STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G189	A. BUILDING _____ B. WING _____	10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCI-NASH HOUSE I	1045 KINCHEN DR ROCKY MOUNT, NC 27803

(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 interview, the facility failed to ensure privacy was maintained during personal care. This affected 1 of 3 audit clients (#3). The finding is: During observations in the home on 10/2/24 at 7:40am, client #3 was observed sitting on the toilet with his pants down around his ankles. The door to the bathroom was open, and during the observation, a staff walked past the door and looked into the bathroom the went into an adjacent bedroom. At no time during the observation was client #3 prompted to close the door nor did staff close the door. Record review on 10/1/24 of client #3's Adaptive Behavior Inventory (ABI) dated 9/27/24 revealed client #3 requires assistance and reminders to close doors and ensure privacy. Interview on 10/2/24 with the director revealed staff should follow client #3 to the bathroom to ensure privacy is provided.	W 130		
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.	W 252		

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

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 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.

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W 252	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 3 of 3 audit clients (#1, #2 and #3). The findings are: A. Review on 10/1/24 of client #1's Individual Program Plan (IPP) dated 11/1/23 revealed formal training programs for applying lotion to his arm, making a clothing choice and participating for 3 minutes in a leisure activity. Review on 10/2/24 of client #1's program plan data sheet for September 2024 revealed there is no specified frequency to collect data for the goals. B. Review on 10/1/24 of client #2's IPP dated 1/25/24 revealed a formal training programs for brushing teeth, placing items on mat and folding wash clothes. Review on 10/2/24 of client #2's program plan data sheet for September revealed there is no specified frequency to collect data for the goals. C. Review on 10/1/24 of client #3's Individual Program Plan (IPP) dated 10/4/23 revealed formal training programs for placing plate on mat, applying lotion to knees and place guided hand under water. Review on 10/2/24 of client #3's program plan data sheet for September revealed there is no specified frequency to collect data for the goals.	W 252		

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W 252	Continued From page 2 Interview on 10/2/24 with the qualified intellectual disabilities professional (QIDP) confirmed there is no frequency assigned for the client's goals.	W 252		
W 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the restrictive behavior techniques for 3 of 3 audit clients (#1, #2 and #3) were reviewed and monitored by the human rights committee (HRC). The findings are: A. Review on 10/1/24 of client #1's Behavior Support Plan (BSP) dated 9/13/24 revealed target behaviors consisting of oppositional behavior, property destruction, aggression, stealing food and elopement. Further review on 10/1/24 of client #1's BSP revealed no written consent by the HRC. B. Review on 10/1/24 of client #2's BSP dated 4/2/24 revealed target behaviors consisting of noncompliance, aggression, property abuse and elopement. Further review on 10/1/24 of client #2's BSP revealed no written informed consent by HRC. C. Review on 10/1/24 of client #3's BSP dated 10/5/23 revealed a target behavior for grabbing. Further review on 10/1/24 of client #3's BSP revealed no written informed consent by HRC.	W 262		

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W 262	Continued From page 3 Interview on 10/2/24 with the director confirmed that client's #1, #2 and #3 did not have written consent by HRC for their BSP's.	W 262		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 2 of 3 audit clients (#1 and #2) received their specially prescribed diet as indicated. The findings are: A. During observations in the home on 10/2/24 at approximately 8:20am, client #1 sat down at the table for breakfast. After finishing his breakfast client #1 was given an Ensure. Record review of client #1's physician's orders dated 6/27/24 revealed a diet of pureed, double portions and all liquids nectar thick consistency. B. During observations in the home on 10/2/24 at approximately 8:30am, client #2 sat down at the table for breakfast. After finishing his breakfast client #2 was given an Ensure. Record review of client #2's physician's orders dated 6/27/24 revealed a diet of finely chopped, double portions and all liquids nectar thick consistency. Immediate interview on 10/2/24 with staff H revealed that both client #1 and client #2 are	W 460		

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W 460	Continued From page 4 supposed to receive nectar thick liquids. Staff H also confirmed that all of the clients' other thickened beverages come pre-thickened and the facility does not have any thickner to add to the Ensure. Interview on 10/2/24 with the nurse confirmed all of client #1 and client #2's beverages should be nectar thick.	W 460		