STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G255	A. BUILDING _____ B. WING _____	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADYLAWN	901 SHADYLAWN DR CHAPEL HILL, NC 27516

(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 129	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure privacy was afforded to 2 of 4 audit clients (#3 and #4). The finding are: A. During evening observations in the facility on 12/1/25 at 3:33pm, staff enter client #3 room without knocking. Interview on 12/2/2025 with the Director of Residential Services (DRS) revealed the protocol is for staff to knock before entering client bedrooms. B. During evening observations in the facility on 12/1/25, client #6 entered client #4 bedroom and exposed himself to client #4 multiplie times while staff laughed and slowly re-directed client #6. Interview on 12/2/2025 with the DRS revealed they are working on client #6 privacy issues because he likes to expose himself.	W 129		
W 130	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 and interviews, the facility failed to ensure clients were afforded privacy during treatment and care of personal needs. This affected 1 of 4 audit clients (#4). The findings are:	W 130		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 130	Continued From page 1 During evening observations in the facility on 12/1/25 at 3:52pm, client #4 was in the bathroom taking a shower with the door open and exited the bathroom naked. During evening observations in the facility on 12/1/25 at 4:19pm, client #4 was using the bathroom with the door open, staff walked by and did not close the door. Record review on 12/2/25 of client #4 functional skills assessment dated 11/22/22 revealed client #4 completes showering independently with accommodations. It further revealed, client #4 uses the toliet independently. Interview with Staff A revealed client #4 does need staff assistance closing the door when showering. Staff A also revealed client #4 does not need staff assistance when toileting.	W 130		
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 review and interviews, the facility failed to ensure each client	W 249		

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W 249	Continued From page 2 received a continuous active treatment program consisting of needed interventions in the areas of family style dining. This affected 3 of 4 audit clients (#1, #3 and #6). The findings are: A. Observations in the home on 12/1-2/25 at 4:45pm at the dinner meal, Staff A scooped food from serving bowls onto client #1's, client #3's and client #6's plate without prompting any of them to assist. No family style dining (individual passing, pouring and serving) was observed. Further review on 12/2/25 at 6:25am at the breakfast meal, staff B poured cereal in a bowl with milk placed toast on the plate and poured juice in a cup and placed it on the table in front of each client. No family style dining (individual passing, pouring and serving) was observed. Review on 12/2/25 of client #1's functional skills assessment revealed client #1 is able to set table and scoop from one container to another with help from staff. Review on 12/2/25 of client #3's functional skills assessment revealed client #3 is able to set table, scoop from one container and pour his own drink independently. Interview on 12/2/25 with Staff A revealed serving the clients their food was family style dining due to some client behaviors around food, clients are unable to serve themselves. Interview on 12/2/25 with the Director of Residential Services revealed that the clients should participate in family style dining at all meals and participate as much as they are able to.	W 249		

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W 260	Continued From page 3	W 260		
W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to update the Individual Program Plan (IPP) annually as required for 2 of 4 audit clients (#3 and #6). The findings are: A. Review on 12/1/25 of client #3's record revealed an IPP dated 8/14/23. . B. Review on 12/1/25 of client #6's record revealed there is not a exact date of when the IPP meeting was taken or the start date of IPP . Interview on 12/2/25 with Staff A and Director of Residential Services (DRS) revealed they know client #3's IPP is outdated and they're in the process of updating it. Interview on 12/2/25 with Staff A and Director of Residential Services (DRS) revealed they are scheduling client #6 IPP meeting to update his plan.	W 260		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure techniques	W 288		

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W 288	Continued From page 4	W 288		

to manage inappropriate behaviors for 3 of 4 audit clients (#1, #3 and #6) were included in a formal active treatment program. The findings are:

Observations in the home throughout the survey on 12/1-2/25, each exterior door to the home contained a chime device secured the door. Each time one of the exterior doors would open by staff and /or clients, the alarm would sound.

Interview on 12/2/25 staff A revealed the chime was on the exterior doors due to clients walking off from the home. This helps monitor for potential elopement risk.

Review on 12/2/25 of client #1 Behavior Support Plan (BSP) 10/3/25 revealed objectives to address target behaviors of physical aggression, unsafe behaviors during meals, a reinforcement plan, and use of an intermission routine. Additional review of the BSP did not include the use of a alarm on each exterior door of the home.

Review on 12/2/25 of client #3 BSP 10/24/23 revealed objectives to address target behaviors including leaving his residence without escort, inappopriate urination, and physical aggression. Additional review of the BSP did not include the use of a alarm on each exterior door of the home.

Review on 12/2/25 of client #6 BSP 11/6/23 revealed objectives to address target behaviors including physical aggression, property destruction, and self-injurious behavior. Additional review of the BSP did not include the use of a alarm on each exterior door of the home.

Interview on 12/2/25 with the Director of

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W 288	Continued From page 5 Residential Services (DRS) confirmed the use of an alarm on the exterior doors of the home was not included in client #1's BSP.	W 288		
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, interviews and record reviews, the facility failed to ensure 1 of 4 audit clients (#6) was taught to wear thier glasses and make informed choices about their use. The finding is: During observations in the facility throughout 12/1/25 and 12/2/25, client #6 was seen doing various activities. At no time did client #6 wear eyeglasses, and staff did not encourage him to wear them. Review on 12/2/25 of client #6 Individual Program Plan (IPP), dated 11/2025, revealed he has eyeglasses. Interview on 12/2/25 with Staff A revealed that client #6 has not been wearing eyeglasses for over a year and a half. Interview on 12/2/25 with Director of Residential Services revealed client #6 does not have a vision assessment on file.	W 436		
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1)	W 440		

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W 440	Continued From page 6 at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to conduct a fire drill, on each shift, per quarter. This had the potential to effect 6 of 6 living in the home (#1, #2, #3, #4, #5, and #6). The finding is: Record review on 12/1/25 of fire drills conducted in the past year revealed there were no fire drills conducted on third shift between 10pm - 8am between December 2024 and November 2025. Interview on 12/2/25 with the Director of Residential Services (DRS) confirmed that drills should be completed during completed quarterly on each shift.	W 440		