

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/02/2025
NAME OF PROVIDER OR SUPPLIER SANDRIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 199 CINNAMON DRIVE HUBERT, NC 28539		
(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 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 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 1 of 5 audit clients (#7) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of dining guidelines. The finding is:</p> <p>A. During afternoon snack observations in the home on 12/1/25, Staff A was observed stirring client #7's two glasses of liquid while client #7 was sitting at the table.</p> <p>Review on 12/1/25 of client #7's dining guidelines dated 3/13/25 stated, "Have...food and drink prepared before she comes to the table".</p> <p>During an interview on 12/1/25, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #7's food and drinks should be prepared before she comes to the table.</p> <p>B. During breakfast observations in the home on 12/2/25, Staff D was observed feeding client #7 her breakfast. Further observations revealed at</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	Continued From page 1 7:38am client #7 consumed four bites of food before getting anything to drink; at 7:40am client #7 consumed three bites of food before getting anything to drink; at 7:42am client consumed three bites of food before getting anything to drink; at 7:43am client #7 consumed seven bites of food before getting anything to drink; 7:46am client #7 consumed four bites of food before getting anything to drink; at 7:48am client #7 consumed seven bites of food before getting anything to drink and at 7:52am client #7 consumed four bites of food before getting anything to drink. Review on 12/1/25 of client #7's dining guidelines dated 3/13/25 revealed, "Offer...her drink after every 1 - 2 bites of food; repeat throughout the meal". During an interview on 12/2/25, Staff D confirmed she did not follow client #7's dining guidelines. Further interview revealed client #7 is suppose to have one to two bites of food and then getting something to drink. During an interview on 12/2/25, the QIDP confirmed client #7 should be given one to two bites of food and then have a drink.	W 249			
W 388	DRUG LABELING CFR(s): 483.460(m)(1)(i) Labeling for drugs and biologicals must be based on currently accepted professional principles and practices. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility	W 388			

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

PRINTED: 12/03/2025
FORM APPROVED
OMB NO. 0938-0391

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W 388	Continued From page 2 failed to assure medications were labeled appropriately. This effected client 1 of 5 audit clients (#16). The finding is: During morning medication administration observations in the home on 12/2/25 at 7:07am, client #16's Aquaphor cream was not labeled. During an interview on 12/2/25, Staff A confirmed client #16's Aquaphor cream was not labeled. Further interview revealed the plastic bag for client #16's Aquaphor cream was probably thrown away. Staff A reported the Aquaphor cream is applied to client #16's hands. During an interview on 12/2/25, the Home Supervisor (HS) stated client #16's Aquaphor cream was not labeled. Further interview revealed the plastic bag for client #16's Aquaphor cream was probably thrown away while on a home visit. During an interview on 12/2/25, the facility's nurse confirmed client #16's Aquaphor cream was not labeled.	W 388			
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	W 460			

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W 460	<p>Continued From page 3 prescribed. This affected 1 of 5 audit clients (#7). The finding is:</p> <p>A. During afternoon snack observations in the home on 12/1/25 at 3:48pm, Staff B put one scoop (which is included) of Thick- It into two separate glasses of liquid. Further observations revealed the liquid was in a thin consistency as client #7 drank it. Client #7 consumed the first glass of liquid.</p> <p>During an interview on 12/1/25, Staff B at first stated there should have been two scoops of Thick - It added to client #7's drinks. Staff B stated the glasses held eight ounces of liquid. When the surveyor stated the directions on the container stated two scoops should be added when the glass holds four ounces, Staff B added another scoop of Thick - It. After client #7 finished the second glass of liquid, that is when Staff B stated four scoops of Thick - It should have been added to the drinks. Staff B confirmed the liquids for client #7 were not the right consistency, which is honey thick.</p> <p>Review on 12/1/25 of client #7's Individual Program Plan (IPP) dated 3/13/25 revealed her liquid consistency is honey thick.</p> <p>Review on 12/1/25 of client #7's dining guidelines dated 3/13/25 stated, "FLUIDS: Honey Thick".</p> <p>During an interview on 12/1/25, the Qualified Intellectual Disabilities Professional (QIDP) dated client #7's liquids should have been in a honey thick consistency.</p> <p>B. During breakfast observations in the home on 12/2/25, Staff C place pieces of toast into a food</p>	W 460			

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W 460	<p>Continued From page 4</p> <p>processor and turned it on. Staff C then placed the ground up toast onto client #7's plate. Staff C did not add anything else to the toast. Further observations revealed client #7 consuming the ground toast for her breakfast.</p> <p>During an interview on 12/2/25, Staff C confirmed she did not add any liquid to client #7's toast. Further interview revealed client #7's food consistency is ground and all dry food should be moistened.</p> <p>Review on 12/1/25 of client #7's dining guidelines dated 3/13/15 stated, "FOOD: Ground; moistened all dry food".</p> <p>During an interview on 12/2/25, the QIDP confirmed client #7's dry food should be moistened.</p>	W 460			