STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G240	A. BUILDING _____ B. WING _____	R 09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DICKENS DRIVE HOME	**113 DICKENS DRIVE RALEIGH, NC 27610**

(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 A revisit was conducted on September 9, 2025 for all previous deficiencies cited on June 24, 2025. Some deficiencies were recited. However, no new non-compliance was found.	W 000		
{W 262}	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the restrictive behavior techniques for 2 of 4 audit clients (#3 and #5) were reviewed and monitored by the human rights committee (HRC). The findings are: A. Review on 6/23/2025 of client #3's Behavior Support Plan (BSP) dated 4/7/25 revealed target behaviors consisting of aggression, self injurious behavior and clothes tearing. Further review on 6/23/25 of client #3's BSP revealed a signature by HRC but no date of when it was signed. B. Review on 6/23/25 of client #5's BSP dated 7/7/24 listed the use of the medication Lexapro. Further review on 6/23/25 of client #5's BSP revealed a signature by HRC but no date of when it was signed. Interview on 6/24/25 with the program director confirmed that the HRC consent should be dated when signed. Review on 9/9/25 of the facility's Plan of	{W 262}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G240	A. BUILDING _____ B. WING _____	R 09/09/2025

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{W 262}	Continued From page 1 Correction (POC) dated 8/22/25 revealed the clinical director or designee will provide documentation regarding the BSP to the HRC for their approval. Record review on 9/9/25 of client #5's BSP dated 7/7/24 revealed a signature by HRC dated 7/9/24. Interview on 9/9/25 with the program director confirmed HRC consent for client #5 was signed on 7/9/24 and no current HRC consent could be located. Therefore, the facility remains out of compliance.	{W 262}		
{W 369}	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all medications were administered without error. This affected 2 of 4 audit clients (#2 and #5). The findings are: A. During observations of medication administration in the home on 6/23/25 at 4:46pm, staff B administered Ferosul, Tegretol, Pepto Bismol 30ml and 30ml's of orange juice to client #5. Review on 6/24/25 of client #5's physician's orders dated 2/16/25 revealed no order for 30ml's of orange juice with the medication pass. However, an order that stated no oranges, grape fruit or cabbage and no acidic juices.	{W 369}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G240	A. BUILDING _____ B. WING _____	R 09/09/2025

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{W 369}	Continued From page 2	{W 369}		

B. During observations of medication administration in the home on 6/24/25 at 7:11am, staff E administered Simvastatin to client #2.

Review on 6/24/25 of client #2's physician's orders dated 2/16/25 revealed an order for Simvastatin 20mg, take one tab by mouth at bedtime.

Interview on 6/24/25 with the facility nurse confirmed client #5 should not have received orange juice during medication pass. The nurse also confirmed client #2's Simvastatin is ordered for 7pm.

Review on 9/9/25 of the facility's Plan of Correction (POC) dated 8/22/25 revealed to correct this deficiency, the nurse would retrain all staff and monitor medication administration at least monthly to assure physician's orders are followed.

During a phone interview with the nurse on 9/9/25 revealed that she had completed the in-service and had done medication monitoring. However, no in-service could be located.

Therefore, the facility remains out of compliance.