

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/16/2025
NAME OF PROVIDER OR SUPPLIER CASWELL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 W. VERNON AVENUE KINSTON, NC 28501		
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W 000	INITIAL COMMENTS	W 000			
W 159	<p>A recertification and complaint survey was completed on 9/16/25 for intake #NC00233420. The complaint was substantiated and no deficiencies were cited. However, deficiencies were cited as a result to the recertification.</p> <p>QIDP CFR(s): 483.430(a)</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- This STANDARD is not met as evidenced by: Based on record review and interviews, the Qualified Intellectual Disabilities Professional (QIDP) failed to ensure each client's active treatment program was monitored to determine the need for program revisions based on the client's performance. This affected 7 of 21 audit clients (#4, #5, #9, #12, #15, #17 and #19). The findings are:</p> <p>A. Review on 9/15/25 of client #19's Individual Program Plan (IPP) and record documentation revealed the last QIDP review was completed for the reporting period of 5/8 - 6/7/25.</p> <p>B. Review on 9/16/25 of client #4's IPP and record documentation revealed the last QIDP review was completed for the reporting period of 5/8 - 6/7/25.</p> <p>C. Review on 9/16/25 of client #5's IPP and record documentation revealed the last QIDP review was completed for the reporting period of 5/8 - 6/7/25.</p> <p>D. Review on 9/16/25 of client #9's IPP and</p>	W 159			

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 159	<p>Continued From page 1</p> <p>record documentation revealed the last QIDP review was completed for the reporting period of 5/8 - 6/7/25.</p> <p>E. Review on 9/16/25 of client #12's IPP and record documentation revealed the last QIDP review was completed for the reporting period of 5/22 - 6/21/25.</p> <p>F. Review on 9/16/25 of client #15's IPP and record documentation revealed the last QIDP review was completed for the reporting period of 6/1 - 6/30/25.</p> <p>G. Review on 9/16/25 of client #17's IPP and record documentation revealed the last QIDP review was completed for the reporting period of 5/15 - 6/14/25.</p> <p>Review on 9/16/25 of the facility's Interdisciplinary (IDT) Process Manual, Section D, "QIDP Program Reviews," revealed "The IPP must be reviewed at least by the QIDP and revised as necessary...There should be documentation each month by the QIDP to clarify issues with active treatment, explain observations made and reference any interim meetings held addressing significant changes to the clients' habilitation."</p> <p>Additional review of the "QIDP Program Review" process revealed the following:</p> <ul style="list-style-type: none"> - For the IPP reporting period of the 1st - the last day of the month, the QIDP review is due between the 8th - 14th of the month.. - For the IPP reporting period of the 8th - 7th, the QIDP review is due between the 15th - 21st of the month. - For the IPP reporting period of the 15th - 14th, the QIDP review is due by the 22nd - 28th of the 	W 159			

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W 159	Continued From page 2 month. - For the IPP reporting period of the 22nd - 21st, the QIDP review is due by the 1st - 7th of the month.	W 159			
W 240	<p>Interview on 9/16/25 with the QIDP in Alpha and the area Division Director (DD) revealed there have been some recent changes in the QIDP assignment for the home, resulting in the QIDP reviews not being completed.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #20 and client #1's Individual Program Plan (IPP) included relevant interventions to support their independence. This affected 2 of 21 audit clients. The findings are:</p> <p>A. Observations throughout the survey on 9/15/25 through 9/16/25 revealed, client #20 walking with assistance from staff holding his forearm and waist or staff's arm wrapped inside of client #20's arm. At no time was client #20 walked independently without staff assistance.</p> <p>Record review on 9/16/25 of client #20's IPP dated 7/10/25 revealed client #20 can stand, walk, and run independently. He demonstrates the capacity to walk safely in his home.</p> <p>Interview on 9/16/25 with staff D confirmed she assist client #20 due to his unsteady gait because</p>	W 240			

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W 240	Continued From page 3 he is prone to fall. Usually the person assisting will walk steady with him, holding his elbow or waist. Interview on 9/16/25 with Qualified Intellectual Disabilities Professional in Kendall confirmed staff should not be assisting client #20 while walking in the home. B. During observations in Byrum 102 on 9/15/25, client #1 did not wear eye glasses. The client was not prompted or encouraged to wear eye glasses. Additional observations at client #1's on campus worksite on 9/16/25, the client wore eye glasses. During later observations in the home on 9/16/25, client #1 did not wear eye glasses. Interview on 9/16/25 with the Home Supervisor revealed client #1 generally wears his eye glasses at his worksite because he has to attach labels to items at the cafe. Review on 9/15/25 of client #1's IPP dated 2/19/25 revealed the client had "declining vision". No other information was located in the IPP regarding client #1's eye glasses. Interview on 9/16/25 with the QIDP for Byrum 102 indicated client #1 usually wears his eye glasses in the home and at work. Additional interview confirmed no information regarding the client's eye glasses and their use was located in his IPP.	W 240			
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management.	W 247			

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W 247	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure the Individual Program Plan (IPP) for 2 of 21 audit clients (#2 and #16) included opportunities for choice and self-management regarding food choices. The findings are:</p> <p>A. During lunch observations in Byrum 103 on 9/16/25 at 11:33am, client #16 assisted to serve himself two hot dogs on buns, baked beans and pineapples. Initially, client #16 did not begin eating his food. After several minutes and with staff prompting, the client began to eat his pineapples. After consuming the pineapples, client #16 left the dining room without consuming any other food items. Client #16 was not offered a choice of any other food items.</p> <p>Immediate interview with Cook B revealed client #16 is not allowed a substitution if he refuses a food item. Additional interview indicated food substitutions can only be provided if they appear on an individual's dining card.</p> <p>Review on 9/15/25 of client #16's dining card dated 8/1/25 and Individual Program Plan (IPP) dated 12/17/24 revealed he receives a 3000 calorie, regular food consistency diet. Additional review of the dining card did not indicate food substitutions were allowed. Further review of the client's IPP indicated, "[Client #16] can make choices throughout his day...He can also choose what he eats and drinks at each meal."</p> <p>Interview on 9/16/25 with the Qualified Intellectual Disabilities Professional (QIDP) for Byrum 103 revealed client #16 usually chooses not to eat hot dogs and baked beans. Additional interview</p>	W 247			

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W 247	<p>Continued From page 5</p> <p>indicated team members have not met to determine other food preferences the client would like to have to replace items he does not like.</p> <p>B. During breakfast observations in Gamma on 9/16/25 at 8:18am, client #2 received a soft and bite sized diet consisting of french toast and turkey, and diced pears. Client #2 did not eat any of her food and drunk apple juice and water, before leaving the table. Staff supervising the meal made note of her meal refusal and transported her back to her room.</p> <p>Review on 9/16/25 of client #2's IPP dated 5/27/25 revealed she was on a 1600 calories diet, low concentrated sweets, low saturated fat and cut pieces into 1-inch servings.</p> <p>Interview on 9/16/25 with the Supervisor for Gamma revealed that on 8/1/25 they started a new dietary framework that required before substitutions could be offered, it had to be approved in advance by the dietary department and client #2 did not have any listed on her menu card.</p> <p>Interview on 9/16/25 with the Registered Dietician (RD) revealed on 8/1/25 they adopted the International Dysphagia Diet Standardisation Initiative (IDDSI) based on a client's oral motor abilities and safest diet for consumption. The RD acknowledged the clients prescribed a soft and bite sized diet, formerly chopped texture, had certain foods eliminated temporarily, for example bread, until they can produce the proper consistency and assure it is palatable. The RD confirmed that client #2 does not have a diet that permits her to receive a bread product and</p>	W 247			

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W 247	Continued From page 6 therefore they cannot offer an substitution of pop tarts or cold cereal despite it being her food preference. The RD also revealed if client #2 was known to refuse her meals, there should be a Meal Refusal Protocol implemented to offer her a nutritional product.	W 247			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of dining protocol implementation. This affected 2 of 21 audit clients (#4 and #19). The findings are: A. Observations on 9/15/25 at 5:02pm in the Alpha home revealed the first round of dinner trays to be delivered to the home. Staff began placing the food from the tray onto client #4's plate. Client #4 began eating his dinner, which consisted of 100% of the food from his tray. During observations on 9/16/25 at 8:19am	W 249			

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W 249	<p>Continued From page 7</p> <p>revealed client #4 to eat his breakfast meal, which consisted of 100% of the food served.</p> <p>Review of client #4's IPP dated 2/7/25 revealed client #4 is supported with a dining protocol to ensure his safety and optimal dining experience. Review of the dining protocol dated 7/28/23 revealed techniques to support client #4 includes, "Staff will need to place 1/2 portions of food from the tray into his plate and spread the food out to reduce how much is scooped into the spoon.</p> <p>B. Observations on 9/15/25 at 5:54pm in the Alpha home revealed the second round of dinner trays to be delivered to the home. Staff began placing the food from the tray onto client #19's plate. Client #19 to began eating his dinner, which consisted of 100% of the food from his tray.</p> <p>During observations on 9/16/25 at 8:32am revealed client #19 to eat his breakfast meal, which consisted of 100% of the food served. During the observations, client #19 was observed to scoop large amounts of food into the spoon, with some food falling off of the spoon.</p> <p>Review of client #19's IPP dated 10/2/24 revealed client #19 is supported with a dining protocol to minimize the risk of aspiration. Review of the dining protocol dated 12/13/22 revealed techniques to support client #19 includes, "Foods that are placed on his plate should be spread out to minimize the large amount of food being scooped at one time. Staff should place 1/2 of the tray into his adaptive plate at a time. Additional food can be added as client #19 eats."</p> <p>Interview on 9/16/25 with the Director of Occupational Therapy (OT) confirmed the dining</p>	W 249			

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W 249	Continued From page 8 protocols for clients #4 and #19 are current and staff should follow them as written.	W 249			
W 331	<p>Interview on 9/16/25 with the Qualified Intellectual Disabilities Professional (QIDP) in Alpha revealed the dining protocols are current and should be followed as written, providing both clients with 1/2 of their food at one time.</p> <p>NURSING SERVICES CFR(s): 483.460(c)</p> <p>The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and interviews, nursing in Gamma failed to ensure that 1 of 21 audit clients (#2) had unplanned weight gain evaluated and treated. The finding is:</p> <p>Review on 9/16/25 of a Nurse's Note for client #2 on 8/5/25 that her psychiatric medications were changed. In addition, on 8/8/25, the nurse in Gamma assessed that client #2 had pitting edema in her ankle. Further, the nurse in Gamma revealed on 8/19/25 she discussed the need with dietician to re-evaluate client #2 due to frequent meal refusals especially at breakfast. There were no further notes that the dietician responded to the nurse. The nurse's note on 9/11/25 revealed client #3's current weight was 268.5 pounds and she had edema to her lower extremities. The nurse acknowledged staff reported that client #2's were "fitting" and she had a 22 lbs. weight gain compared to August 2025. The nurse's notes did not reveal that a referral was made to a physician or specialist to evaluate the reason for client #2's sudden weight gain.</p>	W 331			

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W 331	<p>Continued From page 9</p> <p>Review on 9/16/25 of client #2's IPP dated 5/27/25 revealed she was on a 1600 calories diet, low concentrated sweets, low saturated fat and cut pieces into 1-inch servings.</p> <p>Review on 9/16/25 of monthly weights for client #2 revealed her desired weight range was 120-133 lbs. and the following weight data was recorded:</p> <p>January 2025 at 243.6 lbs. March 2025 at 233.9 lbs. April 2025 at 236.1 lbs. May 2025 at 238.4 lbs. June 2025 at 239.7 lbs. July 2025 at 246.8 lbs. August 2025 at 246.4 lbs. September 2025 at 268.6 lbs</p> <p>Interview on 9/16/25 with the Dietary Manager revealed if client #2 had a weight gain of 7% in 3 months or a gain of 10% in 6 months, it would be considered a significant weight gain.</p> <p>Interview on 9/16/25 with the Educational Program Director (EPD) revealed client #2 used to be more active when she was ambulatory on another cottage before moving to Gamma a year ago. The EPD confirmed client #2's was able to walk short distances however her primary mode of transportation was her wheelchair.</p> <p>Interview on 9/16/25 with the Supervisor for Gamma revealed client #2 was a picky eater and refused breakfast meals.</p> <p>Interview on 9/16/25 with the Registered Dietician (RD) revealed client #2 was on the lowest amount of calories for weight reduction and her bedtime</p>	W 331			

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W 331	Continued From page 10 snack was eliminated. The RD confirmed if client #2 was adhering to a reduced calorie diet, a weight loss would be expected. The RD acknowledged client #2 was a picky eater and prior to the adaptation of the International Dysphagia Diet Standardisation Initiative (IDDSI) diets, staff were known to give her extra portions when offering meal substitutions. The RD revealed she was not aware of any weight gain of 22 lbs. since last month and she had not receive a referral to re-evaluate client #2 since her last IPP.	W 331			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure all clients received their modified and specially-prescribed diets as indicated. This affected 2 of 21 audit clients (#1 and #6). The findings are: A. During lunch observations in Byrum 103 on 9/15/25 at 11:52am, client #6 was assisted to serve himself pureed beets and tropical fruit. The client consumed the food items without difficulty. Immediate interview with Cook A revealed client #6 is on a chopped food consistency diet and his food should be "cut smaller" and not texturized like the pureed. Review on 9/15/25 of client #6's Individual	W 460			

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W 460	<p>Continued From page 11</p> <p>Program Plan (IPP) dated 11/19/24 revealed he consumes a 2200 calorie chopped diet. Additional review of diet texture information (dated 4/2025) posted in the kitchen of the home noted chopped is the equivalent of soft & bite-sized food and should be "pieces no bigger than 1/2 inch".</p> <p>Interview on 9/15/25 with the Qualified Intellectual Disabilities Professional (QIDP) for Byrum 103 confirmed client #6 receives a soft & bite-size diet and his beets and tropical fruit should not be pureed.</p> <p>Interview on 9/16/25 with the Dietary Director confirmed beets and tropical fruit can be cut up manually into the appropriate size pieces for soft & bite-size consistency and should not be pureed.</p> <p>B. During breakfast observations in Byrum 102 on 9/16/25 at 8:26am, client #1 consumed his peaches at a pureed consistency. The client consumed the peaches without difficulty.</p> <p>Immediate interview with Cook C revealed the food consistencies and menus have recently changed and some food items now get pureed even for clients on a ground consistency diet.</p> <p>Review on 9/15/25 of client #1's IPP dated 2/19/25 revealed he receives a 4100 calorie ground food diet. Additional review of diet texture information (dated 4/2025) revealed ground is the equivalent of moist & minced food and "pieces are smaller than 1/8".</p> <p>Interview on 9/16/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1's peaches should be ground with visible pieces as described and not pureed.</p>	W 460			

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

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FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/16/2025
NAME OF PROVIDER OR SUPPLIER CASWELL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 W. VERNON AVENUE KINSTON, NC 28501		
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W 460	Continued From page 12 Interview on 9/16/25 with the Dietary Director confirmed ground food consistency is now moist & minced and peaches can be cut up manually and not pureed.	W 460			