STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G152	A. BUILDING _____ B. WING _____	C 02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STRICKLAND BRIDGE HOMES A & B	**1818 STRICKLAND BRIDGE ROAD FAYETTEVILLE, NC 28304**

(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 000	INITIAL COMMENTS A recertification and complaint survey was completed February 17 - 18, 2025 for intake #NC00226556. The allegation was substantiated and no deficiencies were cited in relation to the complaint. However, deficiencies were cited in relation to the recertification survey.	W 000		
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 2 of 6 audit clients (#7 and #10) were reviewed and monitored by the human rights committee (HRC). The findings are: A. Review on 2/17/2025 of client #10's Behavior Support Plan (BSP) dated 9/13/24 revealed target behaviors consisting of severe disruption. Further review on 2/17/25 of client #10's BSP revealed a signature by HRC but no date of when it was signed. B. Review on 2/17/25 of client #7's BSP dated 7/20/24 revealed target behaviors consisting of self-injurious behavior. Further review on 2/17/25 of client #7's BSP revealed a signature by HRC but no date of when it was signed. Interview with the behavior specialist confirmed that client #7 and #10 did not have dated written	W 262		

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

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W 262	Continued From page 1 consent for their BSP's and the signature would not be valid without the date.	W 262		
W 295	PHYSICAL RESTRAINTS CFR(s): 483.450(d)(1)(i) The facility may employ physical restraint only as an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure physical restraint was intended to lead to less restrictive means of managing and elminating the behavior. This affected 1 of 6 audited clients (#12). The finding is: During morning observations in the home on 2/17/25 revealed client #12 was sitting in the living room with protective mittens on both hands. Client #12 had mittens on from 4:00pm until dinner time 5:15pm. Further observation revealed client #12 wore mittens on the morning of 2/18/25 from 6:30am until breakfast 7:30am. Client #12's mittens were taken off for client #12 to eat breakfast. The protective mittens were put back on client #12's hands after he finished eating breakfast. Review on 2/18/25 of client #12's Behavior Support plan dated 1/23/25 revealed client #12 should wear mittens for 1 hour and 50 minutes with the mittens off for 10 minutes then replaced. Further review revealed no documented behaviors for three months November 2024,	W 295		

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W 295	Continued From page 2 December 2024 and January 2025. Interview on 2/18/25 with the program manager confirmed there were no documentation of any behaviors and the plan should have been revised.	W 295		
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 3 of 6 audit clients (#5, #9 and #12) received their specially prescribed diet as indicated. The findings are: A. During observations in the home on 2/17/25 at 5:20pm, the clients sat at the table to begin dinner. Client #5 received pizza pasta (rotini noodles), garden peas and half a slice of toast. Record review on 2/18/25 of client #5's physician's orders dated 1/14/25 revealed client #5 has a prescribed diet of regular, 1/4 inch consistency, no seconds and high fiber. B. During observations in the home on 2/17/25 at 5:20pm, the clients sat at the table to begin dinner. Client #9 received pizza pasta (rotini noodles), garden peas and half a slice of toast. Record review on 2/18/25 of client #9's physician's orders dated 1/14/25 revealed client #9 has a prescribed diet of regular, 1/2 to 1 inch consistency.	W 460		

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W 460	Continued From page 3 Interview on 2/18/25 with the program manager confirmed the client's were not served their prescribed diets and client #5 and #9 should not have received a half a slice of toast or pasta larger than prescribed . C. During observations in the home on 2/17/25 at 5:20pm, the clients sat at the table to begin dinner. Client #12 received pizza pasta, garden peas and half a slice of toast. Record review on 2/18/25 of client #12's physician's orders dated 1/14/25 revealed client #12 has a prescribed diet of regular 1/4 inch consistency, use soy milk, lactose intolerant, gluten free. Interview on 2/18/25 with the program manager confirmed that client #12 was not served his prescribed diet and should not have received a half a slice of toast with gluten or regular pasta.	W 460		
W 484	DINING AREAS AND SERVICE CFR(s): 483.480(d)(3) The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure needed adaptive equipment was provided for 2 of 6 audited clients (#7 and #12). The findings are: A. During dinner and breakfast observations in the home throughout the survey on 2/17-18/25 revealed client #7 was not provided his inner lip plate.	W 484		

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W 484	Continued From page 4 Record review on 2/18/25 of client #7's Person Centered Plan (PCP) dated 1/23/25 revealed the following adaptive equipment: Inner lip plate for his meals. Further review of physician order's dated 1/14/25 revealed adaptive equipment list Inner lip plate. Interview on 2/18/25 with the Program Manager confirmed staff should have provided client #7 with the adaptive equipment identified in the PCP. B. During dinner and breakfast observations in the home throughout the survey on 2/17-18/25 revealed client #12 was not provided his plate guard and clothing protector. Record review on 2/18/25 of client #12's PCP dated 12/6/24 revealed the following adaptive equipment: plate guard and clothing protector for his meals. Interview on 2/18/25 with the Program Manager confirmed staff should have provided client #12 with the adaptive equipment identified in the PCP.	W 484		