

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

PRINTED: 01/05/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/30/2025
NAME OF PROVIDER OR SUPPLIER CREST ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 114 GREENHOUSE LANE SOUTHERN PINES, NC 28387		
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W 000	INITIAL COMMENTS	W 000			
W 104	<p>A recertification survey was completed on 12/29/25 - 12/30/25. Condition and standard level deficiencies were cited. In addition, a complaint survey was completed for intakes #NC00235005 and #NC00235049. The complaints were unsubstantiated. No deficiencies were cited in relation to the complaints.</p> <p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observations and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to ensure repairs and maintenance at the group home were completed in a timely manner. This affected 4 of 4 clients (#1, #2, #3, and #4). The finding is:</p> <p>Observations on 12/29/25 in the den revealed a soiled sofa, covered with stains and dirt. On 12/30/25, a large, additional urine stain was noted in the cloth cushion of the sofa.</p> <p>Interview on 12/30/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she "thought she had seen something on the sofa". She acknowledged that the sofa was soiled and stained.</p>	W 104			
W 107	<p>COMPLIANCE W FEDERAL, STATE & LOCAL LAWS CFR(s): 483.410(b)</p> <p>The facility must be in compliance with all applicable provisions of Federal, State and local</p>	W 107			

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 107	<p>Continued From page 1</p> <p>laws, regulations and codes pertaining to health. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to follow state law which requires staff obtain their certified CPR and first aid training. This had the potential to affect 4 clients in the home (#1, #2, #3, and #4). The finding is:</p> <p>Review on 12/29/25 of personnel records revealed Staff C and Staff D were hired 11/10/25 and were still "in progress" for obtaining their CPR and First Aid training certification.</p> <p>Review on 12/30/25 of staff schedules, dated 11/26/25 - 1/6/26 revealed Staff C and D were the only staff scheduled to work with the clients on the following dates: *Staff C 11/28/25 for 4 hours; 12/4/25 for 8 hours; 12/8/25 for 8 hours; 12/18/25 for 8 hours; 12/26/25 for 4 hours; and, 1/1/26 for 4 hours. *Staff D 12/8/25 for 8 hours and 12/26/25 for 4 hours</p> <p>Interview with Staff C revealed she had not completed the certification training and had worked at times alone with the clients, "up to a couple of hours".</p> <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP) revealed either she or the home manager usually came in to cover when a staff called out or staffing numbers were low. However, this was not always written on the schedule. The QIDP acknowledged that there was only 1 staff in the home during the morning hours on 12/30/25. Some of the new staff are still scheduled to complete the CPR and First Aid training. The QIDP acknowledged they should not work alone with the clients.</p>	W 107			

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W 158	FACILITY STAFFING CFR(s): 483.430 The facility must ensure that specific facility staffing requirements are met. This CONDITION is not met as evidenced by: The facility failed to: provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans (W186). The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated Facility Staffing.	W 158			
W 186	DIRECT CARE STAFF CFR(s): 483.430(d)(1-2) The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure there were sufficient staff to supervise and assist 3 of 4 audit clients (#1, #3, and #4) in behavior management, provide active treatment, and ensure his safety. The finding is: Review on 12/29/25 of client #4's individual program plan (IPP), dated 11/05/25, revealed he is a 10-year-old with a diagnosis of severe intellectual disability and autism with an admittance date of 10/9/25. He has a history of elopement, food-stealing, and pica behaviors; He benefits from a structured day to decrease anxiety.	W 186			

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W 186	<p>Continued From page 3</p> <p>Review on 12/29/25 of client #4's behavior intervention plan (BIP) dated 10/28/25, revealed he has target behaviors to include elopement, pica, jumping on the bed, stealing food, entering peer's rooms without permission, and noncompliance. Triggers for behavior include unstructured time. He should have a highly structured environment with two choices for activities. Every 15-30 minutes, staff should provide praise for positive behavior. Supervision while in the home should be visual at all times due to ingesting inedibles. When he is near exits or outside, staff should be within arm's reach.</p> <p>Review on 12/30/25 of client #4's behavior data from 11/1/25 - 11/30/25 revealed four elopement behaviors and 34 pica behaviors. From 12/1/25 - 12/29/25, he had four elopement behaviors during the month.</p> <p>In addition, pica behavior were as follows in December: Week 1 - 24 incidents Week 2 - 28 incidents Week 3 - 27 incidents Week 4 - 34 incidents</p> <p>Review on 12/30/25 of the facility's incident reports revealed no incident reports, hospitalizations or medical issues for client #4 related to pica.</p> <p>Observations in the home on 12/29/25 at 11:00am revealed Staff B to be the only staff member present to supervise three clients (#1, #3, and #4), with one client (#2) at school. Client #4 constantly left the view of staff to enter other rooms. Staff B attempted to follow him. However,</p>	W 186			

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W 186	<p>Continued From page 4</p> <p>visual supervision could not be maintained at all times while still trying to supervise other clients in the home. Client #1 walked from his bedroom to the den area, at times jumping in repetitive motions. Client #3 laid on the sofa with a blanket, as client #4 repeatedly ran throughout the home and left the staff's presence. There was no structured activity, and the staff was unable to maintain safe supervision of all clients.</p> <p>At 12:20pm, the Qualified Intellectual Disabilities Professional (QIDP) entered the home to provide assistance to Staff B. While brief intervals of walking in the back yard were offered, no structured activity was offered during the afternoon. Client #4 continued to leave the vision of the QIDP and Staff B, with them repeatedly coming to get him back in eyesight. At 5:25pm, he was observed to be in the activity room, where paper, small items, and activities are openly available. From 5:27pm to 5:33pm, he was in the activity room alone, out of vision. At 5:39pm, he walked to the dining room area, retrieved an item from the open trashcan, and ate it. The QIDP, exited the kitchen, where she was cooking dinner, and told him to stop. She then asked a peer to take the trash out. Client #4 left the area.</p> <p>Observations in the home on 12/30/25 at 6:30am revealed the QIDP and Staff A in the home with four clients. The QIDP prepared breakfast in the kitchen as Staff A assisted clients in grooming. At 7:20am, client #4 walked around the den area and out of staff vision. At 8:11am he was observed to cry and whine loudly. Staff A asked him, "What's wrong?" and documented the crying. No further activity was offered. He then went to sit on the cloth sofa and urinated on the sofa. Staff A walked with client #4 to the bathroom</p>	W 186			

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W 186	<p>Continued From page 5 to change him.</p> <p>Interview on 12/29/25 with Staff B revealed client #4 is not "1:1" but "may as well be because staff must have eyes on him at all times because he will elope and eat inedibles such as paper, fabric, and leaves. He also eats out of the trashcan if not watched. To keep up with him means there is no time to do as much with the other clients".</p> <p>Interview on 12/30/25 with Staff A revealed client #4 is busy all the time and should be watched closely due to pica.</p> <p>Interview on 12/30/25 with the QIDP revealed client #4's supervision is visual at all times and within arms reach if outdoors or in the community due to pica.</p> <p>Review on 12/30/25 of staff schedules, dated 11/26/25 - 12/9/25, revealed only 5 total staff available to plan for coverage in the home. On 3 of 14 days in the schedule period, only 1 staff was scheduled for portions of the shifts. The 12/10/25 - 12/23/25 schedule revealed on 8 of 14 days, only 1 staff was scheduled for a shift, or portion of a shift. The 12/24/25 - 1/6/25 schedule revealed on 6 of 14 days, only 1 staff was scheduled for a shift or part of a shift.</p> <p>Interview on 12/29/25 with Staff B revealed she was expecting to be the only staff in the home for the day and did not expect the QIDP to be in. She acknowledged that staff shortages and call-ins make it difficult to watch client #4 and do activities, stating, "it is too much for 1 staff".</p> <p>Interview on 12/30/25 with Staff C revealed she had worked alone in the home for a couple of</p>	W 186			

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W 186	Continued From page 6 hours at the time and had not been trained in CPR and First Aid. While staffing is very low, it is "manageable" to work alone with clients. Interview on 12/30/25 with Staff A revealed the home has been short of staff, but if there is a call-out, usually either she or the QIDP comes in to cover. The home normally has 2 staff per shift. Interview on 12/30/25 with the QIDP revealed the home has struggled with staffing. Staff notify her when someone calls out, and normally either she or the Staff A come in to make coverage. She further revealed that client #4's behaviors had increased, and staff should have him in visual sight at all times due to his pica behaviors. The facility failed to provide enough staffing to meet the needs of client #4 in the areas of safety, supervision and active treatment. Client #4 has a history of elopement and pica behaviors, which requires visual supervision at all times. According to his BIP, client #4 s area should also be free from small, ingestible items. Observations throughout the survey revealed times in which only 1 staff working in the home with 4 clients. Even when there were 2 staff, there were still times that client #4 was without visual supervision, as staff attended to the needs other clients. The lack of staffing provided opportunities for client #4 to engage in the behaviors of wandering outside alone and also eating inedible items that could potentially result in harm.	W 186			
W 195	ACTIVE TREATMENT SERVICES CFR(s): 483.440 The facility must ensure that specific active	W 195			

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W 195	Continued From page 7 treatment services requirements are met. This CONDITION is not met as evidenced by: The facility failed to ensure: each client received a continuous active treatment program, which included aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services that was directed towards the acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible (W196); ensure clients received a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training and treatment directed towards the acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible (W249); ensure techniques used to manage behaviors were reviewed and monitored by the Human Rights Committee on behavior intervention plans (W262); and ensure a current written informed consent was obtained for restrictive behavior intervention plans (W263). The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated active treatment services to the client.	W 195			
W 196	ACTIVE TREATMENT CFR(s): 483.440(a)(1) Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health	W 196			

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W 196	<p>Continued From page 8</p> <p>services and related services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and confirmed by interviews with staff, the facility failed to provide an aggressive implementation of specialized treatment to 3 of 4 audit clients (#1, #3, and #4). The findings include:</p> <p>Cross reference W249: The facility failed to ensure clients received a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training and treatment directed towards the acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible for 3 of 4 audit clients (#1, #3, and #4).</p> <p>Cross reference W262: The facility failed to ensure techniques used to manage behaviors were reviewed and monitored by the Human Rights Committee (HRC) for 2 of 4 audit clients (#1 and #3) on behavior intervention plans (BIP).</p> <p>Cross reference W263: The facility failed to ensure a current written informed consent was obtained for restrictive Behavior Intervention Plans (BIP). This affected 2 of 4 audit clients (#1 and #2).</p>	W 196			
W 249	PROGRAM IMPLEMENTATION	W 249			

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W 249	<p>Continued From page 9 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 3 of 4 audit clients (#1, #3, and #4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of leisure, communication, and behavior intervention. The findings are:</p> <p>A. Observations in the home throughout the survey on 12/29/25 - 12/30/25 revealed client #4 repeatedly leaving the area where staff was, leading to staff failing to maintain visual supervision. During the afternoon on 12/29/25 from 11:30am - 5:30pm, he was offered to go outside twice, go on a brief van ride for an errand, and a small fidget. Staff did prompt him to clear his place setting at the table following meals. However, he periodically cried and whined. No other structured activity was offered throughout the afternoon. No functional communication skills, safety skills, tolerance skills, or boundary skills were observed to be taught, and neither visuals nor a device were used in activity or instruction, with the exception of a brief prompt using a</p>	W 249			

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W 249	<p>Continued From page 10</p> <p>Velcro picture. When walking away from staff or being noncompliant, staff did not respond with teaching alternate skills using a "first/then" visual, and no "knock and wait time" was observed to be taught. In addition, the use of a timer was not utilized. Staff did not offer regular intervals of praise for positive behavior, per the BSP. Throughout the home, no visuals were noted on doors or in the kitchen for teaching skills. During the morning observations on 12/30/25 from 6:30am - 9:30am, he walked throughout the home, away from staff, cried and whined in intervals. He went on a brief van ride for an errand with staff and returned to the home to have no structured activity or choices offered to him.</p> <p>Review on 12/29/25 of client #4's IPP, dated 11/5/25, revealed he has severe intellectual disability and autism. He benefits from predictable routines to reduce anxiety, is nonverbal, and communicates with gestures, signing, visuals, and a device. Formal training objectives included a toileting program, using a spoon and fork correctly at meals, clearing his place setting at the table, and reducing episodes of target behavior.</p> <p>Review on 12/29/25 of client #4's behavior intervention plan (BIP), dated 10/28/25, revealed he has target behaviors to include elopement, pica, stealing food, entering peer's rooms, and noncompliance. Triggers for behaviors include unstructured time. Preventative strategies should include a predictable routine with visual schedules and structured choices to reduce anxiety. He should be offered two options for meaningful activities. Active supervision should be maintained to include line of sight during</p>	W 249			

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W 249	<p>Continued From page 11 transitions, near exits, in the kitchen and outdoors.</p> <p>Continued review of client #4's BIP revealed a safe environment for pica should include the removal of small or ingestible items and maintaining a tidy area. Client #4 should be offered scheduled movement breaks, fidgets, and a crash pad. Replacement skills should be taught for functional communication using visuals, voice, or device. Boundary training should be taught through a "knock and wait" routine using door signs and visuals. Safety skills should be taught to include "stop", "wait", and "come back" practice. In addition, he should receive praise at least every 15-30 minutes in absence of target behaviors.</p> <p>Further review of the BIP revealed staff should respond to noncompliance by using a visual "first/then" and wait for one minute for response. A choice should be offered, and modeling should then be used for a second attempt. Finally, a break should be offered should he remain noncompliant.</p> <p>Interview on 12/29/25 with Staff B revealed client #4 had to be watched closely all the time, and he was always moving. It was difficult to find something he wanted to do. Staff do use a small picture board at times with him, but they do not use any further visuals or device to teach skills. Normally, staff redirect him verbally or take his hand. Staff try to keep the areas clear of things he may put in his mouth, but they do not document it. When asked how client #4 is monitored closely if one staff is cooking in the kitchen and the other is in the medication room, she stated staff "do the best they can".</p>	W 249			

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W 249	Continued From page 12 Interview on 12/30/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff should attempt to engage client #4 in various leisure activities throughout his day and provide structured routines with skill training. Normally, he attends school and this helps, but he is out for the holidays. While his pica behavior has been a concern, the team has not met to address the frequency since his BIP was planned. Staff make sure things he eats, such as paper, leaves, and fabric are cleared. However, this is not documented. No further intervention for his behavior has been addressed. B. During leisure time observations throughout the survey in the home on 12/29/25 - 12/30/25, client #1 either sat in his room playing video games or jumped throughout the den while video games played. He was not offered choices of activity or a structured routine. He was not observed to be involved in skill training. Staff did not provide praise every 30 minutes for positive behavior reinforcement. Review on 12/29/25 of client #1's IPP, dated 11/5/25, revealed he is diagnosed with autism and Attention deficit hyperactivity disorder (ADHD). He requires a structured environment. Formal training objectives included eating at an appropriate rate for meals, independently folding his shirt, independently shampooing his hair, and reducing episodes of target behaviors. Review on 12/29/25 of client #1's BIP, dated 11/6/24, revealed he should be provided with structure and "continuous activity that is fun and improve his independence". He should be provided with a variety of of structured leisure and	W 249		

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W 249	<p>Continued From page 13</p> <p>recreational activities while at home when not engaged in skill building. In addition, he should be provided with social praise every 30 minutes in the absence of target behaviors.</p> <p>Interview on 12/29/25 with Staff B revealed client #1 likes video games and prefers to do that if not in school. With client #4 having to be watched closer, it is difficult to do additional activities.</p> <p>Interview on 12/30/25 with the QIDP confirmed client #1's IPP should be implemented as written. In addition, staff should offer a variety of activities and follow the home schedule.</p> <p>C. During leisure time observations throughout the survey in the home on 12/29/25 - 12/30/25, client #3 sat on the sofa with a blanket as either cartoons or music videos played. On 12/29/25, she briefly assisted in dinner meal preparation and then went back to the sofa, covered with a blanket, and reclined until dinner. No other activities were offered, and she remained on the sofa for the entire afternoon. On 12/30/25, she dressed for the day and again sat on the couch with a blanket. She sat on the sofa looking around the room. She was not offered a structured routine or activity. Staff did not encourage her to participate in social activities or offer praise in regular intervals for positive behavior reinforcement.</p> <p>Review on 12/29/25 of client #3's IPP, dated 3/14/25, revealed she is diagnosed with a mild intellectual disability. She attends high school, and benefits from a structured routine with choices in activities. Formal training objectives included independently brushing her teeth, independently shampooing her hair, identifying</p>	W 249			

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W 249	Continued From page 14 bills with accuracy, and increasing appropriate social behavior. Review on 12/29/25 of client #3's BIP, dated 8/18/25, revealed she should be provided with structured routine and offered two choices of activities. In addition, she should receive social praise every 30 minutes in the absence of target behaviors. Interview on 12/29/25 with Staff B revealed client #3 likes to sit and watch others. They get to have "free time" since they are out of school. Interview on 12/30/35 with the QIDP revealed clients are normally in school and have a schedule. They mostly have free time if not in school. However, staff should be encouraging activities in the home as well.	W 249			
W 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure techniques used to manage behaviors were reviewed and monitored by the Human Rights Committee (HRC) for 2 of 4 audit clients (#1 and #3) on behavior intervention plans (BIP). The findings are: A. Review on 12/29/25 of client #1's BIP, dated 11/6/24, revealed objectives to address target behaviors of noncompliance, physical aggression,	W 262			

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W 262	Continued From page 15 property destruction, lying, inappropriate verbalizations, and spitting. Medications listed included Dexmethylphenidate, Guanfacine, Focalin, and Escitalopram. Further review revealed an additional BIP, dated 11/6/24, with the completion date for the goal marked through and a new goal date of 2/4/26 handwritten in. Medications included Dexmethylphenidate, Guanfacine, Focalin, and Escitalopram. The HRC signature was signed on 11/8/24 and not updated. There was no indications that the HRC had reviewed and agreed to the BIP currently utilized by staff. B. Review on 12/29/25 of client #3's BIP, dated 8/18/25, revealed objectives to address target behaviors of physical aggression, inappropriate touching, non-compliance, profanity, lying, loud vocalizations, and attention seeking. The plan did not include a list of medications. Review on 12/30/25 of client #3's physician orders, dated 10/1/25, revealed she is prescribed Ritalin, Risperidone, and Benztropine. Review on 12/30/25 of client #3's BIP consent forms revealed there was no indications that the HRC had reviewed and agreed to the BSP currently utilized by staff by an undated signature and no listed medications. Interview on 12/30/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed clients #1 and #3 should have updated HRC consents for current plans.	W 262			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)	W 263			

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W 263	<p>Continued From page 16</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a current written informed consent was obtained for restrictive Behavior Intervention Plans (BIP). This affected 2 of 4 audit clients (#1 and #2). The findings are:</p> <p>A. Review on 12/29/25 of client #1's BIP, dated 11/6/24, revealed objectives to address target behaviors of Noncompliance, physical aggression, property destruction, lying, inappropriate verbalizations, and spitting. Medications listed included Dexmethylphenidate, Guanfacine, Focalin, and Escitalopram.</p> <p>Further review revealed a BIP, dated 11/6/24, with the completion date for the goal marked through and handwritten a new date of 2/4/26. Medications included Dexmethylphenidate, Guanfacine, Focalin, and Escitalopram.</p> <p>Review on 12/29/25 of client #1's consent forms revealed consent for drug therapy by the guardian was valid to 10/14/24. No updated consent for the plan or medications could be located.</p> <p>B. Review on 12/29/25 of client #3's BIP, dated 8/18/25, revealed objectives to address target behaviors of physical aggression, inappropriate touching, non-compliance, profanity, lying, loud vocalizations, and attention seeking. The plan did not include a list of medications.</p> <p>Review on 12/29/25 of client #3's consent forms revealed no medications were listed.</p>	W 263			

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W 263	Continued From page 17 Review on 12/30/25 of client #3's physician orders, dated 10/1/25, revealed she is prescribed Ritalin twice per day, Risperidone, and Benztropine. Interview on 12/30/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed clients should have updated consent forms, but there were sometimes issues with contacting guardians.	W 263			
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 2 of 4 audit clients (#1 and #3) were taught to use assistive devices appropriately and make informed choices about their use. The findings are: A. During observations in the facility throughout 12/29/25 and 12/30/25, client #1 was seen playing video games. At no time did he wear eyeglasses, and staff did not encourage him to wear them. Review on 12/29/25 of client #1's Individual Program Plan (IPP), dated 11/5/25, revealed he has glasses. Review on 12/29/25 of client #1's vision exam,	W 436			

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W 436	<p>Continued From page 18 dated 7/28/25, revealed he was prescribed glasses, and should be encouraged to wear as needed.</p> <p>Interview on 12/30/25 with Staff A revealed she was unsure as to whether client #1 wore his glasses just for reading.</p> <p>Interview on 12/30/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #1 was prescribed glasses and usually has them on. While glasses are "as needed", staff should remind him to wear his glasses.</p> <p>B. During observations in the facility throughout 12/29/25 and 12/30/25, client #3 was seen watching television in the den. At no time did she wear eyeglasses during the survey, and staff did not encourage her to wear them.</p> <p>Review on 12/29/25 of client #3's Individual Program Plan (IPP), dated 3/14/25, revealed she has glasses.</p> <p>Review on 12/29/25 of client #3's vision exam, dated 12/20/24, revealed she was prescribed glasses, and should be encouraged to wear as needed.</p> <p>Review on 12/30/25 of client #3's doctor note, dated 5/22/25, revealed she should wear glasses "as tolerated".</p> <p>Interview on 12/30/25 with Staff A revealed she was unsure as to whether client #3 wore her glasses just for reading.</p> <p>Interview on 12/30/25 with the QIDP revealed</p>	W 436			

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W 436	Continued From page 19 client #3 was prescribed glasses, but they were optional. No training had been implemented for teaching her to wear her glasses, but staff should remind her to wear his glasses.	W 436			
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 12/29/25 of the facility's fire drill evacuation reports revealed for the time period of December 2024 through December 2025 revealed: *No first and third shift fire drills conducted for the quarter of 1/1/25 - 3/31/25. *No fire drills completed for any shift for the quarter of 4/1/25 - 6/30/25. *No third shift fire drill conducted for 2025 following 1 drill completed during the 1st quarter. Interview with the qualified intellectual disabilities professional (QIDP) revealed the facility had been short staffed, and she recognized they had overlooked fire drills. The QIDP stated she had trained staff in completing fire drills. However, no documentation for the inservice was available.	W 440			