in a timely manner. The finding is:</p> <p>Observations throughout the 6/9 - 6/10/25 survey revealed repairs inside the group home to include a large hole in the wood laminate floor located in the living room and dining room with debris still present in and around the hole. Continued observations in the living room revealed a large glue trap containing numerous bugs to include dead spiders' and centipedes, a large glue trap beside a recliner chair with peanut butter in the center, and a large easy set mouse trap behind the couch. Further observations revealed a large easy set mouse trap in the pantry. Subsequent observations revealed the floors throughout the home in the kitchen, dining room, hallways and living room to contain dirt, dried substances, and debris. Additionally, the front door has a broken doorbell with wires exposed.</p> <p>Review of maintenance records on 6/10/25 revealed a work order (WO) completed by the qualified intellectual disabilities professional (QIDP) on 6/10/25 to fix the doorbell after records indicated that maintenance did not complete a WO during walk through completed on 6/5/25. Continued review of records revealed a WO dated 6/5/25 for holes in the dining room and</p>	W 104	<p>W104</p> <p>To ensure that routine cleaning of the group home, the TL will:</p> <ol style="list-style-type: none"> 1. Inservice staff regarding LTSS Shift Checklists for 1st, 2nd, and 3rd shifts which includes cleaning responsibilities. 2. RM and RTL will check and monitor Shift Checklists to ensure that all cleaning duties are being completed for the next 90 days. 3. RTL will Inservice RM on Environmental Checklist and RM will complete the Environmental Checklist monthly for the next 90 days to ensure any maintenance issues are immediately entered into the Facility Ticket system. 4. RM will submit a Maintenance Ticket to request extermination services to ensure services are provided on a monthly routine basis. 		

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

Shiela Marshall
Shiela Marshall Jun 26 2025 09:41 EDT

TITLE

QP/RTL

(X6) DATE

06/26/2025

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 104	Continued From page 1 living room floor. The facility did not provide surveyor with requested extermination records for the home. Interview on 6/10/25 with the QIDP verified that the facility had a mouse and maintenance put traps throughout the home. Continued interview with the QIDP revealed that maintenance had WO's to repair the holes in the living room and dining room; however, it is unknown when repairs will take place. Further interview with the QIDP verified that the floors throughout the home had not been cleaned for some time and meetings have taken place with the home manager (HM) to ensure cleaning takes place.	W 104			
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record reviews and interviews, Nursing services failed to meet the needs of 1 of 5 clients (#5) by failing to monitor diet and excessive weight gain. The finding is: Review of records on 6/10/25 for client #5 revealed a person-centered plan (PCP) dated 6/6/25. Continued review of the PCP revealed a diagnosis of Mild Intellectual Developmental Disabilities, Down Syndrome, Diabetes Mellitus Type 1, and seasonal allergies. Further review of records revealed a nutritional evaluation dated 6/4/25 for client #5 to be prescribed a regular diabetic diet with carbohydrate counting by staff. Subsequent review of weight records for client #5 for 12 months revealed the following weights:	W 331	W331 1. Nursing, QP, RM will work with the Dietitian to update menu to include food substitutions to meet #5 diabetic diet with carbohydrate counting by staff. To be completed by 7/7/25.		

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W 331	<p>Continued From page 2</p> <p>7/24-161 lbs.; 8/24-0; 9/24-164 lbs.; 10/24-175 lbs.; 11/24-175 lbs.; 12/24-178 lbs.; 1/25-0; 2/25-185 lbs.; 3/25-184 lbs.; 4/25-192 lbs.; 5/25-19 lbs. 7; 6/25-196 lbs. Additionally, the client has had a 33 pound increase in the last 12 months with a current weight of 196 pounds which is in the obesity category.</p> <p>Review of the facility's menu on 6/10/25 revealed a set menu for all individuals in the group home not indicating a regular diet or a diabetic diet. Continued review of the menu revealed that there are no guidelines specific to a diabetic diet and client #5 has no diet restrictions.</p> <p>Review of client #5's Diabetes protocol on 6/10/25 revealed that the client is insulin-dependent (Type 1) diabetic. Continued review revealed that the client's insulin, food intake, and the amount of exercise need to be balanced. Further review revealed that client #5 has a Dexcom system that measures her glucose levels and ensures the delivery of needed insulin. The client has had 6 hospital visits over the past year relative to her blood sugar levels.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 6/10/25 revealed that client #5 does better with following a menu and the client's behaviors are food driven. Continued interview with the QIDP revealed that the client will take snacks from the pantry and will eat large amounts of foods while on home visits. Further interview with the QIDP revealed that client #5 will not participate with exercise.</p> <p>Interview with the facility nurse on 6/10/25 verified that client #5 is prescribed a regular diabetic with carbohydrate counting by staff. Continued</p>	W 331	<p>W331</p> <ol style="list-style-type: none"> 1. Nursing, QP, RM will work with medical provider(s) to address #5 excessive weight gain by following continuity of care by which #5 and the physician-led care team are cooperatively involved in ongoing health care management. 2. Nursing will monitor #5 weekly and as needed for excessive weight. 3. Nursing, QP, RM will work with the Dietitian to update menu to include food substitutions to meet #5 diabetic diet with carbohydrate counting by staff. To be completed by 7/7/25. 4. Nursing, RM and TL will ensure that diabetic diet is being followed by completing the MEAL OBSERVATION form for 60 days. 	<p>Implementation 6/30/25</p>	

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W 331	Continued From page 3 interview with the nurse confirmed that the client has gained excessive weight over the last 12 months and the team agreed to follow the diet guidelines put in place by the dietician.	W 331			
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 observations, record review, and interviews, the system for drug administration failed to assure all drugs were administered in compliance with physician orders for 1 of 5 clients in the group home (#1). The finding is: Observations in the home on 6/10/25 at 7:05 AM revealed client #1 to enter the medication administration room and pour a cup of water. Staff C removed client #1's medications from the med closet and placed them on the desk. Continued observation revealed staff C picked up a medicine bottle and removed a container that contained drops. Further observations revealed the staff to prompt client #1 to shake the drops and staff C placed 4 drops into each of the clients' ears. Subsequent observations revealed that staff C had administered Fluorometholone 0.1 suspension into the client's ears. Additionally, the surveyor informed staff C that she had administered eye drops into client #1's ears. Review of records on 6/10/25 for client #1 revealed a physician's order dated 2/21/25. Continued review of the physician orders revealed client #1 to be prescribed Fluorometholone 0.1% suspension 5 milliliters	W 368	W368 1. RM and TL will ensure staff are sufficiently trained in Drug Administration to prevent medication errors. 2. RM and TL will ensure that all staff complete the following Drug Administration trainings: a. Med Management Part 1: Overview b. Med Management Part 2: Understanding Meds c. Med Management Part 3: Labels & Documentation d. Med Management Part 4: Administering Meds 3. Staff observed during 6/10/25 medication pass, who administered one medication in the incorrect route and not administering a second medication, will retake Medication Administration training with the Registered Nurse. The Nurse will complete the Competency Checklist and submit to Education. RM/TL will complete 2 observations of staff completing medication pass. RM/TL will complete competency checklists and submit to Education. All to be completed by 7/23/25. 4. RM and TL will complete random medication observations 3X per week for the next 60 days to ensure all drugs are administered without error. 5. RM and TL will document observations using the Medication Administration Observation form.		Implementation 6/30/25

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W 368	Continued From page 4 place one drop in both eyes every morning. Interview with the home manager (HM) on 6/10/25 confirmed that client #1 is prescribed Fluorometholone 0.1% suspension and has been prescribed eye drops ongoing. Continued interview with the HM revealed that client #1 had an eye appointment on 6/10/25 at 9:30 AM and the physician will continue eye drops due to dry eyes. Interview with the facility nurse on 6/10/25 confirmed that client #1 is prescribed Fluorometholone 0.1% suspension 5 milliliters place one drop in both eyes every morning. Continued interview with the facility nurse revealed that staff C did not call and notify the nurse that eye drops were placed in client #1's ears. Further interview with the facility nurse revealed that staff did not follow notification protocol so that the physician can be notified of medication not being administered as prescribed.	W 368	W369 1. RM and TL will ensure staff are sufficiently trained in Drug Administration to prevent medication errors. 2. RM and TL will ensure that all staff complete the following Drug Administration trainings: a. Med Management Part 1: Overview b. Med Management Part 2: Understanding Meds c. Med Management Part 3: Labels & Documentation d. Med Management Part 4: Administering Meds 3. Staff observed during 6/10/25 medication pass, who administered one medication in the incorrect route and not administering a second medication, will retake Medication Administration training with the Registered Nurse. 4. The Nurse will complete the Competency Checklist and submit to Education. 5. RM/TL will complete 3 observations of staff completing medication pass. RM/TL will complete competency checklists and submit to Education. To be completed by 7/23/25. 6. RM and TL will complete random medication observations 3X per week for the next 60 days to ensure all drugs are administered without error. 7. RM and TL will document observations using the Medication Administration Observation form.	Implementation 6/30/25	
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure all drugs were administered without error for 1 of 6 clients (#2) observed during medication administration. The finding is: Observations in the home on 6/10/25 at 7:05 AM revealed client #1 to enter the medication administration room and pour a cup of water. Continued observations revealed that staff C	W 369			

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W 369	<p>Continued From page 5</p> <p>administered Fluorometholone 0.1 suspension 4 drops into each of the client's ears. Further observations revealed that staff C punched all pills into medicine cup and client took whole with water. Subsequent observation revealed that staff C took out the ear drops to place in client #1's eyes and the surveyor informed staff C to please verify prior to placing drops in eyes. Staff C verified that she had picked up the wrong drops and located the correct eye drops and administered them to the client. At no time during the medication observation was staff observed to administer client #1's prescribed ear drops.</p> <p>Review of records for client #1 on 6/10/25 revealed physician's orders dated 3/30-6/30/25. Review of the physician orders revealed medications prescribed at 8:00 AM to be Amlodipine tab 10 mg, Fish oil cap 1000 mg, Hydrochlorothiazide tab 25 mg, Lisinopril tab 40 mg, Metformin tab 500 MG ER, Pot Chloride tab 10MEQ ER, Propranolol cap 60 mg ER, Vitamin D3 25 MCG, Spironolactone 25 mg, Fluorometholone 0.1% suspension 5 milliliters place one drop in both eyes every morning, and Neo/Poly/HC solution 1% to instill 4 drops in both ears twice daily at 8:00 AM and 8:00 PM.</p> <p>Interview with the facility nurse on 6/10/25 confirmed client #1's physician's orders. Continued interview with the facility nurse revealed that staff C did not call and notify the nurse that eye drops were placed in client #1's ears nor was the nurse informed that the prescribed ear drops were not administered. Further interview with the facility nurse revealed that staff did not follow notification protocol so that the physician can be notified of medication not being administered as prescribed.</p>	W 369	This Page Intentionally Left Blank		

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W 475	<p>MEAL SERVICES CFR(s): 483.480(b)(2)(iv)</p> <p>Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure all appropriate utensils were provided to 4 of 5 clients (#1, #2, #3, and #5). The findings are:</p> <p>A. The facility failed to ensure all appropriate utensils were provided for client #1. For example,</p> <p>Observations in the home on 6/9/25 at 5:42 PM revealed client #1 to participate in the dinner meal with a place setting that consisted of a plate, spoon, napkin, and 2 cups. Continued observation revealed the dinner meal included hamburger on bun, sweet potato fries, and applesauce. At no time during observations was staff observed to provide client #1 with a fork and knife for the dinner meal.</p> <p>Observation in the home on 6/10/25 at 7:44 AM revealed client #1 to participate in the breakfast meal with a place setting that consisted of a plate, spoon, knife, napkin, and 2 cups. Continued observation revealed the breakfast meal included 2 slices of toast, jelly, and scrambled eggs. At no time during observations was staff observed to provide client #1 with a fork.</p> <p>Review of records for client #1 on 6/10/25 revealed a person-centered plan (PCP) dated 3/31/25. Continued review of the PCP for client #1 revealed a dietary evaluation dated 3/19/25 to note that client #1 can use his silverware (fork, spoon, and knife) correctly, but may need some assistance when using a knife.</p>	W 475	<p>W475</p> <p>1.RM and TL will ensure staff provides all appropriate utensils for clients to include a knife, fork, and spoon.</p> <p>2.TL will Inservice staff on the appropriate utensils for clients to include a knife, fork, and spoon by 7/10/25.</p> <p>3.RM and TL will complete random meal observations 3x weekly to ensure clients receive a complete utensil setting for 60 days.</p> <p>4.RM and TL will document using the using the MEAL OBSERVATION form for 60 days.</p>	Implementation 6/30/2025	

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W 475	<p>Continued From page 7</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 6/10/25 revealed that client #1's PCP is current. Continued interview with the QIDP confirmed that all meals for client #1 should be provided with a full place setting consisting of the following utensils (spoon, fork, and knife).</p> <p>B. The facility failed to ensure all appropriate utensils were provided for client #2. For example,</p> <p>Observations in the home on 6/9/25 at 5:42 PM revealed client #2 to participate in the dinner meal with a place setting that consisted of a plate, spoon, napkin, and 2 cups. Continued observation revealed the dinner meal included hamburger on bun, sweet potato fries, and pineapple. At no time during the observation was staff observed to provide client #2 with a fork and knife for the dinner meal.</p> <p>Observation in the home on 6/10/25 at 8:07 AM revealed client #2 to participate in the breakfast meal with a place setting that consisted of a plate, spoon, knife, napkin, and 2 cups. Continued observation revealed the breakfast meal included 2 slices of toast, jelly, cereal, milk and scrambled eggs. At no time during observation was staff observed to provide client #2 with a fork and knife.</p> <p>Review of records for client #2 on 6/10/25 revealed a PCP dated 3/1/25. Continued review of the PCP for client #2 revealed a dietary evaluation dated 2/20/25 to note that client #2 can use his silverware (fork, spoon, and knife) correctly, but may need some assistance when using a knife.</p>	W 475	<p>W475</p> <p>1.RM and TL will ensure staff provides all appropriate utensils for clients to include a knife, fork, and spoon.</p> <p>2.TL will Inservice staff on the appropriate utensils for clients to include a knife, fork, and spoon.</p> <p>3.RM and TL will complete random meal observations 2x weekly to ensure clients receive a complete utensil setting.</p> <p>4.RM and TL will document using the using the MEAL OBSERVATION form for 60 days.</p>	<p>Implementation</p> <p>6/30/25</p>	

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W 475	<p>Continued From page 8</p> <p>Interview with on 6/10/25 with the QIDP revealed that client #2's PCP is current. Continued interview with the QIDP confirmed that all meals for client #2 should be provided with a full place setting consisting of the following utensils (spoon, fork, and knife).</p> <p>C. The facility failed to ensure all appropriate utensils were provided for client #3. For example,</p> <p>Observations in the home on 6/9/25 at 5:42 PM revealed client #3 to participate in the dinner meal with a place setting that consisted of a plate, small spoon, napkin, and 2 cups. Continued observation revealed the dinner meal included hamburger on bun, sweet potato fries, and applesauce. At no time during the observation was staff observed to provide client #3 with a small fork for the dinner meal.</p> <p>Observation in the home on 6/10/25 at 7:55 AM revealed client #3 to participate in the breakfast meal with a place setting that consisted of a plate, spoon, knife, napkin, and 2 cups. Continued observation revealed the breakfast meal included 2 slices of toast, cereal, milk and scrambled eggs. At no time during observation was staff observed to provide client #3 with a small fork.</p> <p>Review of records for client #3 on 6/10/25 revealed a PCP dated 4/30/25. Continued review of the PCP for client #3 revealed a dietary evaluation dated 4/18/25 to note that client #3 can use a spoon and fork (small ones to decrease the amount of food eaten in a bite) but is not able to use her knife.</p> <p>Interview with on 6/10/25 with the QIDP revealed that client #3's PCP is current. Continued</p>	W 475	<p>W475</p> <p>1.RM and TL will ensure staff provides all appropriate utensils for clients to include a knife, fork, and spoon.</p> <p>2.TL will Inservice staff on the appropriate utensils for clients to include a knife, fork, and spoon.</p> <p>3.RM and TL will complete random meal observations 2x weekly to ensure clients receive a complete utensil setting.</p> <p>4.RM and TL will document using the using the MEAL OBSERVATION form for 60 days.</p>	<p>Implementation</p> <p>6/30/25</p>	

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NAME OF PROVIDER OR SUPPLIER PILOTVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 209 PILOT VIEW DRIVE KING, NC 27021		
(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 475	<p>Continued From page 9</p> <p>interview with the QIDP confirmed that all meals for client #3 should be provided with a full place setting consisting of the following utensils (small spoon and small fork).</p> <p>D. The facility failed to ensure all appropriate utensils were provided for client #5. For example,</p> <p>Observations in the home on 6/9/25 at 5:42 PM revealed client #5 to participate in the dinner meal with a place setting that consisted of a plate, spoon, napkin, and 2 cups. Continued observation revealed the dinner meal included hamburger on bun, sweet potato fries, and applesauce. At no time during the observation was staff observed to provide client #5 with a fork and knife for the dinner meal.</p> <p>Review of records for client #5 on 6/10/25 revealed a PCP dated 6/6/25. Continued review of the PCP for client #3 revealed a nutritional evaluation dated 6/4/25 to note that client #5 can use silverware (fork, spoon, and knife) correctly, along with beverage ware.</p> <p>Interview with on 6/10/25 with the QIDP revealed that client #5's PCP is current. Continued interview with the QIDP confirmed that all meals for client #5 should be provided with a full place setting consisting of the following utensils (fork, spoon, and knife).</p>	W 475	<p>W475</p> <p>1.RM and TL will ensure staff provides all appropriate utensils for clients to include a knife, fork, and spoon.</p> <p>2.TL will Inservice staff on the appropriate utensils for clients to include a knife, fork, and spoon.</p> <p>3.RM and TL will complete random meal observations 2x weekly to ensure clients receive a complete utensil setting.</p> <p>4.RM and TL will document using the using the MEAL OBSERVATION form for 60 days.</p>	<p>Implementation</p> <p>6/30/25</p>	