

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/28/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G030		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/25/2025	
NAME OF PROVIDER OR SUPPLIER SHERWOOD PARK HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 126 ROBINHOOD LANE ABERDEEN, NC 28315			
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W 000	INITIAL COMMENTS			W 000			
W 191	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2)</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs. This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to adequately train staff to deal effectively with inappropriate client behavior for 1 of 8 audit clients (#12). The finding is:</p> <p>Review of the facility documentation of abuse investigation summary report started on March 3, 2025 and completed on March 11, 2025 revealed recommendations of all staff will be inserviced on client #12 behavior support plan. Further review revealed of the facility documentation did not reveal evidence of in-service/training on the client behavior support plan.</p> <p>Interview on 3/25/25 the qualified intellectual disabilities professional revealed the facility had 14-20 days to complete an in-service/training. The plan had not been entered into the system yet therefore an inservice/training had not been completed.</p> <p>Interview on 3/25/25 the behavior specialist</p>			W 191			

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 191	Continued From page 1			W 191			
W 210	revealed the plan was completed but a inservice/training had not been completed. INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3) Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure assessments for 2 of 3 newly admitted clients (#7 and #12) were completed within 30 days after admission. The findings are: A. Review on 3/24/25 of client #7's record revealed he was admitted to the facility on 2/10/25. Additional review of the record did not include a Speech/Language evaluation. Interview on 3/25/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the Speech/Language evaluation for client #7 had not been completed as of the date of the survey. B. Review on 3/24/25 of client #12 record revealed he was admitted to the facility on 11/20/24. Further review revealed client #12 did not have a speech language evaluation. Interview on 3/25/25, the QIDP confirmed client #12 did not have a speech/language evaluation.			W 210			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)			W 249			

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W 249	<p>Continued From page 2</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of leisure activities, participation with medication administration and helmet use. This affected 4 of 8 audit clients (#3, #7, #12 and #14). The findings are:</p> <p>A. During evening observations of leisure activities in the home on 3/24/25 from 3:45pm - 5:30pm, client #3 and client #7 sat in the living room unengaged. At this time, client #3 was verbally prompted to come to a nearby table to play a game which he refused and sat outside on the porch for approximately 5 minutes. During this time, client #7 sat looking around the room and briefly physically manipulated puzzle pieces presented to him. Although the television was on in the area, neither client actively watched it. Client #3 and client #7 were not consistently provided opportunities to participate in leisure activities.</p> <p>Interview on 3/24/25 with Staff A revealed an activity calendar located in the area included</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>activities to be offered on first or second shifts; however, it was not specific to any client.</p> <p>Review on 3/24/25 of client #3's IPP dated 11/4/24 revealed he enjoys in-home activities, in-home walks, listening to music and watching animals on television.</p> <p>Review on 3/24/25 of client #7's IPP dated 3/5/25 revealed he has interests in watching television, being outside, nature walks, in-home activities and gospel music.</p> <p>Interview on 3/25/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed all clients should be offered individual and group activities during leisure times in the home. The QIDP acknowledged the activities should be based on each individual client's interests.</p> <p>B. During observations of medication administration in the home on 3/25/25 at 8:08am, the Medication Technician (MT) prepared client #14's medications in the medication area before the client entered the room. The MT then fed the pills to client #14 and assisted the client to throw away her trash. Client #14 did not actively participate with the administration of her medications.</p> <p>Interview on 3/25/25 with the MT revealed "that's my fault" when asked why client #14 did not participate. The MT noted she normally dispenses medications before clients come into the medication area and without their participation.</p> <p>Review on 3/25/25 of client #14's IPP dated 3/11/25 revealed, "[Client #14] participates in</p>	W 249			

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W 249	<p>Continued From page 4</p> <p>administrating her medication by taking pre-poured medications from the cup with assistance..[Client #14] will occasionally punch her pills out of the pack with assistance. She is very capable of ingesting medication whole and disposing of trash...Staff to continue with prompting and reinforcing of independent action."</p> <p>Interview on 3/25/25 with the facility nurse confirmed all clients should participate with the administration of their medications at their own level of independence and med techs should not be dispensing medications in the absence of clients.</p> <p>C.During evening observations in the home in the facility on 3/24/25 evening, client #12 was walking around with staff without his helmet for safety. On the morning of 3/25/25 client #12 walked out of his bed room at 7:26am without wearing his helmet. Client #12 continued walk around the facility without wearing his helmet.</p> <p>Review on 3/24/25 of client #12's Individual support plan dated 12/19/24 revealed client #12 will wear his helmet during any standing or walking. Further review of client #9's physical therapy recommendations dated 12/16/24 revealed continue the use of helmet for client #12 when out of bed.</p> <p>Interview on 3/25/25 with staff E revealed client #12 does have a helmet in his bedroom. Staff E revealed sometimes client #12 will refuse to wear the helmet.</p> <p>Interview on 3/25/25 the QIDP confirmed client #12 should wear his helmet when walking or standing.</p>	W 249			

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W 288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure a technique to address client #9's inappropriate behavior was included in a formal active treatment plan. This affected 1 of 8 audit clients. The finding is:</p> <p>Observation in the home throughout the survey on 3/24/25-3/25/25 client #9's bed was observed with no sheets on his mattress. Client #9's mattress had a plastic mattress covering on the bed.</p> <p>Review on 3/25/25 of client #9's individual support plan dated 11/14/24 and his behavior support plan revealed no interventions that included no bed sheets on his mattress.</p> <p>Interview on 3/25/25 with staff C revealed client #9 does not tolerate sheets on his mattress. Client #9 will remove the sheets from the mattress.</p> <p>Interview on 3/25/25 the behavior specialist revealed there was no documentation of client #9 removing his sheet from his mattress to address in his behavior support plan.</p> <p>Interview on 3/25/25 the qualified intellectual disabilities professional revealed client #9 previously had a goal to address not having sheets on his mattress however the goal was discontinued.</p>	W 288			

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W 340	<p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure staff were sufficiently trained to implement appropriate health and hygiene methods. This affected 3 of 8 audit clients (#5, #7 and #8). The findings are:</p> <p>A. Observations in the home throughout the survey on 3/24/25 -3/25/25, client #5's nails were noted to long and extending well beyond the tips of her fingers.</p> <p>Record review on 3/24/25 of client #5's adaptive behavior inventory dated 8/13/24 revealed N/A when trimmed nails.</p> <p>Interview on 3/25/25 the habilitation specialist revealed nails should be trimmed on 2nd shift weekly. The habilitation specialist confirmed client #5 nails needed to be trimmed.</p> <p>B. Observations in the home throughout the survey on 3/24/25 -3/25/25, client #8's nails were noted to long and extending well beyond the tips of her fingers.</p> <p>Record review on 3/25/25 of client #8 adaptive behavior inventory dated 2/17/25 revealed client #8 had no independence cannot perform any portion of trimming nails.</p>	W 340			

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W 340	Continued From page 7 Interview on 3/25/25 the nurse revealed clients nails should be trimmed weekly or as needed by staff. The nurse also confirmed client #8 nails were long and needed to be trimmed. C. During observations in the home on 3/24/25 - 3/25/25, client #7's fingernails were long and extending well beyond the tips of his fingers. Review on 3/25/25 of client #7's Adaptive Behavior Inventory (ABI) dated 2/20/25 revealed he requires partial independence with cleaning, trimming and filing his nails. Additional review of client #7's most current physician's orders revealed, "Ensure fingernails and toenails are trimmed and clean, trim if needed weekly, Schedule: Wed at 8:00."	W 340			
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 all medications were administered in accordance with physician's orders. This affected 2 of 6 clients observed receiving medications (#7 and #14). The findings are: A. During observations of medication	W 368			

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W 368	<p>Continued From page 8</p> <p>administration in the home on 3/25/25 at 8:08am, client #14 ingested Synthroid 75mcg, Linzess 290mcg and Flomax .4mg along with eleven other medications. At 8:12am, client #14 began consuming her breakfast meal.</p> <p>Review on 3/25/25 of client #14's most current physician's orders revealed an order for the following:</p> <p>Synthroid 75mcg, take 1 tablet by mouth every morning for hyperthyroidism "take 30 minutes before breakfast or other medications", 7:30am.</p> <p>Linzess 290mcg, take 1 capsule by mouth once every day "30 minutes prior to breakfast" for constipation, 6:30am.</p> <p>Flomax .4mg, take 1 capsule by mouth twice daily "after meals", 8:00am.</p> <p>Interview on 3/25/25 with the Medication Technician (Staff C) revealed she was not aware of how client #14's orders were written in regards to meals.</p> <p>Interview on 3/25/25 with the facility's nurse confirmed client #14's medications should be given as indicated on her physician's orders.</p> <p>B. During observations of medication administration in the home on 3/25/25 at 8:28am, client #7 ingested Synthroid 50mcg and Miralax powder in less than 5 ounces of water. The client began consuming his breakfast meal immediately after taking his morning medications.</p> <p>Review on 3/25/25 of client #7's most current physician's orders revealed the following:</p>	W 368			

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W 368	Continued From page 9 Synthroid 50mcg, take 1 tablet by mouth every morning, "take 30 minutes before breakfast" or other medications, 8:00am. Miralax 17 grams, in "8 oz of liquid" of choice and take by mouth once every day, 8:00am. Interview on 3/25/25 with the Medication Technician (Staff C) revealed she was not aware of any specific instructions regarding client #7's medications. Interview on 3/25/25 with the the facility's nurse confirmed client #7's medications should be given as indicated on his physician's orders.	W 368			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure all medications were administered without error. This affected 3 of 6 clients observed receiving medications (#7, #12 and #14). The findings are: A. During observations of medication administration in the home on 3/25/25 at 8:28am, client #7 ingested Miralax, Depakote, Flomax, Amitza, Zyprexa, Topamax, Cogentin and Synthroid. No other medications were administered during this time. Review on 3/25/25 of client #7's most current physician's orders revealed an order for Aspirin	W 369			

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W 369	<p>Continued From page 10</p> <p>Low Chew 81mg, take 1 tablet by mouth once every day, 8:00am.</p> <p>Interview on 3/25/25 with the facility nurse confirmed client #7 should have received Aspirin as ordered at 8:00am.</p> <p>B. During observations of medication administration in the home on 3/25/25 at 8:11am, client #12 ingested Clobazam, Trilepta, Risperdal, Vitamin B12, Calcium plus D, Keppra, Robinul and Lamictal. No other medications or oral solutions were administered during this time.</p> <p>Review on 3/25/25 of client #12's most current physician's orders noted an order for Epidiolex solution, take 3.3 ml by mouth twice daily, 8:00am.</p> <p>Interview on 3/25/25 with the facility nurse confirmed client #12 should have received Epidiolex solution as ordered at 8:00am.</p> <p>C. During observations of medication administration in the home on 3/25/25 at 8:08am, client #14 ingested Lorazepam, Linzess, Vitamin D3, Aspirin, Anastrozole, Ducolax, Oyst Shell, Flomax, Vitamin C, Dilantin, Klor-Con, Synthroid, Lamictal and Miralax. No other medications or topical solutions were administered during this time.</p> <p>Review on 3/25/25 of client #14's most current physician's orders indicated an order for Ciclopirox solution 8%, apply to affected toenails once every day and remove once a week, 8:00am.</p> <p>Interview on 3/25/25 with the facility nurse</p>	W 369			

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W 369	Continued From page 11 confirmed client #14 continues to receive the solution to her toenails daily at 8:00am.	W 369			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to replace 1 of 8 audit (#5) clients eyeglasses. The finding is: During observations in the home on 3/24/25-3/25/25, client #5 was observed without wearing her eyeglasses. Record review on 3/24/25 of client #5's Individual Program Plan (IPP) dated 4/16/24 revealed her adaptive equipment included wearing eyeglasses. Interview on 3/25/25 the habilitation specialist confirmed client #5 does where glasses and she would retrieve them from client #5's bedroom. The habilitation specialist retrieved a pair of broken glasses that were unable to be worn. Interview on 3/25/25 the nurse revealed she was unaware that client #5 glasses were broken and doesn't know how long the glasses have been broken.	W 436			
W 448	EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv) The facility must investigate all problems with	W 448			

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(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 448	Continued From page 12 evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to ensure problems noted with evacuation drills are investigated. This affected 1 of 8 audit clients (#6). The finding is: Review on 3/24/25 of facility fire drill reports from February '24 - March '25 revealed during drills conducted in September '24, February '25 and March '25, client #6 refused to evacuate. Additional review of documents did not indicate the facility had investigated client #6's refusals noted during fire drills. Interview on 3/25/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she was not aware of client #6's refusals to evacuate during fire drills and the facility had not investigated.	W 448			
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 2 of 8 audits (#3 and #7) received their specially-prescribed diets. The findings are: A. During lunch observations in the home on 3/24/25 at 12:41pm, client #3 was assisted to serve himself sliced pears. The pear slices were approximately the length of the client's pinky and	W 460			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 460	<p>Continued From page 13</p> <p>the width of a nickel. Client #3 consumed the pears uncut.</p> <p>During dinner observations in the home on 3/25/25 at 5:32pm, client #3 was assisted to serve himself ground carrots.</p> <p>During breakfast observations in the home on 3/25/25 at 8:02am, client #3 consumed a slice of toast cut in half.</p> <p>Review on 3/24/25 of client #3's Nutritional evaluation dated 10/20/24 revealed he consumes a regular diet with food cut into bite size pieces. Additional review of a list of each client's diet (available in the kitchen) revealed a food consistency of 1/4 inch for client #3. The list, signed by the dietitian, was dated 2/24/25.</p> <p>Interview on 3/25/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3's food should be in 1/4 inch pieces as indicated.</p> <p>B. During dinner observations in the home on 3/25/25 at 5:32pm, client #7 was assisted to serve himself ground carrots.</p> <p>During breakfast observations in the home on 3/25/25 at 8:32am, client #7 consumed a slice of toast cut in half.</p> <p>Review on 3/25/25 of client #7's Nutritional evaluation dated 2/12/25 revealed he receives a regular diet with food cut into 1/2 inch pieces. Additional review of a list of each client's diet (available in the kitchen) revealed a food consistency of 1/2 inch for client #7. The list, signed by the dietitian, was dated 2/24/25.</p>	W 460			

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W 460	Continued From page 14 Interview on 3/25/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #7's food should be in 1/4 inch pieces as indicated.	W 460			