

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G110	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/27/2026
NAME OF PROVIDER OR SUPPLIER MOSS II GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1615-B MOSS SPRINGS ROAD , 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
W0000	INITIAL COMMENTS A revisit was conducted on 5/27/2026 for all previous deficiencies cited on 3/25/2026. All deficiencies were corrected and new non-compliance was found. The facility is not in compliance with all regulations.	W0000		
W0149	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is NOT MET as evidenced by: Based on observation, record review, and interview, the facility failed to implement a policy and procedure that prohibits neglect of clients. This affected 6 of 6 audit clients (#1, #2, #3, #4, #5, and #6). The finding is: Observations on 5/27/26 at 10:50 AM revealed staff A and staff B to sit in their individual cars parked at the front of the group home with a door open on each vehicle. Further observations revealed both staff A and B exited vehicles and entered the group home. Continued observations revealed surveyor to exit vehicle and knock on the group home door. Staff A opened the door, and surveyor entered the facility and upon entering the door surveyor could smell marijuana. Subsequent observations revealed staff B to be seated in the living room with clients' #1, #2, #3, and #4 not engaged in any activities. Additional observation revealed staff A to walk around and staff C to be in the kitchen washing dishes with clients #5 and #6 to be sitting at the dining room table. Surveyor notified the facility's statewide ICF Director, the surveyors ICF/IDD team leader, and surveyors ICF/IDD branch manager regarding the observations and the smell of marijuana. Review of records on 5/27/26 revealed an in-service form dated 4/29/26. Further review of the in-service form revealed a 2026 employee handbook training	W0149		

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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W0149	<p>Continued from page 1 for drug and alcohol policy facilitated by the residential manager (RM) on 4/29/26. Continued review revealed staff present at the group home on 5/27/26 were trained on the 4/29/26 drug and alcohol policy.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 5/27/26 revealed that he had been made aware of the incident observed by the surveyor. Further interview with the QIDP revealed that statements from staff will be obtained to investigate the reported incident.</p> <p>Interview with the statewide ICF Director on 5/27/26 confirmed notification of incident that was observed by surveyor. Further interview revealed that the facility was conducting a human resource (HR) investigation, staff will be tested and suspended until completion of investigation.</p>	W0149		