

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

PRINTED: 01/27/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G074	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/14/2026
NAME OF PROVIDER OR SUPPLIER ASHLEY HEIGHTS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2990 RESERVATION ROAD ABERDEEN, NC 28315		
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W 104	<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, record review and interviews, the facility failed to ensure that worn furniture received repair or replacement. This had the potential to effect 6 of 6 clients (#1, #2, #3, #4, #5 and #6). The finding is:</p> <p>During observations in the home, from 1/13/26 to 1/14/26, one of the the living room sofas, of faux leather material, had large worn patches on the seat cushions. There was no sofa cover observed.</p> <p>Review on 1/14/26 of the Environment Assessment Reports from September-November, 2025 by the Home Manager revealed all furniture in the home was in good repair. On the 12/3/25 report, the Home Manager revealed the living room chairs, sofa, table and dining room chairs were no longer in good repair.</p> <p>Review on 1/14/26 of the facility's online store invoice receipt from 12/8/25 revealed the Home Manager was the designated person to receive the sofa cover while making a curbside pick-up.</p> <p>Interview on 1/14/26 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she recognized the sofa was worn a few months ago and spoke to the Home Manager about ordering a sofa cover. The QIDP revealed the sofa cover was purchased but the Home Manager told her she did not know what happened to it. The QIDP confirmed she had never seen the sofa cover used on the furniture.</p>	W 104			

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 104	Continued From page 1 Interview on 1/14/26 with the Quality Assurance Manager (QA) revealed there was previous discussion of replacing the living room furniture with a three-seater sofa. He also acknowledged he was aware an order was already placed for a slip cover for the sofa.	W 104			
W 124	Interview on 1/14/26 with the Administrator revealed she was unaware the sofa in the home needed to be replaced due to it's condition. PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(2) The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to inform the guardian of 1 of 6 audit clients (#6) of an injury. The finding is: During observations throughtout the survey 1/13/26-1/14/26 revealed, client #6 was observed sitting in her wheelchair, with a fading open human bite mark on her left cheek, with the teeth impressions still visible. Interview on 1/14/26 with Staff F revealed last week, client #6 was bitten by another client in the home who was having a behavior. Record review on 1/14/26 of a behavior data note for client #5 revealed on 1/1/26 at 2:00pm, he	W 124			

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W 124	Continued From page 2 became upset with staff, went into a behavior throwing property and bit client #6 on the face, who sat closest to him. The incident report revealed the nurse and managers were notified of the incident, however the guardian was never informed. Record review on 1/14/26 of the nurse's note from 1/5/26 revealed she provided first aide treatment for client #6 at the day program for a human bite mark, with lacerated skin. Interview on 1/14/26 with the nurse revealed the bite that client #6 received from client #4 did break her skin. Interview on 1/14/26 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she did not know a bite injury required her to contact the guardian.	W 124			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) 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. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a restrictive Behavior Support Plan (BSP) was conducted with the written consent of all legal guardians. This affected 1 of 6 audit clients (#3). The finding is:	W 263			

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W 263	Continued From page 3 Review on 1/13/26 of client #3's BSP dated 12/2/25 revealed an objective to decrease the frequency of defined targeted behaviors to 1 incident for 10 out of 12 consecutive months. Additional review of the plan also included the use of Fluvoxamine and Quetiapine. There was only a signed consent for the BSP with 1 out of 3 guardians, that was signed on 12/4/25.	W 263			
W 331	Interview on 1/14/26 with the Qualified Intellectual Disabilities Professional revealed she was not aware that she had to get consent from all three of client #3's guardians. NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the nurse failed to ensure that pressure relieving devices were installed correctly and used according to manufacture's directions to help prevent pressure ulcers. This affected 1 of 6 audit clients (#4). The finding is: During observations in the home on 1/13/26 at 3:15pm, client #4 had returned from the day program and was placed in a bed, with a pressure relief pad installed over her mattress. The pad was turned on and the setting read 5 for weights 175-210 lbs. An additional observation on 1/14/26 at 8:45am revealed client #4 laying on her backside with the pressure relief pad turned on and still set to 5. Record review on 1/14/26 of client #4's history of pressure ulcers revealed she was treated for a	W 331			

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W 331	Continued From page 4 pressure ulcer on her sacral and gluteal areas for two years between 2022 to 2024. Client #4 was unable to offload pressure to these areas due to a diagnosis of cerebral palsy and quadriplegia. On the physical exam dated 12/15/25 she weighed 96 lbs.	W 331			
W 342	Interview on 1/14/26 with the nurse revealed client #4's pressure ulcers were healed and she did not know the setting that should be used for the pressure relief pad on the bed. NURSING SERVICES CFR(s): 483.460(c)(5)(iii) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, nursing failed to ensure the medication technicians (MT) were sufficiently trained to execute a medication administration according to standard nursing practices. This affected 5 of 6 audit clients (#1, #2, #4, #5 and #6). The findings are: A. The medication administration observation on 1/13/26 at 4:08pm revealed Staff C checked client #1's blood sugar by piercing her right ring finger with a lancet, drawing blood and disposed of the contaminated lancet into an open trash can, full of trash, in the medication room.	W 342			

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W 342	<p>Continued From page 5</p> <p>Interview on 1/14/26 with the nurse revealed she did not have a formal procedure for MT's when giving diabetic care, however staff have been trained to dispose of used lancet in a sealed container and it should not be thrown out in a regular trash.</p> <p>Interview on 1/24/26 with the Quality Assurance Manager (QA) revealed every home has a sharp objects container in the medication room, to separate lancets from trash.</p> <p>B. The medication administration observation on 1/13/26 at 4:20pm revealed Staff C placed 3 medications Baclofen, Oxybutynin and Clonazepam, in a whole form without food, in a pill cup for client #2 to ingest with water. Client #2 swallowed the pills without complications.</p> <p>Record review on 1/13/26 of client #2's physician's orders dated 1/7/26 revealed client #2 was on a pureed consistency diet. In addition, the Individual Program Plan (IPP) dated 1-3-26 revealed client #2's medications will be placed in applesauce, yogurt or pudding due to choking risks.</p> <p>Interview on 1/14/26 with the nurse revealed if client #2 ingested the pills directly from the cup, it could pose a problem.</p> <p>C. The medication administration observation on 1/13/26 at 4:27pm revealed Staff C did not wear gloves while applying drops into the eyes of client #5.</p> <p>Record review on 1/13/26 of client #5's physician's orders signed 1/7/26 revealed he received 1 drop in each eye of Lubricant eye</p>	W 342			

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W 342	Continued From page 6 drops 0.5%. Interview on 1/14/26 with the nurse revealed MT's have been trained to wear gloves when applying topical medications, nasal and eye drops. Interview on 1/14/26 with the Administrator revealed Staff C received new hire medication administration training on 6/23/22. D. Observations at the home on 1/13/26 at 3:10pm revealed Staff C answered the door to the home wearing disposable gloves, then returned to the floor making rounds near the clients rooms and wore the same gloves while clients #4, #5 and #6 sat at the dining room table engaged in leisure recreational activities. Staff C was observed to wear gloves while handing clients markers and papers. Staff C removed the gloves before preparing for medication administration at 4:00pm. Interview on 1/14/26 with the nurse revealed there is no policy on gloves use however staff have been trained to use gloves during certain medical applications. Interview on 1/14/26 with the QA revealed for infection control, gloves should only be used if there is some type of contamination for example (feces/diarrhea). The QA confirmed staff have been trained not to wear gloves when supervising eating, or leisure recreational activities.	W 342			
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	W 436			

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W 436	Continued From page 7 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 observation, record review and interview, the facility failed to ensure that all adaptive equipment was maintained in good repair. This affected 1 of 6 audit clients (#6). The finding is: During observations in the home on 1/14/26 at 7:40am revealed client #6's wheelchair was in need of repair. The right armrest had missing cushion at the tip and torn material near the cushion where the elbow rests. The headrest had torn material that could snag the client's hair. Record review on 1/13/26 revealed on 5/5/25 upon client #6's admission, a physical therapy evaluation was completed and did not have any recommendations for new wheelchair equipment. Record review on 1/14/26 of the home manager's Environment Assessment Reports from September-December, 2025 did not identify any recommended wheelchair repairs for client #6. Interview on 1/14/26 with the Qualified Intellectual Disabilities Professional (QIDP) revealed no one had reported the need to repair or replace any of client #6's wheelchair equipment.	W 436			
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.	W 460			

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W 460	Continued From page 8 This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 3 of 6 audit clients (#1, #2 and #4) received the modified diet as ordered. The findings are: A. On 1/13/26 at 3:45pm, revealed Staff C pouring bottled water into an adaptive cup using a straw for client #4 to drink. At 5:15pm, client #4 received minced and moist baked beans to eat with ground cooked beef. Staff C poured into her cups, thinned water and beverage for dinner. Client #4 was observed to begin coughing toward the end of her meal. Record review on 1/14/26 of client #4's Individual Program Plan (IPP) from 5/5/25 revealed the diet order was double portions of ground consistency with honey thickened liquids. B. On 1/13/26 at 3:45pm, revealed Staff G prepared moistened graham cracker crumbs for client #2's snack. At 5:15pm Staff G prepared ground cooked beef and minced and moist baked beans for client #2's dinner. Record review on 1/14/26 of client #2's diet orders posted in the kitchen revealed she should receive a regular, pureed consistency, with double portions. C. On 1/13/26 at 3:45pm, revealed Staff G gave client #1 a whole consistency sugar-free wafer cookie to eat. At 5:15pm, Staff G prepared long strips of a tortilla, minced and moist baked beans, ground cooked beef for client #1's dinner. Client #1 was observed coughing throughout the day,	W 460			

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W 460	Continued From page 9 and continued to cough while eating her food. Client #1 did not eat much of the tortilla. Record review on 1/14/26 of client #1's diet orders posted in the kitchen revealed she should receive a no concentrated sweets, sugar-free 1/4"-1" consistency with double portions. Interview on 1/14/26 with the Qualified Intellectual Disabilities Professional (QIDP) revealed staff were provided training on diet consistencies on 1/29/25 and 4/9/25 and diet orders should be followed.	W 460			