

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

PRINTED: 11/13/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G261	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/13/2025
NAME OF PROVIDER OR SUPPLIER SCI-EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 338 COOPER DRIVE WINTERVILLE, NC 28590		
(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 247	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management. 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 1 of 3 audit clients (#7) included opportunities for choice and self-management regarding food choices. The finding is:</p> <p>During breakfast observations in the home on 11/13/25 at 8:00am, client #7 was served grits and a boiled egg. Staff B sat beside her and attempted to feed her with hand over hand prompting. However, client #7 repeatedly pushed the plate away and refused to eat. At 8:20am, client #7's plate was taken to the kitchen by Staff B, and she left the table. She was not offered a substitution for any items.</p> <p>Interview on 11/13/25 with Staff B revealed client #7 does not like hard boiled eggs, and that is why she did not eat. Staff B stated that she would try and see if she would eat it later.</p> <p>Interview on 11/13/25 with the Director revealed a substitution should be offered for choice in foods if client #7 does not like a food.</p>	W 247			
W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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</p>	W 249			

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 249	<p>Continued From page 1 and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 3 audit clients (#4 and #7) 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 and communication. The findings are:</p> <p>A. Observation in the home throughout 11/12/25 to 11/13/25 revealed client #4 attempting to communicate with no communication book or Dynavox. On 11/12/25, he joined in table activities, assisted with meal preparation, and ate his evening meal without a communication device. He attempted to point, gestures, and make audible sounds to have conversation. On 11/13/25, he assisted with meal preparation and ate his breakfast with no communication device. Once again, he attempted to communicate by gesturing and making noises. At no time was staff observed to encourage him to use his communication book. At 8:15am, the surveyor asked client #4 if he had a communication book, and he went to his bedroom to retrieve it. At 8:40am, he sat at the activity table with his Dynavox.</p> <p>Review on 11/12/25 of client #4's IPP, dated 4/22/25, revealed he is unable to communicate effectively, and this leads to frustration when trying to express his wants or feelings. Expressively, he uses a communication book and</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>Dynavox to communicate. Staff should ensure he has his communication book with him at all times to support effective communication and facilitate daily interactions. His communication guidelines confirm that he uses his communication book as a "primary" tool for expressive communication, and he should have it with him at all times.</p> <p>Review on 11/13/25 of client #4's speech evaluation, dated 4/7/25, revealed he uses a Dynavox and should have his communication book with him at all times because this is how he is able to effectively communicate.</p> <p>Interview on 11/13/25 with client #4 revealed he identified his communication book.</p> <p>Interview on 11/13/25 with the Director revealed client #4 was using his Dynavox this morning, and staff should ensure he has his communication book with him.</p> <p>B. Observation on 11/12/25 in the home at 6:00pm revealed Staff A using a spoon to scoop food and feed client #7 her dinner with hand over hand prompts. She was not encouraged to eat independently. On 11/13/25 at 8:00am, Staff B used a spoon to scoop food and attempting to feed client #7 her breakfast with hand over hand prompts. Client #7 rejected her breakfast and was not encouraged to eat independently.</p> <p>Review on 11/12/25 of client #7's IPP, dated 4/1/25, revealed she is capable of feeding herself independently, requiring staff support when using a fork to spear food. However, she can use a spoon without assistance. She "becomes complacent when staff feed her". Additionally, her mealtime guidelines state that "under no</p>	W 249			

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W 249	Continued From page 3 circumstances should staff feed" her, using only graduated guidance when necessary to include gestures and verbal prompting prior to hand over hand prompting. Interview on 11/13/25 with Staff B revealed staff normally use a spoon to scoop client #7's food and then feed her with hand over hand prompting. Interview on 11/13/25 with the Director revealed staff should encourage independence in dining per guidelines.	W 249			
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 each client received a nourishing, well balanced diet including modified specially prescribed diet as prescribed. This affected 1 of 3 audit clients (#7). The finding is: During dinner observations on 11/12/25 at 6:00pm, client #7 was served and consumed whole shrimp, macaroni and cheese, slaw, and pear slices. Her food was not chopped. She did not have difficulty with eating. During breakfast observations on 11/13/25, client #7 was served grits and a whole egg, cut into three pieces. She refused her meal.	W 460			

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W 460	Continued From page 4 Review on 11/12/25 of client #7's Individual Program Plan (IPP), dated 4/1/25, revealed she has a prescribed diet with chopped texture. Review on 11/13/25 of client #7's Occupational Therapy (OT) evaluation, dated 4/4/25, revealed her diet was downgraded from a regular texture to a chopped diet texture due to her chewing style. Her food should be no larger than 1/2" in size. Interview on 11/13/25 with Staff B revealed client #7's food should be chopped.	W 460			
W 484	DINING AREAS AND SERVICE CFR(s): 483.480(d)(3) The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure needed adaptive equipment was provided for 1 of 3 audit clients (#7). The finding is: Observations in the home on 11/12/25 at 6:00pm revealed client #7 pouring her beverage with hand over hand prompting from staff into regular cups. No liquid indicator or handled cups were used. On 11/13/25 at 8:00am, client #7 was not offered cups with handles. Staff was observed to serve her beverages from a regular cup with hand over hand prompting. Further observation revealed client #7's cups with handles in the kitchen cabinet.	W 484			

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W 484	Continued From page 5 Review on 11/12/25 of client #7's Individual Program Plan (IPP), dated 4/1/25, revealed her adaptive equipment includes cups with handles and a liquid indicator. Her mealtime guidelines include cups with handles as they "allow her to grip more securely and prevent spills". To further increase her independence, she should use a liquid indicator to help her monitor how to fill her glass. Review on 11/13/25 of client #7's Occupational Therapy (OT) evaluation, dated 4/4/25, revealed she uses mugs with handles for all fluid needs. Interview on 11/13/25 with Staff B revealed client #7 refuses to use the cups with handles and doesn't want to grasp them. Interview on 11/13/25 with the Director revealed staff should be encouraging and teaching client #7 to use her cups with handles.	W 484			