STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G142	A. BUILDING _____ B. WING _____	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUAIL ROOST GROUP HOME, (ICF/MR)	102 QUAIL ROOST DRIVE CARRBORO, NC 27510

(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 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 observation, record review and interviews, the facility failed to administer medications according to physician's orders. This affected 1 of 4 audit clients (#6). The finding is: During observations of evening medication administration on 3/17/25 at 7:40pm, Staff D dispensed medications to client #6. Staff D had two packages of Zonisamide; one package of Zonisamide 25mg had one of two pills left in the pack from 3/16/25, for 8:00pm dosage. Record review on 3/18/25 of client #6's Physician's Orders signed 1/16/25 revealed the 8:00pm dose for Zonisamide was to give 2 capsules of 100mg and 2 capsules of 25mg. Interview on 3/17/25 with Staff D revealed she acknowledged client #6 did not appear to get the full dose of her medication yesterday because there was a pill remaining in the package for 3/16/25. Interview on 3/18/25 with the Home Manager revealed on 3/16/25 the medication tech working in the home was permanently assigned to another facility. The Home Manager acknowledged she reviewed the packages of Zonisamide at 8:00pm and saw there was a capsule not given for 3/16/25.	W 368		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2)	W 369		

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

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W 369	Continued From page 1 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 observation, record review and interview, the facility failed to administer medications without error for 1 of 4 audit clients (#6). The finding is: During evening observations in the home on 3/17/25 at 7:45pm, Staff D prepared medication to give to client #6 and had a pitcher of water for her to swallow her medications. Client #6 took all of her pills with two cups of water. Client #6 was not observed to take any other medications. Record review on 3/18/25 of client #6's Physician's Orders signed on 1/16/25 revealed to mix Polyethylene Glycol Powder using 1 scoop and 2 teaspoons with water and drink every evening at 8:00pm. Interview on 3/18/25 with the Home Manager revealed she was aware the Polyethylene Glycol Powder was out of stock as of yesterday morning, and just called in a refill today.	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 4 audit	W 436		

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W 436	Continued From page 2 clients (#6) eyeglasses. The finding is: During observations in the home on 3/17/25-3/18/25, client #6 was observed without wearing her eyeglasses. Record review on 3/18/25 of client #6's Individual Program Plan (IPP) dated 4/22/24 revealed her adaptive equipment included wearing eyeglasses. Interview on 3/18/25 with the Home Manager revealed client #6's eyeglasses were lost and she took her to the eye doctor before the holidays to order a new pair. The Home Manager acknowledged she could not retrieve the documents for the replacement order and had not called the eye doctor to determine if the glasses were ready for pick up.	W 436		
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were conducted every shift, every quarter. The finding is: Record review on 3/18/25 of the facility's fire drills that were conducted for the last year revealed: 7/1/24, time not recorded 8/1/24, time not recorded 9/30/24 at 6:45pm 1/29/25 at 4:10pm 2/16/25 at 9:30am Interview on 3/18/25 with the Home Manager and Qualified Intellectual Disabilities Professional	W 440		

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W 440	Continued From page 3 (QIDP) revealed staff are given a fire drills schedule to follow with the time of the drills assigned. The Home Manager also revealed the majority of their first shift drills were conducted at the day program and she did not have those records.	W 440		
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure food was not cross-contaminated during the meal. This affected 2 of 4 audit clients (#5 and #6). The findings are: A. During observations in the home on 3/17/25 at 6:45pm, Staff A brought a bowl of applesauce to the table and had a measuring cup to remove a portion. Staff A was observed handing the bowl to client #6 who took the cup, filled it with applesauce and then allowed the cup to touch the same plate she ate her dinner on. Afterwards, the cup was returned to the bowl of applesauce. B. During observations in the home on 3/17/25 at 7:00pm, Staff A passed the bowl of applesauce to client #5 who removed the cup filled with applesauce and allowed it to touch the same plate she was eating her dinner. Interview on 3/18/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed to avoid cross contamination, Staff A should have used separate bowls for the dessert.	W 454		

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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 observation, record review and interview, the facility failed to modify the meal according to dietary orders for 2 of 4 audit clients (#3 and #6). The findings are: A. During dinner observation in the home on 3/17/25 at 6:20pm, Staff B supervised client #3 during her meal, which included 1" cubed pieced of corn beef and halved pieces of mini red potatoes. Around 6:40pm client #5 signaled to Staff B that client #3 appeared to be choking on her food. Staff B and the Home Manager (HM) immediately assisted client #3 to dislodge food from her overstuffed mouth and the HM had to pat her firmly on her back several times. Afterwards, the HM told Staff B to cut up her food into smaller pieces. Record review on 3/17/25 of client #5's Nutritional Evaluation from 7/7/24 revealed she required a mechanical soft diet after observing "that she does not chew her food but mashes it between her tongue and palate...encourage her to take small bites and eat one bite at a time." Review on 3/18/25 of Interdisciplinary Team Meeting minutes from 8/21/24, it revealed mealtime guidelines for client #3 included prevention of choking involved proper proportionally cut up food in order to slow client #3 down when attempting to eat or "shovel" too	W 460		

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W 460	Continued From page 5 much food onto spoon and/or into mouth. Interview on 3/18/25 with the HM, she acknowledged client #3 had too much food in her mouth at dinner and that it was cut into smaller pieces after she overfilled her mouth. B. During dinner observations in the home on 3/17/25 at 6:20pm, client #6 had 1" cubed corn beef, halved mini red potatoes, cabbage cut into julienne strips and a biscuit cut into half. Client #6 ate the food without incident. Review on 3/18/25 of client #4's Individual Program Plan (IPP) from 4/22/24 revealed her food should be cut into 1/4" bite size pieces. Interview on 3/18/25 with the HM acknowledged the biscuit was not cut into bite sized pieces.	W 460		