

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

PRINTED: 06/11/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER THOMAS S DECATUR HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303		
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W 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure client #4 had the right to dignity related to the use of adult clothing protector. This affected 1 of 4 clients (#4). The finding is:</p> <p>Observation during breakfast in the group home at 6:30am on 6/10/25, client #4 was seated at the table with a trash bag position on top of his shirt underneath an adult clothing protector. The trash bag had holes torn for client #4's arms and head to fit through.</p> <p>Interview on 6/10/25 with staff C revealed client #4 is a messy eater and the bag catches what the "bib" doesn't.</p> <p>Interview on 6/10/25 with the qualified intellectual disabilities professional (QIDP) revealed client #4 should have not had on a trash bag under his clothing protector and it is not in client #4's habilitation plan to wear a trash bag over his clothes at meal times.</p>	W 125			
W 252	<p>PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p>	W 252			

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 252	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 2 of 4 audit clients (#1 and #4). The findings are:</p> <p>A. Review on 6/9/25 of client #1's Habilitation Plan (HP) dated 10/3/22, the most current plan revealed formal training programs for Personal hygiene, toothbrushing document 3 times per week, and Bathing document 3 times per week.</p> <p>Review on 6/10/25 of client #1's program data sheets for the month June 2025 were blank no documentation. April 2025 and May 2025 program data sheets were no available for review.</p> <p>B. Review on 6/9/25 of client #4's HP dated 5/18/23, the most current plan revealed formal training programs for Personal hygiene document three times per week, self help bathing, document three times per week and how to use silverware document two times per week.</p> <p>Review on 6/10/25 of client #4's program data sheets for the month June 2025 were blank no documentation. April 2025 and May 2025 program data sheets were no available for review.</p> <p>Interview on 6/10/25 with the qualified intellectual disabilities professional (QIDP) revealed that the staff should complete goals as written. QIDP revealed the April and May data sheets were not</p>	W 252			

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W 252	Continued From page 2	W 252			
W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to update the habilitation plan (HP) annually for 3 of 4 audit clients (#1, #3 and #4). The findings are: A. Review on 6/9/25 of client #1's record revealed an HP dated 10/3/22. B. Review on 6/9/25 of client #3's record revealed an HP dated 5/17/23. C. Review on 6/9/25 of client #4's record revealed an HP dated 5/18/23. Interview on 6/10/25 with the qualified intellectual disabilities professional (QIDP) revealed the plans that were in the charts are the most current plans.	W 260			
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 4 audit clients (#3 and #4)	W 262			

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W 262	Continued From page 3 were reviewed and monitored by the human rights committee (HRC). The findings are: A. Review on 6/9/25 of client #3's Behavior Support Plan (BSP) dated 6/1/23 revealed target behaviors of non compliance, refusal for essential services, aggression and self injurious behaviors. The BSP revealed no written consent by the HRC for the medications Trazadone 150mg, Chlorpromazine 200mg and Diazepam 5mg. B. Review on 6/9/25 of client #4's BSP dated 9/3/24 revealed target behaviors of non compliance and physical aggression. The BSP revealed no written consent by the HRC for the medication Diazepam 5mg. Interview on 6/10/25 with the qualified intellectual disabilities professional (QIDP) confirmed there was no HRC consents for the BSP's.	W 262			
W 322	PHYSICIAN SERVICES CFR(s): 483.460(a)(3) The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure client #3 was referred to a physician as recommended for general medical care. This affected 1 of 4 audit clients. The finding is: Review on 6/9/25 of client #3's medical consult dated 3/25/25 revealed physician recommendations for client #3 to be evaluated by an Occupational Therapist (OT).	W 322			

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W 322	Continued From page 4			W 322			
W 340	<p>Interview on 6/10/25 with the qualified intellectual disabilities professional confirmed the physicians recommendation had not been followed and client #3 had not been seen by an OT.</p> <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 and interviews, the facility failed to ensure staff were sufficiently trained to implement appropriate health and hygiene methods. This affected 2 of 4 audit clients (#3 and #4). The findings are:</p> <p>A. During observations in the home throughout the survey on 6/9/25 through 6/10/25, client #3's fingernails were noted to be very long.</p> <p>Record review on 6/10/25 of client #3's adaptive behavior inventory (ABI) dated 12/20/24 "cares for fingernails (cutting)" rated N=No.</p> <p>B. During observations in the home throughout the survey on 6/9/25 through 6/10/25, client #4's fingernails were noted to be very long.</p> <p>Record review revealed on 6/10/25 of client #4's ABI dated 7/22/24 "cares for fingernails (cutting)" rated N=No.</p> <p>Interview on 6/10/25 with the home manager revealed staff does not document when client</p>			W 340			

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W 340	Continued From page 5 nails are cut. Staff should cut the clients nails when needed.	W 340			
W 368	Interview on 6/10/25 the qualified intellectual disabilities professional revealed clients nails should be documented when they are to be cut or trimmed. 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 interview, the facility failed to ensure medications was given as prescribed for 2 of 4 audit clients (#1 and #4). The findings are: A. Morning observation of medication administration on 6/10/25 at 8:20am revealed, Staff D assisted client #1 to take Alendronate 70mg and pour a cup of 16 oz of water. Further observation breakfast was served at 6:30am. Record review on 6/10/25 of client #1's Physician's Orders signed on 4/4/25 revealed to take 1 tablet by mouth with 8 oz of water, 30 minutes prior to food/meds. B. Morning observation of medication administration on 6/10/25 at 8:50 am revealed, Staff D assisted client #4 to take Polyeth GLYCOL Pow 3350 mixed in 16 oz of water and Linzess 290 mcg. Further observation breakfast was served at 6:30am. Client #4 began eating breakfast at 6:35am.	W 368			

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W 368	Continued From page 6 Record review on 6/10/25 of client #4's physician orders signed 4/4/25 revealed to mix 17grams or one capful in 8 oz of water. Further review Linzess take 1 capsule by mouth every morning on empty stomach 1 hour before breakfast. Interview on 6/10/25 with the qualified intellectual disabilities professional revealed the medications should be given as prescribed on physician orders. Interview on 6/10/25 the nurse confirmed client #1's medication should be given with 8 oz of water and prior to breakfast. The nurse also confirmed that the Polyeth Glycol powder should be given in 8 oz of water and Linzess should be given prior to breakfast.	W 368			
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all appropriate utensils were provided to 4 of 4 clients (#1, #2, #3 and #4). The findings are: Observations in the home on 6/10/25 during dinner observation revealed each client received a spoon on the table for dinner. Continued observation revealed the dinner menu of spaghetti, string beans and applesauce. All clients were having difficulty picking up the spaghetti noodles with the spoon and putting the noodles in their mouths. Further observations revealed there was no forks or knives to cut the spaghetti noodles while on the individual client plates.	W 475			

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W 475	Continued From page 7 Interview on 6/10/25 with Staff A revealed the clients throw away the forks after meals and there are none in the house. Further interview revealed there were no knives for the clients to use at dinner. Interview on 6/10/25 with the home manager revealed she was unaware that there were not any forks or knives in the house for the clients were used.	W 475			