STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G035	A. BUILDING _____ B. WING _____	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILO DRIVE FACILITY-CHAPEL HILL	111 SILO DRIVE CHAPEL HILL, NC 27514

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W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in the safety of the clients who reside in the home. This affected 6 of 6 audit clients (#1, #2, #3, #4, #5, and #6)). The finding is: During morning observations in the home the surveyor entered the home at 5:36am. Further observations revealed client #1 was up, dressed and sitting in the living room. The other five clients where in their bedrooms. Further observations revealed at 5:50am, Staff C was observed taking black trash bags out the front door; shutting the front door behind him. Staff C reentered the home through the front door at 5:51am. Staff C was the only staff in the home; another staff did not entered the home until 7:11am. During an immediate interview Staff C stated, "I go outside to throw out the trash". When asked if the clients where unattended while his was outside Staff C stated, "I suppose so". During an interview on 9/4/25, the Director stated the clients should never be left unattended.	W 189		
W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.	W 260		

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

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W 260	Continued From page 1 This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to update the Individual Program Plans (IPP) annually for 2 of 6 audit clients (#2 and #5). The findings are: A. Review on 9/3/25 of client #2's record revealed an IPP dated 7/21/23. Additional review of client #2's record revealed there was no updated IPP. B. Review on 9/3/25 of client #5's record revealed an IPP dated 7/28/23. Additional review of client #5's record revealed there was no updated IPP. During an interview on 9/4/25, the Director confirmed clients #2 and #5 IPPs had not been updated.	W 260		
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 allowing clients to be independent during medication administration for 3 of 6 audit clients (#1, #3 and #4). The findings are: A. During medication administration in the home on 9/4/25 at 7:09am, Staff D, client #1 and the surveyor entered the medication room at the	W 340		

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W 340	Continued From page 2	W 340		

same time. Further observations revealed Staff D unlocked the medication closet and handed a medication cup to client #1. The medication cup had pills in it. Client #1 swallowed the pills. At no time was client #1 informed what medications he was taking and why. Client #1 also was not given the option of pushing out his own pills.

B. During medication administration in the home on 9/4/25 at 7:25am, Staff D punched out client #4's pills. At no time was client #4 given an opportunity to punch out his own pills. Further observations revealed client #4 was not informed what medications he was taking and why.

C. During medication administration in the home on 9/4/25 at 7:41am, Staff D did not inform client #3 what medications he was taking and why.

During an interview on 9/4/25, Staff D confirmed clients #1 and #4 should have the opportunity to punch out their pills. Staff D stated clients #1, #3 and #4 should have been informed to which pills they are taking and why.

During an interview on 9/4/25, the Director stated clients #1 and #4 should have been allowed to participate in their own medication administration. Further interview revealed clients #1, #3 and #4 should have been informed of the medications they are taking and why.

D. During morning medication administration in the home on 9/4/25 at 7:30am, Staff D bought client #4's cup of water filled with his Polyethylene, set it on the dining room table in front of client #4 and walked back into the medication room.

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W 340	Continued From page 3 During an interview on 9/4/25 at 7:50am, Staff D was asked if client #4 consumed his cup of water with Polyethylene. Staff D was not sure if client #4 consumed his cup of water with Polyethylene. During an interview on 9/4/25, the Director stated the staff who is doing the medication administration needed to ensure client #4 consumed his water with the Polyethylene.	W 340		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure medications were administered in compliance with physician's orders. This affected 2 of 6 audit clients (#9 and #13). The findings are: A. During morning medication administration in the home on 9/4/25, Staff D poured less than seventeen grams of Polyethylene into the cap for client #4 at 7:29am. Additional observations revealed the cap for the Polyethylene has "17 GM with a arrow" pointing up to a line inside of the cap. Further observations revealed Staff D pouring the Polyethylene into a cup with an undermined amount of water. Review on 9/4/25 of client #4's physician orders signed 7/25/25 stated, mix 1 capful 17G in 8oz beverage. B. During morning medication administration in the home on 9/4/25, Staff D poured less than	W 368		

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W 368	Continued From page 4 seventeen grams of Polyethylene into the cap for client #3 at 7:44am. Additional observations revealed the cap for the Polyethylene has "17 GM with a arrow" pointing up to a line inside of the cap. Further observations revealed Staff D pouring the Polyethylene into a cup with an undermined amount of water. Review on 9/4/25 of client #3's physician orders signed 7/25/25 stated, mix 17 grams in suitable liquid. During an interview on 9/4/25, Staff D stated she was unaware that there was the "17 GM with the arrow" inside of the cap. C. During medication administration in the home on 9/4/25 at 7:42am, client #3 sprayed two pumps of his Flonase spray in each nostril. During an interview on 9/5/25, Staff D revealed staff try and remind client #3 to use only one spray of his Flonase spray in each nostril. Review on 9/4/25 of client #3's physician orders signed 7/25/25 stated, instill 1 spray in each nose. During an interview on 9/4/25, the Director stated the physician orders for all the clients should be followed as written.	W 368		
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on review of fire drill reports and interviews, the facility failed to ensure fire evacuation drills were conducted at least	W 440		

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W 440	Continued From page 5 quarterly for each shift. This potentially affected all clients (#1, #2, #3, #4, #5 and #6) residing in the home. The finding is: Review on 9/3/25 of the facility's fire drills revealed the fire drills were not conducted during the following months: October, November and December of 2024. During an interview on 9/4/25, the Director confirmed the fire drills for October, November and December of 2024 were missing.	W 440		
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations and interviews the facility failed to ensure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. This potentially affected 2 of 3 clients (#5 and #6). The finding is: During afternoon observations in the home on 9/3/25 at 5:42pm, client #1 used his teeth three times to open a frozen bag of carrots. Further observations revealed client #1 then poured the bag into a pot on the stove. At 5:54pm, client #1 was observed using his teeth three times to open a drink mix. Client #1 then poured the drink mix into a pitcher, added water and stirred the mixture. Additional observations revealed client #2 was the first client to eat the carrots and then followed by the other clients. Client #4 was the	W 454		

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W 454	Continued From page 6 first one to take a drink of the drink client #1 mixed. Client #1 was observed using his whole mouth to open a new bottle of salad dressing and then pouring it on his salad; no other clients were observed using the salad dressing. During an interview on 9/3/25, Staff B stated client #1 has used his teeth in the past to open food items; when that happened they would throw the items out and get new food items. Further interview revealed Staff B did not see client #1 use his teeth/mouth to open the food items during meal preparation and dinner. During an interview on 9/4/25, the Director stated client #1 should not have used his teeth/mouth to open food items.	W 454		
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 observations and interviews, the facility failed to ensure food was served at the appropriate temperature. This potentially affected all clients living in the home (#1, #2, #3, #4, #5 and #6). The finding is: During dinner observations in the home on 9/3/25 at 5:40pm, Staff A put a plate covered in foil that contained pork chops on the counter in the kitchen. Further observations revealed the first client begin eating the pork chops until 6:28pm. At no time where the pork chops reheated nor was the temperature of the pork chops checked. During an interview on 9/3/25, Staff B stated she was not sure how long hot food could sit out until	W 473		

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W 473	Continued From page 7 it had to be reheated. During an interview on 9/4/25, the Director stated the pork chops should have been placed in the oven to keep them heated.	W 473		