

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G350	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/21/2026
NAME OF PROVIDER OR SUPPLIER CAROLINA FARMS GROUP HOME #3			STREET ADDRESS, CITY, STATE, ZIP CODE 31713 HERB FARM CIRCLE , ALBEMARLE, North Carolina, 28001	
(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
W0340	<p>NURSING SERVICES</p> <p>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:</p> <p>Based on observations and interview, the facility failed to ensure 2 of 4 audited clients (#2 and #3) were sufficiently trained in hygiene to wash or sanitize hands. The finding is:</p> <p>Observations in the group home on 4/21/26 at 7:20 AM revealed client #3 to exit the bedroom and entered the kitchen and poured cup of water for medication administration. Further observations at 7: 29 AM revealed client #3 to exit the medication room and entered the kitchen and prepared his breakfast while blowing his nose. Staff at no time prompted the client to wash or sanitize his hands. Continued observations at 7:33 AM revealed client #2 to exit the bedroom and enter the kitchen to prepare a cup of water for medication administration without washing or sanitizing his hands. Subsequent observations revealed client #2 to wash his hands after exiting the medication administration room. Additionally, client #3 was observed at 7:39 AM to blow his nose into a tissue at the dining table while eating his breakfast meal with no staff assistance to prompt the client to hygiene properly.</p> <p>Interview on 4/21/26 with the qualified intellectual disabilities professional (QIDP) revealed that staff should assist clients with proper hygiene to wash or sanitize hands.</p>	W0340		
W0369	<p>DRUG ADMINISTRATION</p> <p>CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered,</p>	W0369		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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W0369	<p>Continued from page 1 are administered without error.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 1 of 4 audited clients (#3) observed during medication administration. The finding is:</p> <p>Observation in the group home on 4/14/25 at 7:20 AM revealed client #3 to exit the bedroom and enter the kitchen to prepare for medication administration. Further observations revealed client #3 to pour water into a cup and enter the medication administration room. Continued observations at 7:28 AM revealed client #3 to take all morning medications whole with water. Subsequent observations at 7:29 AM revealed the client to exit the medication administration room to prepare for the breakfast meal.</p> <p>Review of records for client #3 on 4/21/26 revealed physician orders (P.O.) dated 4/1/2026. Review of the P.O.'s for client #3 revealed medications to administer at 8:00 AM to be Acetazolamide 250 MG, Lamotrigine ER 300 MG, levetiracetam 500 MG, Levocetirizine 5 MG, Meloxicam 15 MG, Potassium Citrate ER 15 MEQ, Sertraline HCL100 Mg, Tegretol XR 400 MG, and Tamsulosin 0.4 MG. Further review of P.O.'s for client #3 revealed that Tamsulosin 0.4 MG was prescribed to take 2 capsules by mouth once daily 30 minutes after breakfast.</p> <p>Interview with the facility nurse on 4/21/26 verified the P.O.'s dated 4/1/2025 to be current. Continued interview with the facility nurse revealed that all medications should be administered as prescribed.</p>	W0369		
W0474	<p>MEAL SERVICES</p> <p>CFR(s): 483.480(b)(2)(iii)</p> <p>Food must be served in a form consistent with the developmental level of the client.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record reviews, and interviews, the facility failed to serve food in a form consistent with the developmental level of 1 of 4 audited clients (#5) in the facility.</p> <p>Observations in the group home on 4/20/26 at 6:03 PM revealed client #5 to participate in the dinner meal which consisted of sliced turkey, cornbread stuffing, green beans, whole wheat dinner roll, and</p>	W0474		

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W0474	<p>Continued from page 2</p> <p>peaches. Further observations at 6:06 PM revealed client #5 to be served a chunk in large ball form of cornbread stuffing a whole dinner roll. Continued observations revealed the client to consume the dinner roll whole and the large amount of cornbread stuffing. Staff did not assist the client to provide his food in bite size consistency to ensure safe consumption.</p> <p>Review of client #5's record on 4/21/26 revealed an individual support plan (ISP) dated 5/1/25. Review of the ISP revealed a nutritional evaluation dated 5/1/24 for client #5 to be prescribed a soft high fiber, heart healthy diet with 2nd meal portions, food cut into bite size pieces with vanilla Ensure plus TID and scheduled snacks.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 4/21/26 confirmed client #5's prescribed diet. Further interview with the QIDP confirmed specially modified diets should be followed as prescribed with staff assistance.</p>	W0474		