

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

PRINTED: 06/12/2025
FORM APPROVED
OMB NO. 0938-0391

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|---|--|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G246 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R 06/12/2025 | |
| NAME OF PROVIDER OR SUPPLIER KENWOOD DRIVE HOME | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 5004 KENWOOD DRIVE DURHAM, NC 27712 | | | |
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| W 000 | INITIAL COMMENTS | | | W 000 | | | |
| W 130 | <p>A revisit was conducted on 6/12/25 for all previous deficiencies cited on 3/11/25. All deficiencies were not corrected and new non-compliance was found. The facility is not in compliance with all regulations surveyed.</p> <p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure privacy during care of personal needs for 1 of 3 (#5) audit clients. The finding is:</p> <p>During morning observations in the home on 6/12/25 at 6:07am, client #5 was seen standing over the toilet with his underwear and pants pulled down. Further observations revealed the bathroom door was open. At no time did staff come and close the bathroom door.</p> <p>During an interview on 6/12/25, management staff revealed client #5 can independently close the bathroom door himself for privacy.</p> | | | W 130 | | | |
| W 189 | <p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in locking of a rollator. This affected 1 of 4 audit</p> | | | W 189 | | | |

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 189 | <p>Continued From page 1 clients (#1). The finding is:</p> <p>During morning observations in the home on 3/11/25 from 7:02am until 7:22am, client #1 sat on the seat bench of his rollator at the dining room table while he ate breakfast. Client #1's rollator remained unlocked the entire time. At no time did staff ensure client #1's rollator was locked in place while he sat on it.</p> <p>During an interview on 3/11/25, the HM stated client #1 can lock his own rollator.</p> <p>During an interview on 3/11/25, the management confirmed client #1's rollator should be locked when he is sitting on it.</p> <p>A follow up visit was conducted on 6/12/25.</p> <p>During morning in the home on 6/12/25 at 6:12am, Staff A walked up the bathroom door and opened it without knocking. Further observations revealed client #1 was in the bathroom sitting on the toilet.</p> <p>During an interview on 6/12/25, management staff revealed the staff who work in the home have been trained on knocking on bathroom doors before entering.</p> | | | W 189 | | | |
| W 249 | <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</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</p> | | | W 249 | | | |

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| W 249 | Continued From page 2 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 1 of 3 audit clients (#4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of hand washing. The finding is: During morning observations in the home on 6/12/25 at 6:09am, client #4 was observed standing in front of the toilet, flushing the toilet and pulling up his underwear and pants. Further observations revealed client #4 exited the bathroom without washing his hands. At no time was client #4 prompted to wash his hands. Review on 6/12/25 of client #4's IPP dated 2/8/25 revealed he is independent with washing his hands after toileting. During an interview on 6/12/25, management staff confirmed client #4 is independent with washing is hands after toileting. | W 249 | | | |
| 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 | W 383 | | | |

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| W 383 | <p>Continued From page 3 finding is:</p> <p>During observations in the home on 3/10/25 from 4:40pm until 5:07pm, the box where the keys to the medication closet are kept, was left open and the keys were visible to the surveyor. Further observations revealed Staff A closed the box at 5:07pm.</p> <p>During observations on 3/11/25, the surveyor was able to turn a knob on the medication box and open it and the keys to the medication closet were visible.</p> <p>During an interview on 3/10/25, Staff A confirmed the keys to the medication closet where in the open box.</p> <p>During an interview on 3/11/25, the Home Manager confirmed the keys to the medication closet need to be locked when not in use.</p> <p>During an interview on 3/11/25, the management staff confirmed the box where the keys to the medication closet should be locked.</p> <p>A follow up visit was conducted on 6/12/25.</p> <p>During morning observations in the home on 6/12/25 at 5:45am, the surveyor noticed a key with a green tab was hanging from the lock of the medication box located on the wall.</p> <p>During an interview on 6/12/25 both Staff A and B they did not seem to understand that the box containing the medication keys was still not secure with the key hanging in the lock.</p> <p>During an interview on 6/12/25, management</p> | W 383 | | | |

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| W 383 | Continued From page 4 staff confirmed the key to the medication box should not be left hanging from the lock. Further interview revealed the medication key should be kept on staff. | W 383 | | | |
| W 481 | MENUS CFR(s): 483.480(c)(2) Menus for food actually served must be kept on file for 30 days. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure food substitutions were documented. The finding is: During observations in the home on 3/10/25 Staff A was observed cooking turkey, rice, gravy and mixed vegetables for dinner. Further observations revealed no other food items where offered to the clients for dinner. Review on 3/10/25 of the facility's menu book for 3/10/25, revealed turkey/spinach/artichoke casserole for dinner. During an interview on 3/10/25, Staff A stated there was no spinach or artichokes in the home. Further interview revealed the Home Manager (HM) does the grocery shopping for the home. Staff A revealed staff are to fill out the substitution book when a food item is replaced with another food item. During an interview on 3/10/25, the HM first stated she does not know what an artichoke looks like and then she secondarily said the clients do not like them anyway. When asked how did she know the clients would not like them, she could not give an answer. | W 481 | | | |

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| W 481 | <p>Continued From page 5</p> <p>Review on 3/11/25 of the menu substitution book revealed there was no substitution for the spinach and the artichokes.</p> <p>During an interview on 3/11/25, the management revealed the meal substitution form should have been filled out for the dinner meal, which occurred on 3/10/25.</p> <p>A follow up visit was conducted on 6/12/25.</p> <p>During observations in the home on 6/12/25 Staff A was observed cooking eggs and toast for breakfast. Further observations revealed there was a container of grits in the pantry; which was little over half full.</p> <p>Review on 6/12/25 of the facility's menu book for 6/12/25, revealed grits should have also been served.</p> <p>During an interview on 6/12/25, both Staff A and B revealed they do not know how to cook grits. Staff A also stated there were not enough grits for all six clients.</p> <p>During an interview on 6/12/25, the Home Manager (HM) confirmed there were grits in the pantry.</p> | | | W 481 | | | |