STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G309	A. BUILDING ______ B. WING ______	**01/21/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON STREET EAST GROUP HOME	**407 WEST WASHINGTON STREET LA GRANGE, NC 28551**

(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 000	INITIAL COMMENTS A recertification and complaint survey for intake # NC00235406 was completed on January 20 - 21, 2026. The complaint was substantiated. Deficiencies related to the complaint and the recertification survey were cited.	W 000		
W 210	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3) Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure the interdisciplinary team completed preliminary assessments within 30 days after admission. This affected 2 of 4 audit clients (#3 and #5). The findings are: A. Review on 1/20/26 of client #3's individual program plan (IPP) dated 12/23/25 revealed he was admitted to the facility on 12/2/25. Further review of client #3's record revealed no audiology, psychology, speech and language, physical therapy or occupational therapy assessments were obtained within 30 days of admission. B. Review on 1/20/26 of client #5's individual program plan (IPP) dated 8/4/25/25 revealed she was admitted to the facility on 7/9/25. Further review of client #5's record revealed no audiology, speech and language, physical therapy or occupational therapy assessments were obtained within 30 days of admission. Interview on 1/6/26 with the program director	W 210		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G309	A. BUILDING ______ B. WING ______	01/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON STREET EAST GROUP HOME	**407 WEST WASHINGTON STREET LA GRANGE, NC 28551**

(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 210	Continued From page 1 confirmed client #3 had not had audiology, psychology, speech and language, physical therapy or occupational therapy assessments since his admission. The program director also confirmed client #5 had not had audiology, speech and language, physical therapy or occupational therapy assessments completed since her admission.	W 210		
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 the restrictive behavior techniques for 2 of 4 audit clients (#3 and #5) was reviewed and monitored by the human rights committee (HRC). The findings are: A. Review on 1/20/26 of client #3's Behavior Support Plan (BSP) dated 12/20/25 revealed target behaviors consisting of taking things out of the trash, using hygiene products inappropriately, self injurious behavior, physical aggression and inappropriate sexual behaviors. Further review on 1/21/26 of client #3's BSP revealed no written consent signed by the HRC. B. Review on 1/20/26 of client #5's BSP dated 8/7/25 revealed a target behaviors consisting of sexually inappropriate behavior, verbal aggression and profanity, noncompliance, physical aggression, self injurious behavior and property destruction or theft. Further review on	W 262		

PRINTED: 01/21/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G309	A. BUILDING ______ B. WING ______	01/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON STREET EAST GROUP HOME	**407 WEST WASHINGTON STREET LA GRANGE, NC 28551**

(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 262	Continued From page 2 1/21/26 of client #5's BSP revealed no written consent signed by HRC. Interview on 1/21/26 with the facility's director of case management confirmed there are no HRC consents for clients #3 or #5.	W 262		
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 1 of 4 audit clients (#1). The finding is: During observations of medication administration in the home on 1/20/26 at 4:55pm, staff C administered Chlorpheniramine 4mg to client #1. Review on 1/21/26 of client #1's physician's orders dated 1/8/26 revealed an order for Chlorpheniramine 4mg, by mouth three times daily at 8am, 12pm and 8pm. Interview on 1/21/26 with the facility nurse confirmed client #1 should not have received Chlorpheniramine 4mg at 4:55pm.	W 369		
W 429	HEATING AND VENTILATION CFR(s): 483.470(e)(2)(i) The facility must maintain the temperature and humidity within a normal comfort range by heating, air conditioning or other means. This STANDARD is not met as evidenced by:	W 429		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G309	A. BUILDING ______ B. WING ______	01/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON STREET EAST GROUP HOME	**407 WEST WASHINGTON STREET** **LA GRANGE, NC 28551**

(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 429	Continued From page 3 Based on observation and interview, the facility failed to provide a comfortable environmental temperature range for the clients residing in the home. The findings is: During observation in the home on 1/20/26 from 3:45pm through 5:45pm revealed clients and staff wearing coats and one client wearing gloves. The thermostat for the heating/cooling unit in the home was located in the living room and in the hall behind a solid bolted cover. No temperature display or control apparatus was accessible. Interview on 1/20/26 with client #5 revealed she is always cold and typically has to sleep with 2 or more blankets at night. Observations in the home on 1/21/26 from 6:30am through 8am, revealed staff assisting clients with cooking, activities and activities of daily living while in coats and scarves. Interviews with the program manager revealed the thermostats are secured and can only be adjusted by maintenance personnel virtually.	W 429		