

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

PRINTED: 07/30/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/29/2025
NAME OF PROVIDER OR SUPPLIER PLEASANT ACRES			STREET ADDRESS, CITY, STATE, ZIP CODE 447 PLEASANT ACRES DRIVE MOCKSVILLE, NC 27028		
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by:</p> <p>Based on observations, record review and interview, the facility failed to ensure specific objectives necessary to meet the needs of 1 of 6 audited clients (#3) as identified by the comprehensive functional assessment. The finding is:</p> <p>Observation in the group home on 7/28/25 at 5:01 PM revealed client #3 to use the bathroom without closing the door for privacy. Continued observation on 7/29/25 at 7:28 AM revealed client #3 to again use the bathroom without closing the door for privacy.</p> <p>Review of client #3's record on 7/29/25 revealed an adaptive behavior inventory (ABI) dated 4/22/25. Review of the ABI revealed the self-help domain for closing the bathroom door for privacy to indicate N-Need. Continued review of client #3's record revealed a person-centered plan (PCP) dated 1/13/25. Review of the PCP revealed no formal or informal training objectives for bathroom privacy.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 7/29/25 revealed client #3's last privacy goal was in 2022. Continued interview with the QIDP revealed the current interdisciplinary team has not formally addressed client #3's behaviors related to bathroom privacy.</p>	W 227	<p>W227</p> <p>The Qualified Professional will implement a bathroom privacy program for client #3 and in-service all staff on the new program. The clinical team will monitor through interaction assessments 1x a week for a period of 30 days and then on a routine basis to ensure the bathroom privacy program is being run. In the future, the QP will ensure programs are in place that are needs in the ABI.</p>	9/27/25	
W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p>	W 249			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

IDD Regional Administrator 8/4/25

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 249	<p>Continued From page 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 objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 2 of 6 audited clients (#3, #5) received a continuous active treatment program consisting of needed interventions as identified in the person-centered plan (PCP). The findings are:</p> <p>A. The facility failed to implement training objectives for client #3. For example:</p> <p>Observation in the group home on 7/28/25 revealed client #3 to participate in an outside walk, indoor leisure, personal hygiene, and the dinner meal. Continued observation did not reveal client #3 to prepare a pitcher of beverage for the dinner meal, nor reveal staff to prompt client #3 to prepare a pitcher of beverage for the dinner meal.</p> <p>Review of client #3's record on 7/29/25 revealed a person-centered plan (PCP) dated 1/13/25. Review of the PCP revealed a formal training objective for client #3 to prepare a pitcher of beverage for dinner with two verbal prompts per step with 90% accuracy for a period of two consecutive months.</p>	W 249	W249 A & B	9/27/25	
			<p>The QP will in-service all staff on training objectives for all People Supported. The clinical team will monitor through interaction assessments 2x a week for a period of 30 days and then on a routine basis to ensure DSPs are implementing all programs. In the future, the QP will ensure all DSPs are trained on training objectives for People Supported.</p>		

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W 249	<p>Continued From page 2</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 7/29/25 verified client #3's training objectives to be current. Continued interview with the QIDP confirmed staff are responsible for ensuring all clients receive prompting and support to promote progress towards the achievement of goals and objectives.</p> <p>B. The facility failed to implement training objectives for client #5. For example:</p> <p>Observation in the group home throughout the 7/28-29/25 survey revealed client #5 to participate independently in the dinner and breakfast meal. Continued observation of both meals revealed client #5 to be provided with a full place setting to include a fork, spoon, and knife. Further observation during the dinner meal on 7/28/25 revealed staff to use a knife to cut dinner items for client #5. Additional observation during the breakfast meal on 7/29/25 revealed client #5 to tear his breakfast items with his hands. Subsequent observations did not reveal staff to prompt client #5 to use his knife to cut his meal items for either meal.</p> <p>Review of client #5's record on 7/29/25 revealed a person-centered plan (PCP) dated 11/22/24. Review of the PCP revealed a formal training objective for client #5 to learn to use a knife to cut his food when given two or fewer verbal prompts with 80% accuracy for a period of two consecutive months.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 7/29/25 verified client #5's training objectives to be current. Continued interview with the QIDP confirmed staff are responsible for ensuring all clients receive</p>	W 249			

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W 249	Continued From page 3	W 249			
W 474	<p>prompting and support to promote progress towards the achievement of goals and objectives.</p> <p>MEAL SERVICES CFR(s): 483.480(b)(2)(iii)</p> <p>Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record review, and interview, the facility failed to serve food in a form consistent with the developmental levels and prescribed diets of 4 of 6 audited clients (#1, #2, #5 and #6). The findings are:</p> <p>A. The facility failed to ensure the prescribed diet consistency for client #1. For example:</p> <p>Observations in the group home on 7/28/25 at 5:10 PM revealed the dinner meal to be grilled cheese sandwich, tomato soup, crackers and fruit cocktail. Continued observations revealed staff to serve client #1 the grilled cheese sandwich without modifying the texture to 1" consistency. Further observation revealed client #1 to consume the entire meal.</p> <p>Observations in the group home on 7/29/24 at 7:35 AM revealed the breakfast meal to be scrambled eggs, toast, grits, milk and apple juice. Continued observations revealed staff to serve client #1 two whole slices of toast and client #1 to eat the toast in whole form.</p> <p>Record review on 7/29/25 revealed a nutritional evaluation dated 3/4/25 which states that client #1's current diet is 1" consistency, double portions, Boost or Ensure Plus high protein twice a day between meals, milk at all meals, high</p>	W 474	W474 A-D	9/27/25	
			<p>The QP will in-service all DSPs on the prescribed diet orders for all People Supported. The clinical team will monitor through meal time assessments 23x a week for a period of 30 days and then on a routine basis to ensure all prescribed diet orders are followed. In the future, the QP will ensure all DSPs are trained on the diet orders of People Supported.</p>		

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W 474	<p>Continued From page 4</p> <p>calorie beverages such as juice with snacks.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 7/29/25 confirmed that client #1's diet order is current, and that staff should have assisted him to prepare his food to 1" consistency.</p> <p>B. The facility failed to ensure the prescribed diet consistency for client #2. For example:</p> <p>Observations in the group home on 7/28/25 at 5:10 PM revealed the dinner meal to be grilled cheese sandwich, tomato soup, crackers and fruit cocktail. Continued observations revealed staff to serve client #2 the grilled cheese sandwich without modifying the texture to 1/4" consistency. Further observation revealed client #2 to consume the entire meal.</p> <p>Observations in the group home on 7/29/24 at 7:35 AM revealed the breakfast meal to be scrambled eggs, toast, grits, milk and apple juice. Continued observations revealed staff to serve client #2 two whole slices of toast and client #2 to eat the toast in whole form.</p> <p>Record review on 7/29/25 revealed a nutritional evaluation dated 12/23/24 which states that client #2's current diet is 1/4" consistency, 1800 calorie, double portions of vegetables.</p> <p>Interview with the QIDP on 7/29/25 confirmed that client #2's diet order is current, and that staff should have assisted him to prepare his food to 1/4" consistency.</p> <p>C. The facility failed to ensure the prescribed diet consistency for client #5. For example:</p>	W 474			

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W 474	<p>Continued From page 5</p> <p>Observations in the group home on 7/28/25 at 5:10 PM revealed the dinner meal to be grilled cheese sandwich, tomato soup, crackers and fruit cocktail. Continued observations revealed staff to serve client #5 the grilled cheese sandwich without modifying the texture to 1" consistency. Further observation revealed client #5 to consume the entire meal.</p> <p>Observations in the group home on 7/29/24 at 7:35 AM revealed the breakfast meal to be scrambled eggs, toast, grits, milk and apple juice. Continued observations revealed staff to serve client #5 two whole slices of toast and client #5 to eat the toast in whole form.</p> <p>Record review on 7/29/25 revealed a nutritional evaluation dated 10/22/24 which states that client #5's current diet is 1" consistency, Heart Healthy, 1800 calories weight loss.</p> <p>Interview with the QIDP on 7/29/25 confirmed that client #5's diet order is current, and that staff should have assisted him to prepare his food to 1" consistency.</p> <p>D. The facility failed to ensure the prescribed diet consistency client #6. For example:</p> <p>Observations in the group home on 7/28/25 at 5:10 PM revealed the dinner meal to be grilled cheese sandwich, tomato soup, crackers and fruit cocktail. Continued observations revealed staff to serve client #6 the grilled cheese sandwich without modifying the texture to ¼" consistency. Further observation revealed client #6 to consume the entire meal.</p>	W 474			

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W 474	<p>Continued From page 6</p> <p>Observations in the group home on 7/29/24 at 7:35 AM revealed the breakfast meal to be scrambled eggs, toast, grits, milk and apple juice. Continued observations revealed staff to serve client #6 two whole slices of toast and client #5 to eat the toast in whole form.</p> <p>Record review on 7/29/25 revealed a nutritional evaluation dated 4/17/25 which states that client #6's current diet is 1800 calorie weight loss, 1/4" consistency.</p> <p>Interview with the QIDP on 7/29/25 confirmed that client #6's diet order is current, and that staff should have assisted him to prepare his food to 1/4" consistency.</p>	W 474			