

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

PRINTED: 07/17/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G036</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/15/2025</b>	
NAME OF PROVIDER OR SUPPLIER  <b>SEVEN OAKS ROAD-DURHAM</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>614 SEVEN OAKS ROAD DURHAM, NC 27704</b>			
(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 240	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 3 audit clients (#2) received training to foster his independence with evacuating the home during fire drills without delay. The finding is:</p> <p>Record review on 7/14/25 of the monthly fire drills revealed client #2 required additional verbal prompts from staff in order to evacuate the home during the fire drills. The occurrences took place on 9/19/24 at 1:30am, 9/25/24 at 1:30am, 10/26/24 at 1:40pm, 11/18/24 at 5:50pm, 1/26/25 at 10:00am, 2/17/25 at 2:00am and 4/26/25 at 11:04am. There were no recommendations noted on the fire drills summary from management.</p> <p>Record review on 7/15/25 of client #2's Behavior Support Plan (BSP) on 9/25/24 revealed he can be triggered with behaviors if has a disruption to his schedule and encounters noise and chaos. In addition, client #2's Individual Program Plan (IPP) from 10/6/24 revealed he is ambulatory and has a diagnosis of Anxiety. Client #2 had a program to help him identify safety signs, with the exception of fire. Client #2 did not have any written objectives to learn how to evacuate during fire drills independently.</p> <p>Interview on 7/15/25 with Staff A revealed during fire drills he has witnessed client #2 trying to remain on the couch or chair when it's time to evacuate the home and sometimes he could be cooperative.</p>			W 240			

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 240	Continued From page 1	W 240			
	Interview on 7/15/25 with the Site Supervisor revealed client #2 required multiple verbal prompts during some of the fire drills because of his moods and his desire to not go outside.				
	Interview on 7/15/25 with the Qualified Intellectual Disabilities Professional (QIDP) and the Program Manager revealed the team has not discussed how to get client #2 to participate in evacuating the home during fire drills independently.				
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1)	W 441			
	and under varied conditions to- This STANDARD is not met as evidenced by: Based on document review and interviews, the facility failed to ensure that staff conducted fire drills at varying times and conditions. The finding is:				
	Review on 7/14/25 of the monthly fire drills over the past year revealed the times of the drills lacked variance: First Shift 8/3/24 at 2:05pm 11/21/24 at 2:30pm 5/18/25 at 2:00pm				
	Third Shift 9/19/24 at 1:30am 12/19/24 at 2:30am 2/17/25 at 2:00am 3/25/25 at 1:30am				
	Interview on 7/15/25 with the Site Supervisor revealed the fire drills are preloaded on the assigned staff's work schedule by the Operations				

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W 441	Continued From page 2 Support Specialist (OSS); who also monitored them.  Interview on 7/15/25 with the Qualified Intellectual Disabilities Professional (QIDP) and the Program Manager revealed they did not realize fire drills should be conducted at varying times, per shift.	W 441			