STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G119	A. BUILDING _____ B. WING _____	06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WENDOVER HOME	631 OLD PARK ROAD MAIDEN, NC 28650

(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
E 015	Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1) §403.748(b)(1), §418.113(b)(6)(iii), §441.184(b)(1), §460.84(b)(1), §482.15(b)(1), §483.73(b)(1), §483.475(b)(1), §485.542(b)(1), §485.625(b)(1) [(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following: (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal. *[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures. (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (iii) The provision of subsistence needs for	E 015	(E105) The home manager will purchase new emergency food items to ensure these are kept in date and rotated per policy every 6 months. The emergency food items will be inventoried every three months by the QP for the next 6 months to ensure all items are in date.	07.11.2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Jasmin Dula, Administrator | 7/8/2025

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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E 015	Continued From page 1 hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following: (A) Food, water, medical, and pharmaceutical supplies. (B) Alternate sources of energy to maintain the following: (1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (2) Emergency lighting. (3) Fire detection, extinguishing, and alarm systems. (C) Sewage and waste disposal. This STANDARD is not met as evidenced by: Based on observation, documentation review, and interviews, the facility failed to implement the emergency preparedness policy relative to the provision of subsistence food supply needs for all clients (#1, #2, #3, #4, #5, #6) and staff as required in the facility's emergency operations plan (EOP). The finding is: Observations during the 6/24/25-6/25/25 recertification survey revealed a locked hallway closet where the emergency food supply was stored. Further observations revealed several food items to be expired ranging from 12/28/24-4/24/25. Interview with staff D on 6/24/25 revealed the house manager does the shopping for the emergency food supply. Further interview with staff D verified that emergency food is rotated every six months. Interview with the interim qualified intellectual disabilities professional (QIDP) on 6/25/25 revealed staff did not make her aware there was	E 015		

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E 015	Continued From page 2 a need to shop for emergency food. Further interview with the QIDP verified that the emergency food supply should be fully stocked and rotated every six months to ensure the food does not expire.	E 015		
W 129	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure clients have a right to personal privacy for 1 of 4 sampled clients (#2) during personal care. The finding is: Morning observations on 6/25/25 at 6:50AM revealed staff to transition client #2 to the bathroom for personal care. Further observation at 6:58AM revealed staff to exit the bathroom and leave the door open while client #2 was toileting. Continued observation revealed client #2 to continue toileting which could be seen from the hallway as staff and peers walked past the door. Interview with the interim qualified intellectual disabilities professional (QIDP) on 6/25/25 revealed staff should have respected client #2's privacy by keeping the door closed while the client was toileting. Further interview with the QIDP verified staff have been trained to respect the privacy of all clients during toileting and personal care.	W 129	(W129) All staff will be in-serviced by the QP on maintaining client privacy and dignity. Interaction assessments will be completed by the clinical team, three times per month for the next three months for increased monitoring.	07.11.2025
W 472	MEAL SERVICES CFR(s): 483.480(b)(2)(i) Food must be served in appropriate quantity.	W 472		

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W 472	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure food was served in appropriate quantity for 2 of 4 sampled clients (#2, #4). The findings are: Afternoon observations on 6/24/25 at 7:20AM revealed staff to assist client #2 to the dining table to prepare for the breakfast meal. Further observations revealed staff to assist client #2 with preparing his plate using hand over hand assistance. The following menu items were prepared for the breakfast meal: two baked hash browns, mandarin oranges, three strips of bacon, juice and water. Continued observations revealed client #2 did not receive bacon during the breakfast meal. Subsequent observations at 7:35AM revealed staff to assist client #4 with preparing his plate during the breakfast meal. Further observations revealed client #4 to not be offered bacon during the breakfast meal. Review of the record for client #2 on 6/25/25 revealed a person-centered plan (PCP) (8/29/24), annual nutritional assessment (5/11/25), and physician's order (6/23/25). Further review of the PCP, nutritional assessment and physician's order indicated client #2 has the follow diet: regular, heart healthy diet, puree consistency, double portions at all meals, no caffeine, no grapefruit, no fatty, spicy, or fried foods, sugar free drinks or water only. Continued review of the record for client #2 did not reveal any meat restrictions during mealtimes. Review of the record for client #4 on 6/25/25 revealed a PCP dated 12/5/24, annual nutritional	W 472	(W472) Staff will be in-serviced by the QP on following the menu and making substitutions as appropriate. Staff will be trained by the QP on following diet consistencies and ensuring these are followed per physician orders. Mealtime assessment will be completed by clinical team members three times a month for the next three months.	07.11.2025

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W 472	Continued From page 4 assessment dated 9/22/24 and physician's order dated 4/30/25. Further review of the record for client #4 revealed the following diet order: diabetic diet, pureed consistency, no grapefruit, no caffeine, thin liquids and 64 oz. fluid restriction. Drinking lactulose is permitted out of a measured cup. Continued review of the record for client #4 did not reveal any meat restrictions. Interview with the interim qualified intellectual disabilities professional (QIDP) on 6/25/25 verified both clients #2 and #4 must have food provided at a pureed consistency. Further interview with the QIDP revealed that although the bacon would be harder to process at a puree consistency, the clients should have been offered a meat alternative.	W 472		
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 observation and interview, the facility failed to ensure food was served at an appropriate temperature for 6 of 6 clients (#1, #2, #3, #4, #5, #6) residing in the facility. The finding is: Morning observations in the facility on 6/25/25 at 6:45 AM revealed several uncovered plates on the countertop in the kitchen. Further observations at 7:30AM revealed staff to serve the clients' plates without reheating the food to an appropriate temperature prior to serving. Further observation revealed the food to remain on the kitchen countertop for approximately 45 minutes prior to the breakfast meal.	W 473	(W473) Staff will be in-serviced on food temperature guidelines and ensuring these are followed for the continued health and safety of all individuals we support.	07.11.2025

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W 473	Continued From page 5 Interview with the interim qualified intellectual disabilities professional (QIDP) on 6/25/25 revealed staff should have kept the food warm until it was ready to be served and reheat as necessary. Continued interview with the QIDP revealed staff have been trained to prepare and serve menu items at an appropriate temperature prior to serving to the clients.	W 473		
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure that 3 of 4 sampled clients (#1, #2, #4) were provided with appropriate utensils to allow each client to eat as independently as possible according to their highest functioning level. The finding is: Afternoon observations on 6/24/25 at 5:28PM revealed clients to sit at the dining room table to prepare for the dinner meal. The dinner meal consisted of the following: chicken parmesan, pasta, sauteed vegetables, a dinner roll, and water. Further observations revealed client #2 to participate in the dinner meal without a rocker t knife. Observations also revealed client #1 to not be provided a shirt protector and dycem mat and #4 without a dycem mat during the dinner meal. Continued observations revealed client #4's plate to continue to slide as he consumed his meal. At no point during the observation did staff provide the adaptive equipment needed during the dinner meal as prescribed. Morning observations in the facility on 6/25/25 at 7:28 AM revealed clients #1, #2, and #4 to	W 475	(W475) Staff will be in-serviced by the QP on all clients' adaptive equipment and ensuring these are utilized properly per physician orders. Interaction assessments will be completed three times per month for the next three months for increased monitoring.	07.11.2025

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W 475	Continued From page 6 participate in the breakfast meal. The breakfast meal consisted of the following: bacon, two hash brown patties, mandarin oranges, milk, and juice. Further observations revealed clients #1, #2, and #4 to participate in the breakfast meal without their prescribed adaptive equipment. At no time during the observation was client #1 provided a shirt protector and dycem mat, #2 a rocker t knife, and #4 a dycem mat. Review of the record for client #1 revealed a person centered plan (PCP) dated 8/29/24 and an occupational therapy evaluation (OT evaluation) dated 3/17/25 which indicated the client has the following adaptive equipment during mealtimes: high sided divided dish, shirt protector, nonskid mat, and spoon. Review of the record for client #2 revealed a PCP dated 8/29/24 and a physician's order dated 6/23/25 which indicated the client has the following adaptive equipment during mealtimes: high sided divided dish, dycem mat, rocker t knife, and small spoon. Review of the record for client #4 revealed a PCP dated 12/5/24 and physician's order dated 4/30/25 which indicated the client has the following adaptive equipment: 10cc metered cup, shirt protector, high sided divided dish, and dycem mat. Interview with the interim qualified intellectual disabilities professional (QIDP) on 6/25/25 verified that clients #1, #2, and #4 have adaptive equipment that must be used during mealtimes. Further interview with the interim QIDP revealed staff have been trained to provide adaptive equipment for clients during mealtimes as	W 475		

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W 475	Continued From page 7 prescribed.	W 475		
W 488	DINING AREAS AND SERVICE CFR(s): 483.480(d)(4) The facility must assure that each client eats in a manner consistent with his or her developmental level. This STANDARD is not met as evidenced by: Based on observations and interview, staff failed to provide appropriate dining utensils to 2 of 4 sampled clients (#1, #4) to enable them to eat at their developmental level. The finding is: Afternoon observations on 6/24/25 at 5:28PM revealed clients to sit at the dining room table to prepare for the dinner meal. Further observation revealed staff to place client #1's food on top of his shirt protector. Continued observation revealed client #1 to consume the dinner meal as staff would occasionally re-adjust the client's plate on top of the shirt protector. Morning observations on 6/25/25 at 7:20AM revealed staff to assist client #4 to the table to prepare for the breakfast meal. Further observation revealed staff to place client #4's food on top of his shirt protector. Continued observation revealed client #4 to have difficulty eating while his plate sat on top of the shirt protector. Additional observation revealed staff to adjust the plate on top of the shirt protector for client #4 during the breakfast meal. Interview with staff E on 6/25/25 revealed staff place the clients' plates on top of the shirt protector to minimize spillage during mealtimes. Interview with the interim qualified intellectual	W 488	(W488) Staff will be in-serviced by the QP on all clients' adaptive equipment and ensuring these are utilized properly per physician orders. Interaction assessments will be completed three times per month for the next three months for increased monitoring.	07.11.2025

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W 488	Continued From page 8 disabilities professional (QIDP) on 6/25//25 revealed staff should not have placed the clients' plates on their shirt protectors during mealtimes. Further interview with the QIDP revealed staff have been trained to provide dignity and respect to clients and use the clients' adaptive equipment during mealtimes.	W 488		