

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

PRINTED: 09/04/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G268</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/03/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOORE COUNTY HOME FOR AUTISTIC ADULTS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1112 DEVONSHIRE TRAIL ABERDEEN, NC 28315</b>		
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W 137	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(12)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure client #3 was provided opportunities for choice and self-management in his environment. This affected 1 of 5 audit clients. The finding is:</p> <p>Observations in the home on 9/2-9/3/25, client #3 did not wear glasses at anytime throughout the survey. During observations in the facility staff had not asked client #3 to wear his glasses.</p> <p>Record review on 9/3/25 client #3's vision consult dated 8/15/25 revealed client #3's prescription for eye glasses.</p> <p>Interview on 9/3/25 with the home manager revealed client #3 does have prescription glasses that are locked in the medication closet.</p> <p>Interview on 9/3/25 the qualified intellectual disabilities professional confirmed client #3 does have glasses but will not wear the glasses and they are kept in the medication closet. Staff should ask client #3 if he would like to wear his glasses.</p>	W 137			
W 252	<p><b>PROGRAM DOCUMENTATION</b> CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p>	W 252			

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 252	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 3 of 5 audit clients (#1, #3, and #4). The findings are:</p> <p>A. Review on 9/2/25 of client #1's record revealed formal training programs for completing morning routine with data to be collected daily on 3rd shift, toileting routine with data to be collected daily on 2nd shift, and dusting furniture with data to be collected on 2nd shift on Monday, Wednesday and Friday.</p> <p>Review on 9/3/25 of client #1's program plan data revealed no data has been documented on any training programs for the month of August 2025 or September 2025.</p> <p>Interview on 9/3/25 with the facility's qualified intellectual disabilities professional (QIDP) confirmed no data could be located for client #1's objective training for the months of August 2025 or September 2025.</p> <p>B. Review on 9/2/25 of client 3's record revealed a formal training programs: Toothbrushing with data to be collected daily on 3rd shift, money identification with data to be collected on 2nd shift on Monday, Wednesday and Friday, and shampoo hair with data to be collected on 2nd shift daily.</p> <p>Review on 9/3/25 of client #3's program data</p>	W 252			

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W 252	<p>Continued From page 2</p> <p>revealed data collected on goals for the month of August 2025 however it was not collected as the frequency of goal written. No data for the month of September.</p> <p>C. Review on 9/2/25 of client 4's record revealed a formal training programs: Toothbrushing with data to be collected daily on 3rd shift, money identification with data to be collected on 2nd shift on Monday, Wednesday and Friday, and toileting with data to be collected on 2nd shift daily.</p> <p>Review on 9/3/25 of client #3's program data revealed data collected on goals for the month of August 2025 not collected as goal is written. No data for the month of September.</p> <p>Interview on 9/3/25 with the facility's QIDP confirmed the goals were not being ran as written. She also confirmed that the month of September data should have started being collected.</p>			W 252			
W 340	<p><b>NURSING SERVICES</b> CFR(s): 483.460(c)(5)(i)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained to implement appropriate health and hygiene methods. This affected 3 of 5 audit clients (#1, #2 and #5). The findings are:</p>			W 340			

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W 340	Continued From page 3 During observations in the home throughout the survey on 9/2/25 through 9/3/25, client #1, #2 and #5's fingernails were noted to be very long.  Interview on 9/3/25 with the facility's nurse revealed none of the clients in the home are capable of cutting their own nails and staff are responsible for maintaining client #1, #2 and #5's nails.	W 340			
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 interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 2 of 5 audit clients (#1 and #4). The findings are:  A. During morning observations in the home on 9/3/25 at 7:16am, staff B was observed administering medications to client #4. Client #4 was observed taking Lorazepam, Clonidine, Depakote, Invega, Seroquel and a One-A-Day vitamin.  Review on 9/3/25 of client #4's physician orders dated 1/30/25, revealed an order for Olopatadine Solution 0.2% once daily at 8am.  B. During morning observations in the home on 9/3/25 at 7:25am, staff B was observed administering medications to client #1. Client #1 was observed taking Clonazepam, Carbamazepine, Pepcid, Ferosul and Lamictal.	W 368			

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W 368	Continued From page 4  Review on 9/3/25 of client #1's physician orders dated 7/28/25, revealed an order for Flonase 50mcg Spray once daily at 8am, Linzess 72mcg daily at 8am, Vitamin B1 daily at 8am and Miralax 17gm every other day at 8am (given on 9/1/25).  Interview on 9/3/25 with the facility nurse confirmed client #4 should have received Olopatadine during the morning medication pass and client #1 should have received Flonase, Linzess, Vitamin B1 and Miralax during the morning medication pass.	W 368			
W 383	<b>DRUG STORAGE AND RECORDKEEPING</b> CFR(s): 483.460(l)(2)  Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure drugs were stored under secure conditions. The finding is:  During observations in the home on 9/3/25, the key to the medication room was noted to be laying on a desk in the living room from 6:30am til 7:05am when 1st shift staff arrived and prepared to do medication count.  Interview on 9/3/25 with the facility nurse confirmed that the key to the medication room should remain with the person assigned to administer medications for each shift. The nurse confirmed the key should not have been left on the desk.	W 383			
W 436	<b>SPACE AND EQUIPMENT</b> CFR(s): 483.470(g)(2)	W 436			

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W 436	<p>Continued From page 5</p> <p>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:</p> <p>Based on observation, record review and interviews, the facility failed to ensure adaptive equipment was utilized and kept in good repair for 2 out of 5 audit clients (#1 and #3). The finding are:</p> <p>A. During observations in the home on 9/2/25 through 9/3/25, client #1 was not observed wearing glasses at any time.</p> <p>Review of client #1's progress notes on 9/3/25 revealed a note dated 3/22/23 that stated "reading prescription recommended".</p> <p>Interview on 9/3/25 with the home manager revealed client #1 does not have reading glasses and she was not aware she was supposed to.</p> <p>B. During observations in the home on 9/2-9/3/25, client #3 was not observed wearing glasses throughout the survey at any time. Client #3 was not afforded the opportunity to wear his glasses throughout the survey.</p> <p>Record review on 9/3/25 client #3's vision consult dated 8/15/25 revealed client #3's prescription for eye glasses.</p> <p>Interview on 9/3/25 with the home manager revealed client #3's eye glasses are kept in the locked medication closet. The home manager</p>	W 436			

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W 436	Continued From page 6 also revealed client #3 does not like wearing his glasses.  Interview on 9/3/25 with the qualified intellectual disabilities professional (QIDP) confirmed client #3's eye glasses are kept in the locked medication closet.	W 436			