

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

PRINTED: 08/20/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G297</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/19/2025</b>	
NAME OF PROVIDER OR SUPPLIER  <b>ROANOKE PLACE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>704 CAROLINA AVENUE AHOSKIE, NC 27910</b>			
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W 104	<p><b>GOVERNING BODY</b> CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observations and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to ensure repairs and maintenance at the group home were completed in a timely manner. This affected 6 of 6 clients (#1, #2, #3, #4, #5, and #6). The finding is:</p> <p>Observation on 8/18/25 to 8/19/25 revealed the leather sofa and chair ripped in several places, with a separate den chair completely duct taped on the bottom. In addition, the carpet in the den area was torn across the entire length of thresholds revealing bare underlayment in some spots and causing excessive fraying in other areas. While the walls had been repaired in spots following behavioral incidents, they had not been painted appropriately in many spots, and the entire top of the the kitchen wall was peeling from old wallpaper.</p>			W 104			
W 249	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>Interview on 8/19/25 with the Program Manager revealed some work orders had been submitted, but they had been trying to get management to complete repairs and upgrades. However, they have not done anything about the needed maintenance at this point.</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</p>			W 249			

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 249	<p>Continued From page 1</p> <p>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 each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of safety and supervision. This affected 1 of 4 audit clients (#5). The finding is:</p> <p>Observation on 8/19/25 in the home from 7:40am - 7:50am revealed client #5 sitting in his wheelchair in the den area with no staff consistently present to assist him should he attempt to ambulate. Staff B attended to medication administration in a separate room, and Staff C intermittently walked to the back hallway and bedroom area to attend to other duties.</p> <p>Review on 8/18/25 of client #5's IPP, dated 6/26/25, revealed a diagnosis of cerebral palsy, epilepsy, and joint hyperextension. He is a high falls risk, and staff should follow falls prevention to be close when he ambulates.</p> <p>Review on 8/19/25 of client #5's physical therapy (PT) evaluation, dated 4/18/25, revealed staff should continue falls prevention guidelines and ensure they are close to assist should he attempt to ambulate.</p> <p>Interview on 8/19/25 with A revealed client #5 is a</p>	W 249			

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W 249	Continued From page 2 high falls risk and has to be assisted when ambulating. He may attempt to ambulate at any time, so staff should be close.  Interview on 8/19/25 with the qualified intellectual disabilities professional (QIDP) revealed staff should not leave client #5 unmonitored due to his being a high falls risk, and he may attempt to ambulate.	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 medication administration procedures. This affected 1 of 4 (#4). The finding is:  During medication administration observation on 8/18/25 at 3:15pm, client #4 received his medications from Staff A while she was simultaneously in a team meeting on speakerphone. With the phone muted, yet playing the meeting through speaker, she secured client #4's medications (Quetiapine, Carbamazepine, Divalproex, and Lorazepam), popped his pills, and poured his water. She then apologized to client #4 and stated she was "trying to multitask". Client #4 took his medications independently and left the room.  Review on 8/19/25 of the facility medication	W 340			

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W 340	Continued From page 3 administration procedures and training revealed staff should adhere to close monitoring of medications being given with checks being performed before, during, and after administration. In addition, clients should be trained to participate if possible.  Interview on 8/19/25 with Staff A revealed she was trying to multitask, but she acknowledged that she should not have been in the meeting during medication administration.  Interview on 8/19/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed staff should not be on the phone while giving medications.	W 340			
W 436	Interview on 8/19/25 with the facility nurse revealed staff should not be on their phone or in meetings while giving medications. SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)  The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #5 was furnished and taught to use his braces and elbow pads. This affected 1 of 4 audit clients. The finding is:  Observation on 8/18/25 to 8/19/25 in the home revealed client #5 sitting in his wheelchair. At no	W 436			

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W 436	<p>Continued From page 4</p> <p>time did he wear elbow pads or braces (AFOs), and staff did not encourage or prompt him to wear them. During morning observations on 8/19/25, he wore short socks and no shoes.</p> <p>Review on 8/18/25 of client #5's Individual Program Plan (IPP), dated 6/26/25, revealed a diagnosis of cerebral palsy, epilepsy, and joint hyperextension. He is a high falls risk, and staff should follow falls prevention to be close when he ambulates.</p> <p>Review on 8/19/25 of client #5's physical therapy (PT) evaluation, dated 4/18/25, revealed client #5 should adhere to wearing his ankle foot Orthosis (AFO). He should wear long socks on his foot/leg, then his brace. Staff should encourage him to wear his AFOs during waking hours. He should wear extra-depth ortho shoes, recently purchased. In addition, recommendations were given to strongly consider his wearing elbow pads during waking hours due to the current elbow wounds. Handrails have been installed in the home, but staff should be close to assist him in ambulating.</p> <p>Interview on 8/19/25 with A revealed client #5 is a high falls risk and has to be assisted when ambulating. He does have his AFOs and elbow pads, but he refuses to wear them.</p> <p>Interview on 8/19/25 with the qualified intellectual disabilities professional (QIDP) revealed client #5 should wear his AFOs, per the PT evaluation, and staff should encourage him to wear them. In addition, he should wear the recommended shoes and elbow pads.</p>	W 436			
W 460	FOOD AND NUTRITION SERVICES	W 460			

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W 460	<p>Continued From page 5 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 2 of 4 audit clients (#2 and #5). The findings are:</p> <p>A. Observations in the home during meals on 8/18/25 - 8/19/25 revealed client #2 did not receive double portions. During dinner observations on 8/18/25 at 6:10pm, he was served and consumed one portion of lasagna, one portion of salad, one fruit cup, and two pieces of toast. During breakfast observations on 8/19/25, he was served and consumed one fruit cup, 2 pieces of toast, one serving of oatmeal, and one piece of sausage. He later asked for seconds and was given an additional 1/2 piece of sausage.</p> <p>Review on 8/18/25 of client #2's Individual Program Plan (IPP), dated 3/27/25, revealed a prescribed regular diet with double portions.</p> <p>Review on 8/19/25 of client #2's doctor orders, dated 7/25/25, revealed a prescribed regular diet with double portions. In addition, an extra, Ensure Plus 1 can, three times per day was added on 7/25/25.</p> <p>Interview on 8/19/25 with Staff A revealed client</p>	W 460			

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W 460	<p>Continued From page 6</p> <p>#2 should receive double portions.</p> <p>Interview on 8/19/25 with the Qualified Intellectual disabilities Professional (QIDP) revealed client #2 should receive double portions, per his prescribed diet.</p> <p>B. Observations in the home during dinner on 8/18/25 revealed client #5 did not receive his correct food texture. At 6:10pm, he was served and consumed one portion of lasagna, one portion of salad, one fruit cup, and two pieces of toast. Staff cut his food at the table to 1" - 2" pieces. He did not have issues with eating his meal.</p> <p>Review on 8/18/25 of client #5's individual program plan (IPP), dated 6/26/25, revealed a prescribed regular diet, with seconds as desired, no bones in meats, and food finely chopped into 1/8" - 1/4" pieces.</p> <p>Review on 8/19/25 of client #5's doctor orders, dated 3/10/25, revealed a prescribed regular diet with seconds as desired, no bones, in meats, and food finely chopped into 1/8" - 1/4" pieces.</p> <p>Interview on 8/19/25 with Staff A revealed client #5 has digressed physically in the past year. At this time, a swallow study has been scheduled, and he should receive his food finely chopped into 1/8" - 1/4" pieces.</p> <p>Interview on 8/19/25 with the Qualified Intellectual disabilities Professional (QIDP) revealed client #5 should receive his food cut into the prescribed texture of 1/8" - 1/4" pieces. A swallow study has been scheduled.</p>	W 460			

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W 484 W 484	<p>Continued From page 7</p> <p>DINING AREAS AND SERVICE CFR(s): 483.480(d)(3)</p> <p>The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure needed adaptive equipment was provided for 1 of 4 audit clients (#5). The finding is:</p> <p>Observations in the home on 8/18/25 at 6:10pm revealed client #5 eating dinner from a regular, sectioned plate with regular utensils and cup. Staff applied an adaptive napkin to him, and he ate independently with some spillage noted.</p> <p>Review on 8/18/25 of client #5's Individual Program Plan (IPP), dated 6/26/25, revealed no adaptive equipment.</p> <p>Review on 8/18/25 of client #5's nutrition evaluation, dated 12/10/24, revealed he should use adaptive equipment for dining, per occupational therapy (OT), for independence.</p> <p>Review on 8/19/25 of client #5's OT evaluation, dated 4/30/17, revealed he should use a high-sided, sectioned plate, clothing protector, and a cup with lid and straw.</p>	W 484 W 484			