

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

PRINTED: 08/28/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G207	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/26/2025
NAME OF PROVIDER OR SUPPLIER MYRTLEWOOD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 175 MYRTLEWOOD DRIVE MOUNT GILEAD, NC 27306		
(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 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in hygiene methods specific to ensuring paper supplies and hand soap were accessible in bathrooms for 5 of 6 audited clients (#1, #2, #4, #5, and #6). The finding is: Observation in the group home from 8/25/25 - 8/26/25 revealed two bathrooms utilized by clients #1, #2, #4, #5 and #6. Further observations of both bathrooms revealed no paper towels or hand soap to be located in either bathroom throughout observations on 8/25/25 or 8/26/25. Observations on 8/25/25 and 8/26/25 revealed staff to prompt clients #1, #2, #4, #5 and #6 to wash their hands before dinner and breakfast. Further observations revealed clients #1, #2, #4, #5 and #6 at various times to enter into the bathrooms with no paper towels or hand soap, close the door and to exit the bathroom. Continued observations in the group home on 8/26/25 revealed both bathrooms to remain with no paper towels or hand soap throughout the observation period. Interview with the residential manager (RM) on 8/26/25 confirmed paper towels and hand soap should be available in all bathrooms and accessible to all clients.	W 189	W 189 All staff will be in-serviced again on sanitation requirements to include hand hygiene and sanitary supplies that need to be kept in the restrooms and other hand washing areas at all times. For the next 2 months, the Residential Manager will record on paper weekly random checks for 6 weeks to ensure paper towels, hand soap and other needed items are stocked and available in the restrooms and kitchen at all times.	10/25/2025	
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)	W 249			

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

TITLE

(X6) DATE

Reshi A. Hill Residential Team Leader

9/5/25

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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			(X5) COMPLETION DATE

W 249 Continued From page 1

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.

This STANDARD is not met as evidenced by:
Based on observations, record review and interview, the facility failed to ensure 5 of 6 audited clients (#1, #2, #4, #5, and #6) received a continuous active treatment program consisting of needed interventions as identified in the person-centered plan (PCP). The findings are:

A. The facility failed to ensure mealtimes guidelines for client #6. For example:

Observation in the group home on 8/25/25 revealed the dinner meal to include spicy salsa macaroni and beef, lettuce and tomato, mixed vegetables, grapes, fruit punch and water. Continued observation revealed staff to fill both of client #6's small drink cups full.

Observation in the group home on 8/26/25 revealed the breakfast meal to include scrambled eggs, hashbrowns, toast with jelly, cranberry juice and milk. Continued observation revealed staff to fill both of client #6's small drink cups full. Further observation revealed client #6 to pour his cranberry juice onto his plate.

Review of client #6's record on 8/26/25 revealed

W 249 W 249 - The staff will be in-serviced by the Residential Manager & QP on the PCP's, Goals, & Diet Orders for all individuals.

10/25/2025

The Residential Manager will complete 2 random shift observations per week for 6 weeks focusing on observing formal and informal active treatment, alternating which shift is observed totaling 12 shift observations.

In addition to the shift observations focusing on formal and informal active treatment, the Residential Manager will complete 2 meal observations per week for 6 weeks totaling 12 meal observations.

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W 249	Continued From page 2 a PCP dated 5/10/25 which indicated their mealtime adaptive equipment to include a regular spoon, high-sided sectional plate, non-slip mat, small juice cup filled 1/2 - 1/3 due to minimal to moderate spilling. Interview with residential manager (RM) on 8/26/25 confirmed the PCP for client #6 is current. Continued interview with the RM revealed the client's cup should not be filled full because the client has a habit of pouring his drink into his food. Further interview with the RM confirmed staff are responsible for ensuring client #6's mealtime guidelines are followed as prescribed. B. The facility failed to offer formal or informal active treatment opportunities for clients #1, #2, #4, #5, and #6. For example: Observation in the group home on 8/25/25 at 3:40 PM revealed client's #1, #2, #4, #5, and #6 to participate in leisure activities, to include watching TV, Connect 4, coloring, painting, and playing with toys, Pokemon cards and building blocks. Continued observation at 5:45 PM revealed all five clients to be prompted to wash hands for the dinner meal. Further observations from 3:40 PM to 5:45 PM, a total of two hours and five minutes, did not reveal staff to prompt or offer any other formal or informal active treatment opportunities. Review of client #1's record on 8/26/25 revealed a PCP dated 4/1/25 which indicated a specific training objective to mix/blend items in a bowl for meal preparation. Review of client #5's record on 8/26/25 revealed a PCP dated 10/3/24 which indicated a specific training objective to prepare a vegetable for	W 249	This page intentionally left blank		

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W 249	Continued From page 3 dinner. Review of client #6's record on 8/26/25 revealed a PCP dated 5/10/25 which indicated a specific training objective to assist in setting his place at the dinner table. Interview with the RM on 8/26/25 confirmed two hours and five minutes is an excessive amount of time for clients to go without any active treatment opportunities. Continued interview with the RM confirmed the clients should have been engaged in other opportunities to promote progress towards the achievement of goals and objectives.	W 249	This page intentionally left blank		