


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

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  0340	<p>The team will be trained to ensure that Staff should assist ALL clients with proper Hygiene to wash or sanitize hands. The team will do periodic observations To educate the importance of hand washing Throughout the individuals environment. Monitoring of handwashing will be ongoing by The clinical team.</p>	6-26-26
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 EVP/CRO	(X6) DATE 5-4-2026
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W0474	<p>Continued from page 2 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  W0474	<p>Staff will be inserviced on Client #5 prescribed diet. The staff will be inservice on specially modified diets such as consistency as prescribed with staff assistance.</p> <p>The team will all individuals diet consistently to determine if any changes are warranted. Staff will be inservice on all diet consistencies. The team will do weekly mealtime observations to ensure clients food at Appropriate Consistency if prescribed is being followed at Meals. Monitoring will occur monthly or until the issue resolved.</p>	6-20-26