STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G300	A. BUILDING _____ B. WING _____	12/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANK STREET ICF/MR	719 FRANK STREET ROXBORO, NC 27573

(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 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 4 audit clients (#1) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of medication administration. The findings are: A. During morning medication administration in the home on 12/17/24, Staff A punched all the pills for client #1. At no time was client #1 allowed to participate in her own medication administration. Review on 12/16/24 of client #1's IPP dated 4/30/24 revealed, "...hand manipulation is fair to good". During an interview on 12/17/24, the Qualified Intellectual Disabilities Professional (QIDP) stated client #1 should have been given the opportunity to participate in her own medication administration to the best of her ability. B. During morning medication administration in	W 249		

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

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W 249	Continued From page 1 the home on 12/17/24, Staff A did not inform client #1 the medications she was taking and the reasons why she is taking the medications. Review on 12/16/24 of client #1's IPP dated 4/30/24 revealed, "...had a basic understanding of her medications". During an interview on 12/17/24, the QIDP confirmed client #1 should have been informed about her mediations and the reasons why she is taking them.	W 249		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure medications were administered in compliance with physician's orders. This affected 1 of 4 audit clients (#1). The finding is: During morning medication administration in the home on 12/17/24, client #1 was not given food with her Hydroxychlor Tablet. At no time did Staff A offer client #1 any food. Review on 12/17/24 of client #1's physician's orders dated 9/30/24 revealed client #1's Hydroxychlor Tablet is to be given with a meal. During an interview on 12/17/24, the facility's nurse stated client #1's Hydroxychlor Tablet should have been taken with a meal as the physician's order states.	W 368		

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	34G300	A. BUILDING _____ B. WING _____	12/17/2024

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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 reviews and interviews, the facility failed to ensure each client received a nourishing, well balanced diet including modified specially prescribed diet as prescribed. This affected 1 of 4 audit clients (#5). The finding is: During dinner observations in the home on 12/16/24, client #5 was served a whole dinner roll. Further observations revealed client #5 was biting pieces of the roll that were larger than bite size. Client #5 put a piece of the dinner roll in her mouth which was longer than 2 inches. At no time was client #5's dinner roll cut into bite size pieces. Review on 12/16/24 of client #5's Individual Program Plan (IPP) dated 11/26/24 revealed her diet is bite size. During an interview on 12/17/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5's diet is bite size.	W 460		
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure food was served at the appropriate temperature. This potentially affected	W 473		

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W 473	Continued From page 3 2 of 4 (#1 and #3) audit clients. The finding is: During breakfast observations in the home on 12/17/24, the french toast and scrambled eggs were removed from the heat at 7:07am. Client #1 took her plate to the table at 7:22am and began eating at 7:32am. Further observations revealed client #3 took her plate to the table at 7:27am and began eating at 7:35am. At no time was either client #1's or client #3's food reheated for them. During an interview on 12/17/24, the Qualified Intellectual Disabilities Professional (QIDP) was not sure how long hot food can sit out before it needs to be reheated.	W 473		