STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G217	A. BUILDING _____ B. WING _____	09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATES STREET ICF/MR	306 CATES STREET ROXBORO, NC 27573

(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 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, documentation review and interviews, the facility failed to ensure staff were sufficiently trained in providing face masks to outside visitors. This potentially effected all the clients residing in the home (#1, #2, #3, #4, #5 and #6). The finding is: During observations in the home on 9/22/25 the surveyor entered the home at 10:30am, and was informed by Staff A that client #1 was in quarantine in her bedroom with Rhinovirus and how all visitors and staff working in the home are required to wear a face masks. The surveyor took out a regular 3-ply mask; but Staff A informed the surveyor that N-95 masks are required. Staff A then handed the surveyor a N-95 face mask; which they put on and did not take off until they exited the home. During observations in the home on 9/23/25 the surveyor entered the home at 6:43am, Staff B, Staff C and the Qualified Intellectual Disabilities Professional (QIDP) were in the living room when the surveyor entered the home. At no time was the surveyor informed that they were required to wear an N-95 face mask. Further observations revealed Staff B, Staff C and the QIDP were all wearing a N-95 face mask. Review on 9/22/25 of a notice on the front door of	W 340		

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
	34G217	A. BUILDING _____ B. WING _____	09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATES STREET ICF/MR	306 CATES STREET ROXBORO, NC 27573

(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 340	Continued From page 1 the group home stated, "January 30, 2025 DUE TO INCREASED NUMBERS OF COVID CASES AND OTHER RESPIRATORY ILLNESSES EVERYONE ENTERING MUST WEAR A MASK (mask will be provided)". During an interview on 9/23/25, the QIDP stated that the surveyor should have been given a N-95 face mask to wear when they entered the home. Further interview revealed that all staff were aware of providing face masks to all visitors.	W 340		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure medications remained locked except when being prepared for administration. The finding is: During medication administration observations in the home on 9/22/25 at 6:28pm, Staff D left the medication cart unlocked after assisting client #4 with their medications. Staff D left the medication cart and walked into the dining room to inform client #5 that it was time for their medication administration. Further observations revealed Staff D, client #5 and the surveyor walked back into the area where the medication cart is located at 6:35pm. During an interview on 9/22/25, Staff D revealed they have been trained to ensure that the medication cart remains locked when medications are not being administred.	W 382		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G217	A. BUILDING _____ B. WING _____	09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATES STREET ICF/MR	**306 CATES STREET ROXBORO, NC 27573**

(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 382	Continued From page 2 During an interview on 9/23/25, the Qualified Intellectual Disabilities Processional (QIDP) stated staff have been trained to keep the medication cart locked at all times, except when medications are being administered.	W 382		
W 436	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, documentation and interviews, the facility failed to ensure recommended equipment specifically an adaptive dining spoon was utilized during medication administration for 1 of 4 audit clients (#3). The finding is: During mealtime observations in the home throughout the survey on 9/22 - 23/25, client #3 was fed by Staff A with a maroon spoon. During medication administration observations in the home during the survey client #3 was fed her medications by Staff B and Staff D with a white plastic spoon. At no time was client #3 offered the maroon spoon during her medication administration. During an interview on 9/23/25, Staff B stated client #3 probably should be using her maroon spoon during medication administration. Review on 9/23/25 of an mini team meeting notes	W 436		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G217	A. BUILDING _____ B. WING _____	09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATES STREET ICF/MR	**306 CATES STREET ROXBORO, NC 27573**

(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 436	Continued From page 3 dated 8/26/25 revealed, "Staff is reporting [client #3] is biting her spoon. [Occupational Therapist] will look to see what type of spoon she could try in place of the baby spoon". Review on 9/23/25 of an email sent to the QIDP from the OT stated, "I did not see any episodes on [client #3] biting the maroon spoon...so I am not recommending any changes for her feeding". During an interview on 9/23/25, the QIDP stated that client #3 should be using her maroon spoon during her medication administration due to biting on her previous spoon.	W 436		