STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G058	A. BUILDING _____ B. WING _____	C 01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD FARM ROAD	**409 OLD FARM ROAD RAEFORD, NC 28376**

(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 complaint investigation was conducted on 1/14/26 for intakes #NC00235318 and #NC00235319. The allegation was substantiated with no defiency. The intakes were substantiated. Deficiencies were cited.	W 000		
W 157	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4) If the alleged violation is verified, appropriate corrective action must be taken. This STANDARD is not met as evidenced by: Based on record review, policy review and interview, the facility did not ensure all staff were re-trained on the abuse policy and reporting requirements to prevent new incidents of abuse. This has the potential to affect 6 of 6 clients (#1, #2, #3, #4, #5 and #6). The finding is: Record review on 1/14/26 revealed an allegation of physical abuse by Staff A concerning client #4 that occurred on 12/18/25 during 2nd shift. According to Staff A, Staff D and Staff E, client #4 had a behavior on 12/18/25 where he smeared feces on several surfaces in his room. Staff A was alone when he gave client #4 a shower. Staff C worked with client #4 on 3rd shift and acknowledged he might have seen a bruise on client #4's shoulder while showering him, but did not report it. Staff B worked 1st shift with client #4 on 12/19/25 and noticed a bruise on his arm, but assumed it was from bloodwork and did not report it. Staff A continued to work in the home with the clients until 12/20/25. On 12/22/25, the Home Manager became aware of client #4's injuries when Staff F forwarded her pictures of his injuries that were taken by Staff B. The Home Manager described in her statement that client #4	W 157		

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

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W 157	Continued From page 1	W 157		

had bruises on his arm and left wrist and she contacted the nurse who had him sent to the emergency room for treatment. Staff A was suspended on 12/23/25 and employment was terminated, along with Staff B on 12/29/25.

Record review on 1/14/26 of the After Visit Summary from the hospital on 12/23/25 revealed client #4 was seen for assault with multiple injuries. The hospital performed x-rays and a CT scan of his body. It should be noted that client #4 was taking Aspirin 81mg at the time he was assaulted. Injuries were found on client #4's bruises on left upper leg, left upper back (scapula), right side rib cage area, right thumb, index finger and wrist. Left upper abdomen near ribs, left bicep, left forearm, and behind both knees as well as inside both of his legs.

Review on 1/14/26 of the facility's Abuse, Neglect and Exploitation policy dated December 2022 revealed "The team will recognize situations that pose a risk to an individual and provide necessary supports to prevent, to the greatest extent possible, the occurence of abuse, neglect, or exploitation by staff, the community at large, or other people receiving services."

Review of the Qualified Intellectual Disabilities Professional's (QIDP) plan of protection revealed after investigating the incident, she determined staff would be re-inserviced on abuse, neglect, and exploitation and the importance of reporting suspected abuse. There was no abuse training document within the last 30 days.

Interview on 1/14/26 with the QIDP revealed she has a monthly meeting scheduled for 1/21/26 and planned to have staff present to discuss their

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W 157	Continued From page 2 abuse policy and reporting requirements. The QIDP acknowledged she did not conduct a refresher training on the abuse policy with staff prior to 1/21/26. Interview on 1/14/26 with the Administrator revealed she was unaware the QIDP did not retrain staff on the abuse policy immediately after the abuse was substantiated.	W 157		