

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

PRINTED: 12/16/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/16/2025
NAME OF PROVIDER OR SUPPLIER MINERAL SPRINGS I AND II			STREET ADDRESS, CITY, STATE, ZIP CODE 410 & 414 MINERAL SPRINGS ROAD DURHAM, NC 27707		
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W 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based observation and interview, the facility failed to ensure clients had the right to be treated with dignity. This affected 1 of 5 audit clients (#9). The finding is:</p> <p>Observation in the home on 12/15/25 from 4:30pm until 5:15pm, client #9 was sitting in his wheelchair with a urinal placed in a clear plastic bag sitting on top of his backpack in clear view. The urinal was visible to anyone in the home.</p> <p>During further observation on 12/15/25 at 5:15pm, client #9 was observed leaving the home to go on a dinner outing with the urinal placed on top of the backpack in a clear plastic bag visible to anyone in the community.</p> <p>Continued observation on 12/16/25 at 7:00am in the home, client #9 came out of his bedroom with the urinal placed on top of his backpack in a clear plastic bag.</p> <p>Interview on 12/16/25 with staff F revealed his urinal is placed there for access when it is needed.</p> <p>Interview on 12/16/25 with the qualified intellectual disabilities professional (QIDP) confirmed client #9 should not have the urinal placed on top of his backpack, visible for anyone</p>	W 125			

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 125	Continued From page 1 to view.	W 125			
W 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>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, record review and interviews, the facility failed to ensure clients were afforded privacy. This affected 1 of 5 audit clients (#12). The finding is:</p> <p>During observations in the home on 12/16/25 at 7:50am, client #12 was in the bathroom sitting on the toilet with his pants down around his ankles and the bathroom door open. Further observations in the home at 8:15am, client #12 walked into the bathroom and pulled down his pants and used the bathroom with the door open.</p> <p>Record review on 12/16/25 of client #12's adaptive behavior inventory (ABI) dated 3/26/25 revealed client #9 needs assistance in closing the bathroom door when using the toilet.</p> <p>Interview on 12/16/25 with the qualified intellectual disabilities professional (QIDP) confirmed that client #12 needs assistance closing the door when using the bathroom.</p>	W 130			
W 242	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding,</p>	W 242			

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W 242	<p>Continued From page 2</p> <p>bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions in the area of privacy. This affected 1 of 5 audit clients (#12).The finding is:</p> <p>During observations in the home on 12/16/25 at 7:50am, client #12 was in the bathroom sitting on the toilet with his pants down around his ankles with the door open. Further observation in the home at 8:15am, client #12 walked into the bathroom and pulled down his pants and used the bathroom with the door open.</p> <p>Record review on 12/16/25 of client #12's adaptive behavior inventory (ABI) dated 3/26/25 revealed client #12 needs assistance in closing the bathroom door when using the toilet.</p> <p>Interview on 12/16/25 with the habilitation technician (HT) revealed client #12 was on a privacy goal and didn't make any progress and the goal was discontinued.</p> <p>Interview on 12/16/25 with the qualified intellectual disabilities professional (QIDP) confirmed that client #12 needs assistance closing the door when using the bathroom.</p>	W 242			
W 340	<p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with</p>	W 340			

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W 340	Continued From page 3 other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in the area of medication administration. This affected 1 of 5 audit clients (#1). The finding is: During observations in the home on 12/16/25 at 8:00 am, medication technician #1 (MT #1) was observed administering medication to client #1. At no time during the medication administration did MT 1 reference the Electronic Medication Administration Record (EMAR) to ensure that he was giving the correct medication. Interview on 12/16/25 with MT #1 revealed that he administers the medications that are in the medication cart drawer for the clients. Interview on 12/16/25 with the facility nurse revealed that staff are trained to check EMAR prior to and during medication administration.	W 340			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure all medications were administered without error. This affected 2 of 5 audit clients (#1 and #12). The findings are:	W 369			

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W 369	Continued From page 4 A. During observations in the home on 12/16/25 at 8:00 am, Medication Technician #1 (MT #1) administered client #1's medication. Client #1 received Tamsulosin, Vitamin D3, Risperidone, Cogentin, Calcium, Omeprazole and Lactulose. Further observation revealed client #1 began eating breakfast at approximately 8:15am. Record review on 12/16/25 of client #1's physician's orders dated 11/12/25 revealed an order for Omeprazole Cap 20mg, take 1 capsule by mouth every morning 30 minutes before breakfast, and Tamsulosin Cap 0.4mg, take 1 capsule by mouth every morning 30 minutes after breakfast. Interview on 12/16/25 with the facility nurse confirmed client #1 should have received Omeprazole 30 minutes before breakfast and Tamsulosin 30 minutes after eating breakfast. B. Observation in the home on 12/15/25 at 4:30pm, MT #2 administered client #12's medication at 4:30pm. Client #12 consumed Metformin 1000 mg, with a cup of water. Further observation on 12/15/25 revealed client #12 began eating dinner at 5:30pm. Record review on 12/16/25 of client #12's physician's orders dated 11/4/25 revealed an order for, "Metformin 1000mg, take 1 tablet by mouth twice daily for prevention of type 2 diabetes. Should always be taken with food or after meal to minimize potential for gastric irritation and /or GI bleed".	W 369			

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W 369	Continued From page 5 Interview on 12/16/25 with the facility nurse confirmed client #12's medication should have been given with food or after dinner per the physician orders.	W 369			
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: The facility failed to assure fire drills were conducted quarterly for each shift of personnel as evidenced by interview and record verification. The finding is: Review on 12/15/25 of the facility's fire drill evacuation reports revealed for the time period of January 2025 through December 2025 revealed there was no first shift fire drill conducted for the quarter of July 2025 through September 2025. Interview with the qualified intellectual disabilities professional (QIDP) confirmed there was quarterly fire drill completed for first shift from July 2025 through September 2025.	W 440			
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 review and interviews, the facility failed to ensure client #12 received his diet as ordered. This affected 1 of 5 audit clients. The findings are:	W 460			

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W 460	Continued From page 6 During dinner observations in the home on 12/15/25 at 5:30pm, client #12 placed egg noodles, 2 whole slices of meatloaf and 4 inch pieces of cabbage leafs on his plate. Client #12 consumed the whole noodle, meatloaf and cabbages without being cut into 1/2 inch pieces. Record review on 12/15/16 and 12/16/25 of client #12's Individual Program Plan (IPP) dated 5/8/25 and physician orders dated 11/4/25 revealed he consumes a heart healthy, cut 1/2 inch pieces. Interview on 12/16/25 with staff E revealed client #12's food should be cut into 1/2 pieces. Interview on 12/16/25 with the qualified intellectual disabilities professional (QIDP) confirmed client #12's food should be cut into 1/2 inch pieces.	W 460			
W 481	MENUS CFR(s): 483.480(c)(2) Menus for food actually served must be kept on file for 30 days. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure food substitutions were documented. The findings are: A. Review on 12/15/25 of the menu book revealed meatloaf, mashed potatoes, boiled cabbage and fruit cup. During observations in the home on 12/15/25 at 5:17pm, clients were observed eating dinner. Client #1 was observed eating meatloaf, mashed potatoes and a salad.	W 481			

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W 481	<p>Continued From page 7</p> <p>Interview on 12/16/25 with staff D revealed substitutions should be documented but he was unsure where they were documented.</p> <p>B. Review on 12/15/25 of the menu book revealed meatloaf, mashed potatoes, cabbage and fruit cup. Review on 12/16/25 of the menu book revealed oatmeal, toast, turkey sausage, seasonal fruit and milk, water or juice</p> <p>During observations in the home on 12/15/25 at 5:30pm clients were observed eating dinner. Client #12 was observed eating egg noodles, meatloaf and cabbage. Review on 12/16/25 at 8:15am client #12 was eating pancakes for breakfast.</p> <p>Interview on 12/16/25 with staff E revealed substitutions were not documented in the home. Staff E stated she was aware of what client #12 did not eat.</p> <p>Interview on 12/16/25 with the qualified intellectual disabilities professional (QIDP) revealed that there is no place for staff to document food substitutions. However, the QIDP confirmed that food substitutions should be documented.</p>	W 481			