PRINTED: 09/26/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G123	B. WING _			09/17/2025	
NAME OF PROVIDER OR SUPPLIER THE ATRIUM/THE RESPITE CENTER				STREET ADDRESS, CITY, STATE, ZIF 101 HORIZONS LANE RURAL HALL, NC 27045	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN C ((EACH CORRECTIVE A(CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIA		
W 125	CFR(s): 483.420(a)(3) The facility must ensurable the facility individual clients to export the facility, and as including the right to fit to due process. This STANDARD is replaced to ensure the right to failed to ensure the right to failed to ensure the right relative to providing produced clients (#20) dois: Observations in the failed to ensure the right relative to providing produced clients (#20) dois: Observations in the failed to ensure the failed to ensure the right relative to providing produced the day room on the soiled. Further observation at 6:00 Provided processes to have soiled herself waist to her thigh area observation at 6:00 Provided processes to have soiled pants. At no observation did staff right day room to provide processes the failed that client #20 leak at times. Further manager revealed state client #20 to remain in peers with soiled clott Continued interview was made nursing aware a room for personal carclothes.	ire the rights of all clients. Imust allow and encourage dercise their rights as clients citizens of the United States, file complaints, and the right and the right and the right and interviews, the facility ght to dignity and respect ersonal care affecting 1 of 6 on the B wing. The finding acility on 9/16/25 from aled client #20 to be seated as B wing with her pants are acilient #20 covering from the clients' as on both legs. Continued of the recovering from the clients are client #20's neck on top of	W			(YE) DATE	

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G123	B. WING	B. WING		09/17/2025		
NAME OF PROVIDER OR SUPPLIER THE ATRIUM/THE RESPITE CENTER			•	10	TREET ADDRESS, CITY, STATE, ZIP CODE D1 HORIZONS LANE URAL HALL, NC 27045			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 125	professional (QIDP) of have been trained to respect of the clients	alified intellectual disabilities on 9/17/25 revealed staff honor the dignity and at all times.		125				
W 130	professional (QIDP) on 9/17/25 revealed staff have been trained to honor the dignity and respect of the clients at all times. PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, document review, and interview, the facility failed to ensure clients were afforded privacy during medication administration. This affected 2 of 6 audited clients (#9 and #17). The finding is: A. The facility failed to ensure privacy was given during the medication administration for client #9. Observation during the medication administration (C-Wing) on 9/17/25 revealed Med Tech #1 to prepare client #9's medication on top of the medication cart while standing in the hallway. Continued observation revealed the Med Teach #1 to transport client #9 to the hallway from the dayroom to administer his medications through his g-tube. Further observation revealed at no time did Med Tech #1 utilize a private screen or client #9's bedroom. Review on 9/17/25 of the facility's medication administration policy dated 5/23/19 revealed the following procedures " to promote a culture of safety and to prevent medication errors, avoid distractions and interruptions when preparing and		W	130				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G	' '	(X3) DATE SURVEY COMPLETED		
		34G123	B. WING		09/	17/2025		
NAME OF PROVIDER OR SUPPLIER THE ATRIUM/THE RESPITE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 101 HORIZONS LANE RURAL HALL, NC 27045	1 03/11/2020			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE		
W 130	the time of medication drug education." Interview with the not qualified intellectual (QIDP) on 9/17/25 r been offered privacy. B. The facility failed during the medication #17. Observation during B-Wing) on 9/17/25 prepare client #17's medication cart whill Continued observation administer client #1 g-tube in the hallware residents were passed at no time private screen or client Review on 9/17/25 administration policy.	arsing manager and the disabilities professional evealed client #9 should have a during his medication pass. Ito ensure privacy was given administration for client the medication administration for client the medication on top of the estanding in the hallway. For revealed Med Tech #2 to medication through his y while staff and other ing by. Further observation did Med Tech #2 utilize a ent #17's bedroom.	W 13					
	safety and to prever distractions and inte administering medic rights" of medication should be in the mo the time of medication drug education."	s" to promote a culture of at medication errors, avoid erruptions when preparing and eation and adhere to the "five a administration. Residents at private setting allowable at on administration to allow for a ursing manager and the QIDP client #17 should have been ag his medication pass.						

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION B	(X3) DATE SURVEY COMPLETED		
		34G123	B. WING		09/17/2025		
NAME OF PROVIDER OR SUPPLIER THE ATRIUM/THE RESPITE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 101 HORIZONS LANE RURAL HALL, NC 27045			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETION		
W 340 W 340	NURSING SERVIC CFR(s): 483.460(c) Nursing services monother members of the appropriate protection measures that inclustraining clients and shealth and hygiene. This STANDARD is Based on observation interview, the facility services in accordance relative to addressing and providing drug of tech for 4 of 6 audition #24). The findings at A. The facility failed with client #20's g-to Afternoon observation from 5:15PM-6:00P seated in the day rosoiled. Continued of area to cover from a cover from thighs on both legs. That at no point during alert nursing services for signs of leakage. Interview with the norevealed staff shoul client's soiled pants her thighs as it could blockage in the g-turnursing manager version of the service of the gentlement of the gentlemen	Les (5)(i) Lust include implementing with the interdisciplinary team, we and preventive health de, but are not limited to staff as needed in appropriate methods. Is not met as evidenced by: ions, document review, and y failed to provide nursing the clients' medical needs and the clients' medical needs and the clients medical needs and the clients (#9, #17, #20 and the clients (#9, #17, #17, #17, #17, #17, #17, #17, #17	W 34 W 34				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	, ,	TE SURVEY MPLETED	
		34G123	B. WING _			9/17/2025	
NAME OF PROVIDER OR SUPPLIER THE ATRIUM/THE RESPITE CENTER				STREET ADDRESS, CITY, STATE, ZIP CO 101 HORIZONS LANE RURAL HALL, NC 27045			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 340	Continued From pag	e 4	W 3	40			
	_	to provide drug education n administration for client					
	revealed Med Tech # medication on top of standing in the hallw from client #17. Constaff member to transhallway to the dayrocontinued to prepare observation revealed client #17 from the dand administered the g-tube. Additional obtime did Med Tech #	the medication ng) on 9/17/25 at 6:54 AM #2 to prepare client #17's the medication cart while ay with her back turned away tinued observation revealed a sport client #17 from the om while Med Tech #2 the medications. Further If Med Tech #2 to transport ayroom back to the hallway medications through his servation revealed that at no 2 inform client #17 what taking, its purpose, and by					
	administration policy following procedures identity using the info EMAR. Explain that ready to be given an medication should be and its purpose. To pand to prevent medications and interactions are also interactions and interactions and interactions and interactions are also interactions are also interactions and interactions are also interactions and interactions are also i	f the facility's medication dated 5/23/19 revealed the "confirm the patients' ormation with the MAR or the medication is getting d by which route. Each explained as to what it is promote a culture of safety cation errors, avoid truptions when preparing and ation and adhere to the "five administration. Residents of private setting allowable at an administration to allow for					
	Interview on 9/17/25	with the nursing manager					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		34G123	B. WING _			09/17/2025		
NAME OF PROVIDER OR SUPPLIER THE ATRIUM/THE RESPITE CENTER			•	STREET ADDRESS, CITY, STATE, ZIP COI 101 HORIZONS LANE RURAL HALL, NC 27045)E			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE		
W 340	what the medication is route. C. The facility failed is during the medication #24. Observations during is administration (B-Wir revealed Med Tech # medication on top of is standing in the hallwar revealed client #24 w bed. Further observation to enter into client #24 administered the medicational observation did Med Tech #2 informedications she was which route. Review on 9/17/25 of administration policy following procedures identity using the informedication should be and its purpose. To propose the process of the purpose	ech #2 should have ion to client #17 by stating s, its purpose, and which to provide drug education administration for client the medication eg) on 9/17/25 at 7:25 AM 2 to prepare client #24's the medication cart while ey. Continued observation as in her bedroom lying in tion revealed Med Tech #2 4's bedroom and lications through her g-tube. In revealed that at no time emed client #24 what taking, its purpose, and by the facility's medication dated 5/23/19 revealed the "confirm the patients" emation with the MAR or the medication is getting I by which route. Each explained as to what it is romote a culture of safety	W 34	40				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G123	B. WING _			09/	17/2025
NAME OF PROVIDER OR SUPPLIER THE ATRIUM/THE RESPITE CENTER				101	EET ADDRESS, CITY, STATE, ZIP CODE HORIZONS LANE RAL HALL, NC 27045	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 340	Interview on 9/17/25 or confirmed that Med To provided drug education what the medication is route. D. The facility failed to during the medication of common during the medication of the during the medication of the during the medication on top of the standing in the hallware revealed client #9 was the dayroom. Further Tech #1 to transport of the hallway and addithrough his g-tube. As revealed that at no time informed client #9 who taking, its purpose, and Review on 9/17/25 of administration policy of following procedures identity using the informed client with the given and by who should be explained as purpose. To promote prevent medication en interruptions when promedication and adher medication administration and interruptions.	with the nursing manager ech #2 should have on to client #24 by stating is, its purpose, and which of provide drug education administration for client #9. The medication g) on 9/17/25 at 7:44 AM is to prepare client #9's he medication cart while y. Continued observation is participating in activities in observation revealed Medilient #9 from the dayroom ministered the medications in edid Med Tech #1 at medications he was in by which route. The facility's medication dated 5/23/19 revealed the "confirm the patients" mation with the MAR or medications is getting ready sich route. Each medication is to what it is and its a culture of safety and to corors, avoid distractions and eparing and administering is to the "five rights" of allowable at the time of	W	340			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION NG	(X3)	(X3) DATE SURVEY COMPLETED		
		34G123	B. WING _			09/17/2025		
NAME OF PROVIDER OR SUPPLIER THE ATRIUM/THE RESPITE CENTER				STREET ADDRESS, CITY, STATE, ZIP (101 HORIZONS LANE RURAL HALL, NC 27045	CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
W 340	confirmed that Med To provided drug educat what the medication i route.	with the nursing manager ech #1 should have ion to client #9 by stating s, its purpose, and which	W 3					
W 382	CFR(s): 483.460(I)(2) The facility must keep locked except when be administration. This STANDARD is represented by the facility from the C-Wing. The file of the control of the C-Wing. The file of the facility failed to locked when not bein #17. Observations during the administration (B-Wing) and the control of the cont	o all drugs and biologicals being prepared for not met as evidenced by: ns, document review, and failed to ensure all drugs ept when being administered indings are: o ensure medications were g administered for client the medication g) on 9/17/25 at 6:54 AM	W 3	382				
	to prepare client #17's medication cart while Continued observatio walk away leaving clies syringe on top of the #17 from the day roor Further observation reunlocked and accession interview on 9/17/25 confirmed the medical							

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		34G123	B. WING _				9/17/2025
NAME OF PROVIDER OR SUPPLIER THE ATRIUM/THE RESPITE CENTER			•	101 HO	ADDRESS, CITY, STATE, ZIP CODE RIZONS LANE L HALL, NC 27045	•	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFII TAG	<	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 382	Afternoon observation from 4:30PM-6:00PM with prescription labor #21's room. Further revealed this survey manager that the top #21's room for approcessing for approximate for	hen not in use for client #21 example: ons in the facility on 9/16/25 M revealed several topicals els on the nightstand in client observations at 6:00PM or to alert the nursing oicals have been in client oximately 75 minutes. ons revealed the nursing the topicals from client #21's em in the medication cart. arsing manager on 9/17/25 should be locked in the curses' station when they are therefore with the nursing taff have been trained to not rescription labels to remain in cured. to keep the medication cart use on the C wing. For ons from 4:30PM-5:58PM d medication cart in the ng. Further observations at surveyor to alert the qualified es professional (QIDP) that has remained unlocked for a	W	382			

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NAME OF PROVIDER OR SUPPLIER THE ATRIUM/THE RESPITE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 101 HORIZONS LANE RURAL HALL, NC 27045			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
W 382	medication techniciar	s staff have been trained to cart double locked when it is	W 3	82			