STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G001	A. BUILDING _____ B. WING _____	C 05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASWELL CENTER	2415 W. VERNON AVENUE KINSTON, NC 28501

(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 complaint survey was completed on May 23, 2025 for intakes #NC00230051 and #NC00230065. The complaint intakes were substantiated. A deficiency was cited.	W 000		
W 153	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2) The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that staff reported allegations of abuse immediately to the Administrator. This effected 1 of 5 audit clients (#3). The finding is: Record review on 5/23/25 of the facility's 4/26/25 Abuse Investigation of client #3 revealed evidence from video surveillance was used to determine what happened. On 4/26/25 at 7:25am client #3 entered the bathroom on Parrot 104 to brush his teeth and hair. Staff C, a new assignment on the unit, followed client #3 into the bathroom a minute later. At 7:28am, client #3 exited the bathroom briskly, looked back briefly into the bathroom and exited toward front of the home. Also at 7:28 am, Staff C stood in the bathroom doorway, looked toward the front of the home, and walked toward the back of the home. At 7:28am, client #3 walked briskly over to Staff E and spoke with him. Client #3 gestured with both hands and brush to his neck area. The facility conducted psychological screening of client #3 and interviewed him and found his testimony to	W 153		

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

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W 153	Continued From page 1	W 153		

be consistent with allegations of abuse from Staff C. The facility suspended Staff C on 4/28/25 and she remains on leave, after the allegation was substantiated.

Policy review on 5/23/25 of the facility's Abuse Policy of 12/21/23 defined Emotional Abuse as " Abusive verbal or nonverbal interactions with, or in the presence of, residents that may result in distress, fear or a negative reaction. Abuse: The infliction of physical or mental pain or injury by other than accidental means; or unreasonable confinement, or the deprivation of an employee or services which are necessary to the mental and physical health of resident. Confinement that protests a resident from immediate hard is not considered unreasonable confinement. "

Record review on 5/23/25 of witness statements from the 4/26/25 Abuse Investigation revealed, after leaving the bathroom, client #3 spoke with Staff F and Staff G and repeated the gestures of a brush being placed against his neck.

Record review on 5/23/25 of a witness statement from Staff E revealed on 4/26/25 client #3 was upset when he spoke with him after leaving the bathroom on Parrot 104. Client #3 had asked Staff E if he could call the Advocate and was given permission. Staff E did not report to the Administrator that client #3 had gestured to him that he was threatened in the bathroom and was upset.

Record review on 5/23/25 of a witness statement from 4/28/25, revealed client #3 was upset and reported to Staff D that Staff C had threatened him with physical harm, and placed a brush to his neck. Staff D reported client #3's concerns to the

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W 153	Continued From page 2 Advocate who opened an investigation. Interview on 5/23/25 with the Quality Assurance (QA) Manager revealed there were no reports of abuse by Staff E, Staff F or Staff G prior to Staff D reporting an incident of abuse on 4/28/25 after speaking with client #3. The QA Manager provided documentation to support that all staff have received abuse training in their orientation and annually. The QA Manager confirmed staff are expected to make an immediately report of abuse once they are notified.	W 153		