STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G284	A. BUILDING _____ B. WING _____	09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYVIEW RESIDENTIAL	**359 FIRETOWER ROAD RICHLANDS, NC 28574**

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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 record review and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to ensure the lawn was evaluated and treated for ants. This affected 1 of 5 audit clients (#5). The finding is: Observation on 9/23/25 at 8:30am revealed Staff C applied triple antibiotic ointment on the lower legs of client #5 that were covered in many red bite marks. Observation on 9/23/25 at 3:20pm revealed a large backyard lawn on a wooded property, covered with short grass and covered with fallen leaves. There was a large patio area with a portable basketball stand at the edge of the patio near the lawn. Review on 9/23/25 of a General Event Report (GRE) dated 9/15/25 at 3:18pm, revealed Staff D was outside with another staff and 2 clients playing basketball when she noticed client #5 scratching his legs. Staff D noticed client #5's legs were full of ants, up to his knees and it led her to removed his socks and shoes and wash his legs down. Interview on 9/23/25 with Staff D revealed that staff are outside with the clients all of the time and she had not noticed ant mounds before. Staff D said client #5 never asked for help after walking into a pile of ants and she noticed because she saw him scratching his legs that were covered in	W 104		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 104	Continued From page 1 ants. Interview on 9/23/25 with the Program Manager revealed the yard has not been treated for ants, the focus has always been on water bugs. Interview on 9/23/25 with the Consultant revealed once staff identified there was an ant hill in the yard, there should have been action taken to get rid of the mound because ant hills will continue to come up in the yard.	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 observation, record review and interviews, nursing failed to exhaust all remedies to fill a new medication prescription, resulting in delay of treatment for 1 of 5 audit clients (#5). The finding is: Observation on 9/23/25 at 8:30am revealed Staff C applied triple antibiotic ointment on the lower legs of client #5 that were covered in many red bite marks. Review on 9/23/25 of a General Event Report (GRE) dated 9/15/25 at 3:18pm, revealed Staff D noticed client #5 scratching his legs covered with ants, while outside playing basketball. Review on 9/23/25 of a prescription for client #5 dated 9/17/25 revealed the doctor ordered to apply Pramoxine HCl 1% external cream to affected areas three times a day for 30 days after diagnosis of toxic effect due to accidental venom	W 331		

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W 331	Continued From page 2 of ants. There was no record of any transactions with the pharmacy. Interview on 9/23/25 with Staff C revealed she was applying ointment to client #5's legs because he was bitten by ants. Staff C acknowledged that she was unaware there was a 2nd order to apply Pramoxine HCl 1% and she confirmed that it was not located in their medicine closet. Staff C revealed the nurse was responsible for ensuring medications were filled. Interview on 9/23/25 with the Nurse revealed she was notified on 9/15/25 by staff that client #5 was bitten by ants and was sent an image of his legs that were mildly red; she advised staff to apply a hydrocortisone cream and to monitor the skin. The nurse revealed staff did not notice any changes in client #5's legs until 9/17/25 and sent her new images that showed edema with ankles, many red bite marks with white pus on them. She advised staff to take him to the doctor or the emergency room; staff were able to get a same day appointment. The nurse further explained that she has made multiple calls to the doctor and pharmacist but the Pramoxine HCl 1% has been unable to get filled by the pharmacy because of the insurance and lacking authorization. Interview on 9/23/25 with the Consultant revealed the nurse should have requested the physician send the prescription of Pramoxine HCL 1% to another pharmacy to fill since the current treatment was not effective.	W 331		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure	W 369		

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W 369	Continued From page 3 that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that medications were only given with a physician's order. This affected 1 of 5 audit clients (#5). The finding is: During medication administration observations on 9/23/25 at 8:41am revealed Staff C applied Triple Antibiotic Ointment on the lower legs of client #5 who had multiple red bite marks. Record review on 9/23/25 revealed a Physician's Order for client #5 dated 9/17/25 to apply Hydrocortisone Acetate 1% external cream to affected area once a day, due to venom of ants. There was no order to apply Triple Antibiotic Ointment to affected area due to venom of ants. The review of procedures to treat insect bites did not give instructions on how to treat ants. Interview on 9/23/25 with Staff C revealed she was aware she was applying a stock medication, Triple Antibiotic Ointment, to the lower legs of client #5 due to ant bites. Interview on 9/23/25 with the nurse revealed client #5 was bitten by ants while in the backyard of the home on 9/15/25. The nurse revealed initially client #5 had a slight reddened area but after two days he was sent to the physician after he developed edema in his legs and the redness was more severe. The nurse confirmed the physician wrote prescriptions to apply cream to clear up the bite marks.	W 369		
W 382	DRUG STORAGE AND RECORDKEEPING	W 382		

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W 382	Continued From page 4 CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure medications remained secured, in between clients. This affected 3 of 5 audit clients (#2, #3 and #6). The finding is: During morning medication observations on 9/23/25 at 7:59am, Staff C unlocked the medication closet, left the door ajar with the Surveyor in the room to fill the pitcher with water in the kitchen. At 8:12am, Staff C left out of the medication room, leaving the locked box contained with controlled medications on a table, unlatched while client #3 and the Surveyor remained in the room. At 8:23am, Staff C locked the medication closet but kept the unlocked controlled medications on the table when she left the room to get client #2. At 8:47am, Staff C left the keys in the doorknob of the unlocked medication closet and the controlled lock box on the table, unlatched when she left the room to wash her hands, returning with client #6. At 9:03am, Staff C locked the controlled medications in the lock box. At 9:12am, Staff C left client #6 in the medication room with the Surveyor, with her medications on the table, to get a spoon from the kitchen to stir her thickened liquids. At 9:12am, all medications were secured by Staff C. Interview on 9/23/25 with Staff C revealed she normally locks the medication closet in between clients but was nervous. Interview on 9/23/25 with the Consultant revealed	W 382		

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W 382	Continued From page 5 the medication room should not be left unattended; staff should finish one client, secure the closet and then get another client and unlock the medications.	W 382		
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 furnish a wheelchair for 1 of 5 audit clients (#6). The finding is: During observations in the home and day program on 9/23/25 revealed client #6 sitting in a standard wheelchair, without anti-tippers installed, leaning over the right armrest at 11:30am while working on puzzle pieces. Record review on 9/23/25 of a Physical Therapy Quarterly Review dated 3/19/25 revealed client #6 was on a fall prevention program, had several falls recently resulting in multiple fractured ribs from attempting to transfer independently from her wheelchair. It was noted client #6 had muscle weakness, impaired balance and Kyphoscoliosis and sensory impairment. "Therefore, she needs a personal wheelchair for maximum safety as the deleterious effects of ataxic cerebral palsy and Huntington's are expected to progress. Staff expressed concern over her right trunk listing and slouching in the wheelchair." The review also	W 436		

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W 436	Continued From page 6 reviewed in May, 2025, the Physical Therapist (PT) met with a seating and mobility specialist and completed a wheelchair prescription and Letter of Necessity, which was given to the corporate leaders for approval. "The new wheelchair with appropriate seating components will help to minimize or eradicate the trunk listing, slouching without compromise to functionality, specifically transfers and self-propulsion." Client #6 is currently using a drive manual wheelchair with a lap belt, and a secured seat cushion. Client #6 had mild to moderate risks for developing pressure injuries in her current chair. Interview on 9/23/25 with the Nurse revealed the Occupational Therapist (OT) was asked to do an assessment for replacing the wheelchair. Interview on 9/23/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed he has been in his role since January, 2025 and he has never received a wheelchair assessment from the OT. The QIDP revealed the wheelchair had been discussed but was still waiting for approved funding from the Managed Care Organizations (MCO).	W 436		