STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G319	A. BUILDING _____ B. WING _____	01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAUGHTRY FIELD ROAD GROUP HOME	135 DAUGHTRY FIELD ROAD MOUNT OLIVE, NC 28365

(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 reviews and interviews, the facility failed to ensure 2 of 3 clients (#1 and #4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of medication administration and personal hygiene. The findings are: A. During medication administration observations on 1/27/25, Staff A did not inform client #1 which medications he was taking and the reason why. During medication administration observations on 1/27/25, Staff A did not inform client #4 which medications he was taking and why. During an interview on 1/27/25, Staff A could not explain why she did not inform both clients #1 and #4 which medications they were taking and the reason why. During an interview on 1/28/25, the facility's nurse revealed both clients #1 and #4 should be educated on which medications they were taking	W 249		

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

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W 249	Continued From page 1 and why. Further interview revealed all staff have been trained to educated the clients about the medication they are taking and the reasons why. B. During observations in the home on 1/27/25 from 3:05pm until 6pm, revealed clients #1 and #4 were not prompted to wash their hands prior to eating. Review on 1/28/25 of client #1's comprehensive functional assessment dated 2/13/24 stated, "...washes his hands...without prompting". Review on 1/28/25 of client #4's comprehensive functional assessment dated 2/7/24 stated, "He requires verbal prompting to wash his hands....". During an interview on 1/27/25, Staff C stated clients #1 and #4 should always wash their hands before eating. During an interview on 1/28/25, the Qualified Intellectual Disabilities Professional (QIDP) should be given verbal prompting to wash their hands prior to eating.	W 249		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 3 audit clients (#5). The finding is:	W 263		

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W 263	Continued From page 2 Review on 1/27/25 of client #2's Behavior Plan (BP) dated 1/14/24, revealed he did not have a current BP consent in his chart. Further review revealed client #5 has behavior medications. During an interview on 1/28/25, management staff confirmed client #5 did not have a current BP consent signed by his legal guardian.	W 263		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) 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. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all drugs were packaged and labeled with the name of the person prescribed the medication, with instructions on how to administer the medication and instructions as to how often to administer the medication for 2 of 3 audit clients (#1 and #4). The findings are: A. During morning medication administration in the home on 1/28/25, a cream for client #4 was not labeled. During an interview on 1/28/25, Staff D confirmed the cream for client #4 did not have a label. B. During morning medication administration in the home on 1/28/25, a cream for client #1 was not labeled.	W 340		

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W 340	Continued From page 3 During an interview on 1/28/25, Staff D informed the surveyor they were not going to apply the cream on client #1 because it did not have a label. Further interview revealed Staff D had applied the cream previously without the label. During an interview on 1/28/25, the facility's nurse confirmed both the creams for clients #1 and #4 should have a label on them.	W 340		
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure only authorized persons have access to keys to the drug storage area. The finding is: During observations in the home on 1/27/25 at 5:26pm, Staff A put the keys to the medication cabinet in an unlocked drawer located in the kitchen. At 5:36pm, Staff B who was coming on shift was told by Staff A that the keys where in the drawer. During an interview on 1/27/25, Staff C stated the medication keys should be kept on the person who is giving medication. During an interview on 1/28/25, the facility's nurse revealed the keys to the medication cabinet should be on the person who is giving medication during their shift. Further interview revealed all staff have been trained to ensure the medication keys remain on them.	W 383		
W 455	INFECTION CONTROL	W 455		

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W 455	Continued From page 4 CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a sanitary environment was provided to avoid transmission of possible infection and prevent possible cross-contamination. This potentially affected 6 of 6 clients (#1, #2, #3, #4, #5 and #6) living in the home. The finding is: During observations in the home on 1/27/25 at 3:05pm, while client #4 was being introduced to the surveyor he had his left hand down the back of his pants. Further observations at 5:22pm at 1/27/25, revealed client #4 once again had his left hand down the back of his pants. Client #4 was observed picking up six dinner plates and then began to set the table. From 3:05pm until 6pm, client #4 was not prompted to wash his hands. During an interview on 1/27/25, Staff A confirmed client #4 had his hand down his pants while she was introducing him. When the surveyor mentioned [client #4] "Is he is the one with his hands down his pants", Staff A just continued to introduce the other clients to the surveyor, without redirecting client #4 to remove his hand from out of his pants. During an interview on 1/27/25, Staff C confirmed staff should be encouraging client #4 to wash his hands. Review on 1/28/25 of client #4's comprehensive functional assessment dated 2/7/24 stated, "He	W 455		

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W 455	Continued From page 5 requires verbal prompting to wash his hands...." During an interview on 1/28/25, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 should be verball encouraged to wash his hands.	W 455		
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 2 of 3 audit clients (#1 and #4). The findings are: A. During dinner observations in the home on 1/27/25, client #1 consumed whole chicken tenders and a whole slice of bread. Further observations revealed neither the chicken tenders or the bread were cut into 1/2 - 1/4 inch pieces. Review on 1/27/25 of client #1's Individual Program Plan (IPP) dated 2/13/24 revealed his diet is 1/2 - 1/4 inch pieces. Review on 1/28/25 of client #1's comprehensive functional assessment dated 2/13/24 stated, "He does require assistance with cutting his food". Review on 1/28/25 of the diet roster dated 1/22/25 for the home revealed the following, "All	W 460		

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W 460	Continued From page 6 food cut into 1/4 to 1/2 inch bite size pieces" for client #1. During an interview on 1/28/25, Staff E stated client #1's bread is to be cut up into 1/2 - 1/4 pieces. B. During dinner observations in the home on 1/27/25, client #4 consumed whole chicken tenders and a whole slice of bread. Further observations revealed the chicken tenders were not cut up. Client #4 was observed stuffing a whole slice of bread into his mouth. Review on 1/27/25 of client #4's IPP dated 2/7/24 revealed his diet is 1/2 - 1/4 inch pieces. Review on 1/28/25 of client #4's comprehensive functional assessment dated 2/7/25 stated, "He does need assistance with cutting his food...." Review on 1/28/25 of the diet roster dated 1/22/25 for the home revealed the following, "Cut all food into 1/4 inch to 1/2 inch pieces" for client #4. During an interview on 1/28/25, Staff D stated client #4's food is to be cut in 1/4 inch pieces or smaller. During an interview on 1/28/25, the Qualified Intellectual Disabilities Professional (QIDP) stated both clients #1 and #4 food items should be cut into 1/2 to 1/4 inch pieces.	W 460		