

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

PRINTED: 08/06/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G125</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/05/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHANDLER ROAD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>342 CHANDLER ROAD DURHAM, NC 27707</b>		
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W 130	<p><b>PROTECTION OF CLIENTS RIGHTS</b> 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, record review and interviews, the facility failed to ensure privacy during care of personal needs for 1 of 6 audit clients (#4). The finding is:</p> <p>During afternoon observations in the home on 8/4/25 from 3:36pm - 3:38pm, client #4 exited his bedroom and entered the bathroom. Further observations revealed client #4 was sitting on the toilet with his underwear and pants pulled down. Additional observations revealed the door remained open while client #4 was sitting on the toilet. At no time was client #4 prompted to shut the bathroom door for privacy.</p> <p>During an interview on 8/5/25, the Home Manager (HM) stated client #4 has a goal to ensure his privacy. Further interview revealed client #4 requires a verbal prompt to shut the bathroom door for privacy.</p> <p>Review on 8/4/25 of client #4's Individual Program Plan (IPP) dated 1/8/25 revealed he has a goal to address the closing of the bathroom door for privacy.</p> <p>Review on 8/5/25 of a inservice sign in form dated 6/24/25 revealed Staff A, Staff B and Staff C had attended the inservice; they all worked during the survey. One of the topics of the inservice was privacy.</p> <p>During an interview on 8/5/25, the Qualified</p>	W 130			

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 130	Continued From page 1	W 130			
W 189	Intellectual Disabilities Professional (QIDP) confirmed client #4 has a goal to address privacy. STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)  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, documentation reviews and interviews, the facility failed to ensure staff were sufficiently trained in the handling of keys to the locked food and monitoring during meals This affected 3 of 6 audit clients (#1, #4 and #6). The findings are:  A. During afternoon observations in the home on 8/4/25 at 3:05pm, the surveyor observed how the refrigerator/freezer and some of the cabinets had locks on them.  During an interview on 8/4/25, Staff B stated client #6 will go into the refrigerator/freezer and the cabinets and eat the food. Further interview revealed the keys to the refrigerator/freezer and the cabinets are to be kept on staff. Staff B stated the locked cabinets have food in them.  During morning observations in the home on 8/5/25 at 6:44am, the Home Manager (HM) left the keys to the refrigerator/freezer and cabinets on the kitchen counter when she walked down the hallway. The HM returned at 6:50am and picked up the keys and again walked down the hallway.  During an interview on 8/5/25, the HM stated the	W 189			

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W 189	<p>Continued From page 2</p> <p>keys are for the locked refrigerator/freezer and cabinets. Further interview revealed both clients #4 and #6 have PICA and that is the reason for food being locked.</p> <p>Review on 8/5/25 of client #4's Behavior Support Plan (BSP) dated 1/24/25 revealed a diganosis of PICA.</p> <p>Review on 8/5/25 of client #6's BSP dated 8/12/24 stated, "Locks on food storage areas throughout [group home]...."</p> <p>During an interview on 8/5/25, the Program Administrator revealed the keys to the locked refrigerator/freezer and cabinets should be kept on a staff person.</p> <p>B. During afternoon observations in the home on 8/4/25, clients #6 and #1 were sitting side by side at the table eating their snacks. Further observations revealed at 4:12pm, client #6 reached over and grabbed one of client #6's peanut butter crackers. While client #6 was grabbing the cracker he touched two crackers that were left on client #1's napkin. Client #1 picked up one of the remaining crackers and ate them. Additional observations revealed staff did not replace client #1's crackers. Also, there was no staff sitting between clients #1 and #6.</p> <p>During an interview on 8/5/25, the Qualified Intellectual Disabilities Professional (QIDP) revealed staff know they are suppose to sit between clients #1 and #6, to prevent the taking of food.</p>	W 189			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)	W 249			

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W 249	<p>Continued From page 3</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 objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 6 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 areas of communication and handwashing. The findings are:</p> <p>A. During observations in the home throughout the survey on 8/4 - 5/25, client #4 was not prompted to use his communication book. Surveyor did not see client #4's communication book in the home.</p> <p>Review on 8/4/25 of client #4's IPP dated 1/8/25 stated, "[Client #4] should be encouraged to use his communication book".</p> <p>Review on 8/5/25 of a inservice sign in form dated 6/24/25 revealed Staff A, Staff B, Staff C and Home Manager (HM) names; they all worked during the survey. One of the topics of the inservice was communication devices.</p> <p>During an interview on 8/5/25, the Qualified</p>	W 249			

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W 249	Continued From page 4 Intellectual Disabilities Professional (QIDP) stated client #4's communication book is suppose to be utilized by staff at all times.  B. During afternoon observations in the home on 8/4/25, client #4 exited the bathroom after using the toilet. Further observations revealed client #4 did not wash his hands prior to exiting the bathroom.  Review on 8/5/25 of client #4's IPP dated 1/8/25 stated, "When [Client #4] is at home, staff should monitor in the bathroom due to rectal digging and ensure that [Client #4] washed his hands".  During an interview on 8/5/25, the QIDP confirmed that staff are to ensure client #4 hands are washing after using the bathroom.	W 249			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i)  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. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in explaining medications to 2 of 6 audit clients (#4 and #6). The finding is:  During medication administration on 8/4/25, Staff A did not inform either clients #4 and #6 the names of their medications and the reason why they are taking them.	W 340			

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W 340	Continued From page 5 During medication administration on 8/5/25, Staff B did not inform either clients #4 and #6 the names of their medications and the reason why they are taking them.  During an interview on 8/5/25, Staff B stated he could not pronounce some of the medications and that is the reason why he did not tell clients #4 and #6 the names of their medications and the reason why they are taking them.  During an interview on 8/5/25, the facility's nurse stated the staff in the home have been trained to inform the clients the names of their medications and the reasons why they are taking them.	W 340			
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 review of fire drill reports and interviews, the facility failed to ensure fire evacuation drills were conducted at least quarterly for each shift. This potentially affected all clients (#1, #2, #3, #4, #5 and #6) residing in the home. The finding is:  Review on 8/4/25 of the facility's fire drills revealed the fire drills were not conducted during the following months: August and September of 2024.  During an interview on 8/5/25, the Qualified Intellectual Disabilities Professional (QIDP) revealed she is unable to locate the missing fire drills.	W 440			
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1)	W 454			

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W 454	<p>Continued From page 6</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews the facility failed to ensure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. This potentially affected 2 of 6 clients (#1 and #6). The finding is:</p> <p>During afternoon observations in the home on 8/4/25, clients #6 and #1 were sitting side by side at the table eating their snacks. Further observations revealed at 4:12pm, client #6 reached over and grabbed one of client #6's peanut butter crackers. While client #6 was grabbing the cracker he touched two crackers that were left on client #1's napkin. Client #1 picked up one of the remaining crackers and ate them. Additional observations revealed staff did not replace client #1's crackers. Also, there was no staff sitting between clients #1 and #6.</p> <p>During an interview on 8/5/25, the Home Manager (HM) stated when client #6 took one of client #1's crackers that is considered cross-contamination. The HM also stated staff should have been sitting between clients #1 and #6. Also the HM stated client #1's remaining crackers should have been replaced.</p> <p>During an interview on 8/5/25, the Qualified Intellectual Disabilities Professional revealed a staff should be sitting between clients #1 and #6. Further interview revealed the remaining crackers of client#1 should have been replaced.</p>	W 454			

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W 460	<p><b>FOOD AND NUTRITION SERVICES</b> CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a nourishing, well balanced diet including modified specially prescribed diet as prescribed. This affected 3 of 6 audit clients (#2, #4 and #6). The findings are:</p> <p>A. During afternoon observations in the home on 8/4/25 at 4:01pm, client #2 was drinking water while he ate his snack.</p> <p>Review on the facility's diet orders dated 6/9/25 revealed, no water is to be given to client #2 during mealtime.</p> <p>Review on a speech/language evaluation dated 10/13/15 stated client #2 is not to any liquids during meals. Client #2 receives no water during meals due to him being a choking risk.</p> <p>During an interview on 8/4/25, the facility's nurse stated client #2 is not to have water during his meals.</p> <p>B. During afternoon observations in the home on 8/4/25 at 4:05pm, client #4 was handed a bag of potato chips. Client #4 was observed eating the potato chips whole. At no time were the potato chips modified for client #4's diet.</p> <p>Review on 8/4/25 of client #4's Individual</p>	W 460			



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W 460	Continued From page 8 Program Plan (IPP) dated 1/8/25 revealed client #4's diet is 1/4 inch consistency.  C. During afternoon observations in the home on 8/4/25 at 4:05pm, client #6 was handed a bag of potato chips. Client #6 was observed eating the potato chips whole. At no time were the potato chips modified for client #6's diet.  Review on 8/4/25 of client #6's IPP dated 10/11/24 revealed client #6's diet is 1/4 inch consistency.  Review on 8/5/25 of a facility inservice form revealed Staff A, Staff B and Staff C, who were working during afternoon observations on 8/4/25, attended an inservice regarding the diet consistencies for clients #4 and #6.  During an interview on 8/5/25, the facility's nurse stated the potato chips for both clients #2 and #6 should have been crushed up.	W 460			
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii)  Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure food was served at the appropriate temperature. This potentially affected all clients living in the home (#1, #2, #3, #4, #5 and #6). The finding is:  During morning observations in the home on 8/5/25 at 7:06am, oatmeal, turkey sausage and toast for client #1 was plated and placed on the kitchen counter uncovered; additional plates for the other five clients were also plated and placed	W 473			

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W 473	<p>Continued From page 9</p> <p>uncovered on the kitchen table. Additional observations revealed the food was not reheated nor was a thermometer used to check the temperature of the food. Further observations revealed client #6 did not begin to eat until 7:28am.</p> <p>During an interview on 8/5/25, the Home Manager (HM) stated hot food should be reheated after fifteen minutes if it has been removed from the heat. The HM showed the surveyor the food thermometer.</p> <p>During an interview on 8/5/25, the Qualified Intellectual Disabilities Professional (QIDP) stated food must be reheated after fifteen minutes, when it has been sitting out on the counter.</p>	W 473			