STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G036	A. BUILDING _____ B. WING _____	12/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEVEN OAKS ROAD-DURHAM	614 SEVEN OAKS ROAD DURHAM, NC 27704

(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 120	SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3) The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure outside services met the needs of 1 of 5 audit clients (#2). The finding is: Client 3's plate riser was not utilized at the day program. During lunch observations at the day program on 12/09/19, client #2 plate was placed on the table. Client struggled to bend her head as the plate was too low and had uncontrollable handshaking. Review on 12/9/19 of client #2's Individual Program Plan (IPP) dated 3/15/19 revealed, under adaptive eating equipment, the client utilizes a "plate riser....". Interview on 6/5/19 with the qualified intellectual disabilities professional (QIDP) confirmed client #2 should use a plate riser at meals and her dining equipment should be available at the day program.	W 120		
W 125	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right	W 125		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G036	A. BUILDING _____ B. WING _____	12/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEVEN OAKS ROAD-DURHAM	614 SEVEN OAKS ROAD DURHAM, NC 27704

(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 125	Continued From page 1 to due process. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #3 had the right to be treated with dignity regarding wearing appropriate clothing's. This affected 1 of 5 audit clients. The finding is: Client #3s dignity was not considered regarding wearing appropriate clothing. During observations at the day program and in the home on 12/9/19, client #3 was wearing sweatshirt that was torn around the cuff on the sleeve and the trim of the neck line. Further observation of the client at the day program on 12/10/19, the client's undershirt was visible and the trim around the neck line was torn. Interview on 12/10/19 with Staff D revealed client #3 chew on his cloth and hard to redirect from chewing and needs assistance to choose his clothing. Review on 12/10/19 of client #3's individual program plan (IPP) dated 6/12/19 revealed the client has the right to be treated with respect, consideration and dignity. Further review revealed client #3, "chew his clothes and if a shirt has been damaged, he should not wear out of home." Interview on 12/10/19 with the qualified intellectual disabilities professional (QIDP) revealed client #3 chews on his clothes but he should not leave the house with a tore shirt. He further added, chewing clothes was one of client #3's target behavior and the psychiatric want to address the habit with medication but the guardian refused.	W 125		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G036	A. BUILDING _____ B. WING _____	12/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEVEN OAKS ROAD-DURHAM	614 SEVEN OAKS ROAD DURHAM, NC 27704

(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 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to assure the right to privacy during free time in the bedrooms. This affected 1 of 5 audit clients (#3, #4). The finding is: Client #3, #4 were not afforded privacy during their free time in the bedroom. During observations in the home on 12/9/19 between 7:38 am and 8:08am, client #3 & #4 were in their room. Staff C just walked into their room on two different occassions without knocking and started communicating with them. Interview on 12/9/19 with Staff C indicated that staff should always knock at the client's door before entering their rooms. Interview on 12/9/19 with the qualified intellectual disabilities professional (QIDP) revealed that staff should always knock before entering clients rooms.	W 130		
W 248	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(7) A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.	W 248		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G036	A. BUILDING _____ B. WING _____	12/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEVEN OAKS ROAD-DURHAM	614 SEVEN OAKS ROAD DURHAM, NC 27704

(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 248	Continued From page 3	W 248		

This STANDARD is not met as evidenced by:
Based on reviews and interviews the facility failed to assure outside services meet the needs of each client. This affected all the clients residing in the home. The findings are:

1. Clients #1 did not have current individual program plans (IPP) and current behavior intervention plan (BIP) available at the day program.

During review on 12/9/19 at the day program of client #1's record revealed an individual program plan (IPP) dated 3/29/18. This was the most current IPP on file at the day program. Further review on 12/9/19 of client #1's record at the home revealed an IPP dated 3/29/19. This was the most current IPP on file at the home

2. Clients #2 did not have current individual program plans (IPP) and current behavior intervention plan (BIP) available at the day program.

During review on 12/9/19 at the day program of client #2's record revealed an individual program plan (IPP) dated 3/15/18 and BSP dated 3/15/17. This was the most current IPP and BIP on file at the day program. Further review on 12/9/19 of client #1's record at the home revealed an IPP dated 3/15/19 and BSP dated 3/1/19. This was the most current IPP, BIP on file at the home

3. Clients #3 did not have current individual program plans (IPP) and current behavior intervention plan (BIP) available at the day

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G036	A. BUILDING _____ B. WING _____	12/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEVEN OAKS ROAD-DURHAM	614 SEVEN OAKS ROAD DURHAM, NC 27704

(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 248	Continued From page 4 program. During review on 12/9/19 at the day program of client #3's record revealed an individual program plan (IPP) dated 3/24/18 and BSP dated 10/18/17 . This was the most current IPP and BIP on file at the day program. Further review on 12/9/19 of client #1's record at the home revealed an IPP dated 6/12/19 and BSP dated 11/25/19. This was the most current IPP, BIP on file at the home 4. Clients #4 did not have current individual program plans (IPP) and current behavior intervention plan (BIP) available at the day program. During review on 12/9/19 at the day program of client #4's record revealed an individual program plan (IPP) dated 1/25/17 and BSP dated 1/25/17 . This was the most current IPP and BIP on file at the day program. Further review on 12/9/19 of client #1's record at the home revealed an IPP dated 2/7/19 and BSP dated 11/25/19. This was the most current IPP, BIP on file at the home. 5. Clients #5 did not have current individual program plans (IPP) available at the day program. During review on 12/9/19 at the day program of client #5's record revealed an individual program plan (IPP) dated 11/29/17. This was the most current IPP on file at the day program. Further review on 12/9/19 of client #1's record at the home revealed an IPP dated 11/7/19 and BSP. This was the most current IPP, on file at the home During an interview on 11/19/19, the qualified	W 248		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G036	A. BUILDING _____ B. WING _____	12/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEVEN OAKS ROAD-DURHAM	614 SEVEN OAKS ROAD DURHAM, NC 27704

(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 248	Continued From page 5 intellectual disabilities professional (QIDP) confirmed the current clinets' IPPs and BSPs were not availabel at the day program.	W 248		
W 353	COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE CFR(s): 483.460(f)(2) Comprehensive dental diagnostic services include periodic examination and diagnosis performed including radiographs when indicated and detection of manifestations of systemic disease. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to maintain comprehensive dental diagnostic services include periodic examination and diagnosis performed including radiographs when indicated and detection of manifestations of systemic disease . This affected 1 of 5 audit clients (#3). The finding is: Client #3 dental follow-up were not completed as recommended by the dentist. Record review conducted on 12/9/19 revealed client #3 received dental care on 1/4/19. The exam noted fair dental hygiene with a follow-up to be completed in 3 months to complete prophyll. Further review revealed client #3 had not been to the dentist for follow-up. Interview on 12/10/19 with the qualified intellectual disabilities professional (QIDP) confirmed client #3's dentist had recommended follow-up which was not completed due to the guardian request to be present at time of service.	W 353		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G036	A. BUILDING _____ B. WING _____	12/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEVEN OAKS ROAD-DURHAM	614 SEVEN OAKS ROAD DURHAM, NC 27704

(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 353	Continued From page 6 He added the guardians lives out of state and had cancelled the client appointment on numerous occasions.	W 353		
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure a sanitary environment was provided to avoid transmission of infection and to prevent possible cross-contamination. This potentially affected all clients residing in the home. The finding is: Precautions were not taken to promote client/staff health/safety and prevent possible cross-contamination. During oral hygiene care in the home on 12/9/19 at approximately 7:39pm, the staff C prompted client #3 to brush his teeth and headed to the bathroom with client #3. The staff help the client to put toothpaste to the brush and client licked the paste. Staff applied more paste and took the brush. The staff C retrieved the brush from client hand and helped him brush his back teeth and all the four corners. After the rinsing the toothbrush, staff C wiped her hands without washing them. At no time did the staff wear gloves. During an interview on 12/9/19, staff C revealed gloves should be worn while brushing teeth or when there is potential of contamination and staff should wash their hands before proceeding to	W 454		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G036	A. BUILDING _____ B. WING _____	12/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEVEN OAKS ROAD-DURHAM	614 SEVEN OAKS ROAD DURHAM, NC 27704

(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 454	Continued From page 7 another activity. During an interview on 12/9/19, the qualified intellectual disabilities professional (QIDP) revealed the staff should have worn the gloves while brushing client teeth.	W 454		