

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

PRINTED: 08/24/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G274</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/21/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>LOCKLEY ROAD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4617 LOCKLEY RD</b> <b>HOLLY SPRINGS, NC 27540</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 000	INITIAL COMMENTS	W 000			
W 153	<p>A complaint survey was completed on 8/21/25 for intake #NC00233140. The intake was unsubstantiated. Standard level deficiencies were cited.</p> <p><b>STAFF TREATMENT OF CLIENTS</b> CFR(s): 483.420(d)(2)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews with staff, management failed to report an incident immediately to the Health Care Personnel Registry (HCPR) as required. This affected 2 of 2 audit clients (#1 and #2). The finding is:</p> <p>During an interview on 8/21/25, Staff B stated she had informed the Home Manager (HM) Staff A had attempted to hit client #1 and had kicked client #2 while they were both working during there first week of June 2025. Further interview revealed she informed the HM two days after the incident; she stated the reason why she waited was because she was intimidated by Staff A.</p> <p>Review on 8/21/25 of an inservice form that discussed abuse dated 6/20/25 revealed Staff A and Staff B were in attendance. The inservice discussed the following: "You are required to report. Legally, you are required to report any suspected abuse...immediately...Report the incident to a supervisor not involved in the incident and file a incident report".</p>	W 153			

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 153	Continued From page 1  During an interview on 8/21/25, the Home Manager (HM) revealed there was an incident with clients #1 and #2 where Staff A was suspected of bruising client #1's hip and kicking client #2. The HM stated the incident happened during the first week of June 2025 and she found out about it eight days after it happened. Further interview revealed the HM nor the Qualified Intellectual Disabilities Professional (QIDP) did not complete a 24 Hour report or submit it to the Health Care Personnel Registry (HCPR).	W 153			
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)  The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to thoroughly investigate allegations of abuse for 2 of 2 audit clients (#1 and #2). The finding is:  During an interview on 8/21/25, Staff B stated she had informed the Home Manager (HM), Staff A had attempted to hit client #1 and had kicked client #2 during the first week of June 2025. Further interview revealed she informed the HM two days after the incident. She stated the reason why she waited was because she was intimidated by Staff A.	W 154			

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W 154	<p>Continued From page 2</p> <p>Review on 8/21/25, of the facility's policy of Abuse, Neglect and Exploitation revised 2/1/24 stated, "Immediate Response to Alleged or Suspected Abuse, Neglect or Exploitation: 7.1 When an alleged or suspected incident of abuse...occurs: immediately determine the appropriate intervention to protect the person served and others in the home from any future occurrence...7.2.1 If an employee is the alleged perpetrator, he/she will be removed from contact with person served and placed on leave pending the outcome of the investigation...8.0 Reporting/Documentation of Alleged or Suspected Abuse...8.1 Internal Reporting 8.1.1 All Employees will immediately report any allegation of suspicion of abuse...to the first supervisor in the chain of command that is not involved in the incident...8.1.2 An incident form will be completed and submitted...9.0 Investigations of Alleged or Suspected Abuse...The supervisor receiving a report of alleged or suspected abuse...will ensure that an investigation is initiated immediately...All alleged or suspected abuse...will actively and aggressively be investigated...10.1 Violation of Policy and Disciplinary Actions...Action will be taken toward any employee involved in the substantiated abuse...and any employee with knowledge of the abuse...who failed to report in a timely manner".</p> <p>During an interview on 8/21/25, the HM stated she just spoke with Staff B and did not follow up with an investigation. The HM stated she was not told until eight days after the incidents happened.</p> <p>During an interview on 8/21/25, the Qualified Intellectual Disabilities Professional (QIDP) stated</p>	W 154			

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W 154	Continued From page 3 either herself or the HM are to report any suspected allegations of abuse. The QIDP stated all suspected abuse should be reported through the chain of command immediately. Further interview revealed all suspected forms of abuse are to be investigated.	W 154			
W 156	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4)  The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the investigation report was completed within 5 working days. This affected 2 of 2 audit clients (#1 and #2). The finding is:  During an interview on 8/21/25, Staff B stated she had informed the Home Manager (HM) Staff A had attempted to hit client #1 and had kicked client #2 while they were both working during there first week of June 2025. Further interview revealed she informed the HM two days after the incidents; she stated the reason why she waited was because she was intimidated by Staff A.  Review on 8/21/25, of the facility's policy of Abuse, Neglect and Exploitation revised 2/1/24 stated, "Immediate Response to Alleged or Suspected Abuse, Neglect or Exploitation: 7.1 When an alleged or suspected incident of abuse...occurs: immediately determine the appropriate intervention to protect the person served and others in the home from any future occurrence..7.2.1 If an employee is the alleged perpetrator, he/she will be removed from contact	W 156			

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W 156	Continued From page 4 with person served and placed on leave pending the outcome of the investigation...8.0 Reporting/Documentation of Alleged or Suspected Abuse...8.1 Internal Reporting 8.1.1 All Employees will immediately report any allegation of suspicion of abuse...to the first supervisor in the chain of command that is not involved in the incident...8.1.2 An incident form will be completed and submitted...9.0 Investigations of Alleged or Suspected Abuse...The supervisor receiving a report of alleged or suspected abuse...will ensure that an investigation is initiated immediately...All alleged or suspected abuse...will actively and aggressively be investigated...10.1 Violation of Policy and Disciplinary Actions...Action will be taken toward any employee involved in the substantiated abuse...and any employee with knowledge of the abuse...who failed to report in a timely manner".  During an interview on 8/21/25, the HM stated she just spoke with Staff B and did not follow up with an investigation. The HM stated she was not told until eight days after the incidents happened.  During an interview on 8/21/25, the Qualified Intellectual Disabilities Professional (QIDP) stated either herself or the HM are to report any suspected allegations of abuse.	W 156			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.	W 252			

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W 252	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure 1 of 2 audit clients (#1) behavior data was documented. The finding is:</p> <p>During an interview on 8/21/24, the Home Manager (HM) stated client #1 had pinched client #2 on his shoulder. Further interview revealed the pinching took place during the first week of June 2025.</p> <p>Review of client #1's behavior data form revealed there was no data for the month of June 2025 for any pinching behavior.</p> <p>Review of client #1's Behavior Support Plan (BSP) dated 9/6/24 stated, "Staff will document on behavior data sheet...."</p> <p>During an interview on 8/21/25, the Qualified Intellectual Disabilities Professional (QIDP) stated that she and the HM are responsible to ensure all documentation is completed.</p>	W 252			