

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G319	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/21/2026
NAME OF PROVIDER OR SUPPLIER DAUGHTRY FIELD ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 135 DAUGHTRY FIELD ROAD MOUNT OLIVE, NC 28365		
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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 during medication administration and while toileting. This affected 4 of 6 audit clients (#2, #3, #4 and #5). The findings are:</p> <p>A. During observation on 1/20/26, at 4:47pm, client #2 used the bathroom with the door open.</p> <p>Interview on 1/21/26 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that client #2 requires verbal prompting to close the bathroom door.</p> <p>B. During observation on 1/21/26, at 7:24am, client #3 used the bathroom with the door open.</p> <p>Record review of client #3's Comprehensive Functional Assessment (CFA) dated 5/16/25, revealed that client #3 is independent in all toileting skills.</p> <p>Interview on 1/21/26 with the QIDP revealed that client #3 needs verbal prompting to close the bathroom door.</p> <p>C. During observations of medication administration at the facility's day program on 1/20/26 at 11:19am, Staff B dispensed medications to clients #2, #4 and #5 in close proximity to clients #1, #3 and #6. Clients #1, #3 and #6 sat at the table next to medication area, which did not afford the other clients privacy.</p>	W 130			

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 130	Continued From page 1 Across the large classroom, was a privacy curtain affixed to the ceiling with a workstation. Interview on 1/21/26 with the nurse revealed the classroom is normally shared with two group homes except at lunch time, when they are by themselves. The nurse acknowledged the privacy curtain in the classroom has never been for medication administration and staff had the option to give medication in the medication room on the hall.	W 130			
W 137	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12) The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observations record review, and interviews, the facility failed to ensure 3 of 6 audit clients (#1, #2, and #4) had the right to appropriate fitting clothing. The findings are: A. During observations in the home on 1/20/26 at 5:17pm, during dinner, client #1's sweatpants sagged off his waist and exposed his buttocks. Review on 1/21/26 of client #1's Comprehensive Functional Assessment (CFA) dated 5/16/25 stated "client #1 is independent in all dressing skills." Interview on 1/22/26, the Qualified Intellectual Disabilities Professional (QIDP) revealed that client #1 needs assistance from staff to dress. B. During observations in the home on 1/20/26 at	W 137			

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W 137	Continued From page 2 5:17pm, during dinner time, client #2's sweatpants sagged off his waist and exposed his buttocks. Review on 1/21/26 of client #2's CFA dated 12/11/2025 revealed "client #2 requires verbal assistance with getting dressed daily." Interview on 1/22/26, the QIDP revealed that client #2 needs verbal prompting to get dressed. C. During observations in the home on 1/20/26 at 8:40am, client #4's shirt appeared to be too small, exposing his stomach when he lifted his arms, and his pants kept slipping off his waist. Review on 1/21/26 of client #4's Comprehensive Functional Assessment (CFA) dated 5/16/25 stated "client #4 is independent with most dressing skills." Interview on 1/22/26, the QIDP revealed that client #4 needs assistance from staff to dress.	W 137			
W 217	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include nutritional status. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure the annual nutritional assessment included an appropriate diet consistency as it relates to chewing skills for 1 of 6 audit clients (#5). The finding is: During dinner observations on 1/20/26 at 5:10pm, Staff B baked beef patties in gravy and cut them into 1"x1" pieces. The dinner also included large	W 217			

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W 217	Continued From page 3 pieces of broccoli, larger than 1". Client #5 did not have top front teeth to bite into his food. On 1/21/26 at 8:09am, client #5 received 2 whole pancakes, scrambled eggs and a fresh pear cut into 2" slices. Client #5 was overheard telling Staff A "Help me woman, I can't cut it" pointing to the pancakes. Staff A told client #5 to bite it, that he did not need it cut. Client #5 did not eat the food that was not cut up. Review on 1/21/26 of client #5's Individual Program Plan from 1/29/25 revealed he was prescribed a regular diet with double portions. Interview on 1/21/26 with the nurse revealed client #5 has had missing front teeth for years and had extractions in 2024. The nurse was not aware of any chewing assessment performed and confirmed there was no order to cut client #5's food into bite sized pieces. The nurse indicated today she went to examine client #5's mouth and he had 3 top teeth, on the side of his mouth and 10 bottom teeth.	W 217			
W 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for	W 242			

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W 242	Continued From page 4 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, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observations, record review, and interview, the facility failed to develop training to address basic needs in the area of personal hygiene for 1 of 6 audit clients (#3). The finding is: During observations in the home on 1/20/26 at 4:59pm, client #3 went to wash his hands for dinner. He did not use soap and barely wet his hands. Record review on 1/21/26 of client #3's Comprehensive Functional Assessment (CFA) dated 5/16/25 revealed he was independent with toileting. "He washes his hands without prompting after using the bathroom."	W 242			
W 268	CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)(i) These policies and procedures must promote the growth, development and independence of the client. This STANDARD is not met as evidenced by: Based on observations, employee record review, and interviews, the facility failed to ensure staff	W 268			

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W 268	<p>Continued From page 5</p> <p>maintained positive interactions with clients. This affected 4 of 6 audit clients. The findings is:</p> <p>During dinner observations in the home on 1/20/26, all clients received yelled-out commands to get their attention for med pass, washing hands, dinner time, and chores. Staff remained in the kitchen from the front of the house and gave commands to the back of the house.</p> <p>At 4:25pm, Staff A yelled client #4's name to come get his med pass At 4:26pm, Staff A yelled client #5's name to come get his med pass At 4:28pm, Staff A yelled client #6 's name to come get his med pass. At 4:56pm, Staff B yelled at all clients to go wash their hands. At 5:21pm, Staff A yelled at client #6 to grab a broom.</p> <p>During morning observations in the home on 1/21/26, all clients received yelled-out commands to get their attention for med pass, washing hands, breakfast time, and chores.</p> <p>At 7:11am, Staff A yelled at client #4 to get dressed. At 7:11am, Staff A yelled client #6's name to come get his med pass. At 7:28am, Staff A yelled client #5's name to come get his med pass. At 7:50am, Staff A yelled client #4's name to come get his med pass. At 8:04am, Staff A yelled client #6's name to "come here" to help him with his clothes. At 8:06am, Staff B yelled at clients to go wash their hands. At 8:22am, Staff B yelled at client #5 to go grab a</p>	W 268			

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W 268	Continued From page 6 belt. Record review on 1/21/26 of employees' records revealed that staff received training on client relations on their date of hire. Staff A was trained on 6/23/25 and Staff B on 5/8/23. Interview on 1/21/26 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the other staff should assist staff who needs a client to come to them. Interview on 1/21/26 with QIDP revealed that staff receive residents' rights training in orientation when hired.	W 268			
W 342	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 interview, the facility failed to ensure staff were trained to alert the nurse of new health conditions for further evaluation and treatment. The affected 1 of 6 audit clients (#5). The finding is: During observations in the home on 1/21/26 at 7:10am, client #5 observed with "fungus like nailbeds" on several fingers on both hands. The nails had a ridged surface and were not smooth. Client #5 was never observed to bite fingernails	W 342			

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W 342	Continued From page 7 or place hands in mouth throughout the survey 1/20/26-1/21/26. Record review on 1/21/26 of client #5's physician's orders dated 1/7/26 did not reveal any medication treatment for fingernails. There was no nail malformation listed in his diagnoses on the physician's orders as well. Interview on 1/21/26 with the nurse revealed she did not have anyone expressed concerns about client #5's fingernails and never noticed their condition. The nurse reported that she went back to the classroom, to examine client #5's hands and could not evaluate the cause of their condition but surmised several of the nails looked like they have fungus and will need to be seen by the doctor.	W 342			
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all medications were administered as ordered by the physician. This affected 1 of 6 audit clients (#3). The finding is: During morning medication administration on 1/21/26 at 8:00am, Staff A assisted client #3 to place LAC-HYDRIN Lotion 12% on his feet and rubbed it into the skin. Record review on 1/21/26 of client #3's physician's orders from 1/7/26 revealed the	W 368			

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W 368	Continued From page 8 LAC-HYDRIN 12% lotion should be applied to both feet and legs.	W 368			
W 455	<p>Interview on 1/21/26 with the nurse revealed staff have been trained to administer medication as ordered.</p> <p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a sanitary environment was provided to avoid transmission of possible infection and prevent possible cross-contamination. This potentially affected 2 of 6 clients (#4 and #5) living in the home. The findings are:</p> <p>A. During dinner observations in the home on 1/20/26 at 5:04pm, Staff B used gloves to prepare dinner and do various chores in the home, then proceed to use the same gloves to help cut client #5's beef patty.</p> <p>B. During morning observations in the home on 1/21/26 at 7:43am, Staff B used gloves to prepare breakfast and do various chores in the home, then proceeded to use the same gloves to help cut client #4's pear.</p> <p>Interview on 1/21/26, Staff B revealed, "We should change gloves after food preparation."</p> <p>Interview on 1/21/26 with Qualified Intellectual Disabilities Professional (QIDP) revealed that</p>	W 455			

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W 455	Continued From page 9 staff should changes gloves after food preparation. Interview on 1/21/26 with the nurse revealed staff should not cross contaminate when wearing gloves. Once staff touch handles to cabinets or initiate food preparation, they must remove their gloves.	W 455			
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 did not ensure modified dietary orders were prepared to the proper consistency for 3 of 6 audit clients (#1, #4 and #6). The findings are: A. During meal observations throughout the survey on 1/20/26 to 1/21/26, revealed client #1 was given a peanut butter and jelly sandwich cut into 1/2 at lunch; for dinner he received 1"x1" pieces of beef patties in gravy, a biscuit, baked beans and large pieces of broccoli; and for breakfast he received, scrambled eggs, fresh pear cut into large slices, and pancakes cut into large bite sized pieces. He ate the food without incident. Review on 1/21/26 of client #1's dietary orders hung in the kitchen revealed that all food should be cut into 1/4-1/2" bite sized pieces.	W 460			

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W 460	<p>Continued From page 10</p> <p>B. During meal observations throughout the survey, 1/20/26 to 1/21/26, revealed client #4 was given a whole peanut butter and jelly sandwich for lunch; for dinner 1"x1" pieces of beef patties in gravy, a biscuit, baked beans and large pieces of broccoli; and for breakfast he received, scrambled eggs, a fresh pear cut into large slices, and 2 whole pancakes cut into bite sized pieces that were larger than 1/2". Client #4 ate the meals without incident.</p> <p>Review on 1/21/26 of client #4's Nutritional Evaluation from 11/7/25 revealed he needed his food cut to 1/4"-1/2" consistency for safe food intake.</p> <p>C. During meal observations throughout the survey, 1/20/26 to 1/21/26, revealed client #6 was served for breakfast he received, scrambled eggs, a fresh pear, containing skin and 2 whole pancakes. Client #6 ate the meal without incident.</p> <p>Review on 1/21/26 of client #6's Low Fiber, Low Residue Diet revealed he should not eat fruit with skin on it to treat a medical condition that needed to restrict fiber intake.</p> <p>Interview on 1/21/26 with the nurse confirmed the current dietary orders were correct for all clients in the home.</p> <p>Interview on 1/21/26 with the Registered Dietician revealed if the diets were not followed, staff should be retrained on preparing proper diet consistencies.</p>	W 460			
W 475	<p>MEAL SERVICES CFR(s): 483.480(b)(2)(iv)</p>	W 475			

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W 475	<p>Continued From page 11</p> <p>Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure that 5 of 6 audit clients (#1, #2, #4, #5 and #6) received a fork and knife at meals to assist with eating food safely. The findings are:</p> <p>A. During meal observations throughout the survey, 1/20/26 to 1/21/26, client #1 was never given a fork or knife to use with his meals. For lunch client #1 received a peanut butter and jelly sandwich cut into 1/2; for dinner he received 1"x1" pieces of beef patties in gravy, a biscuit, baked beans and large pieces of broccoli; and for breakfast scrambled eggs, fresh pear cut into large slices, and pancakes cut into large bite sized pieces that were cut by Staff B.</p> <p>Review on 1/21/26 of client #1's Comprehensive Functional Assessment (CFA) from 9/22/24 did not evaluate if he could safely use a fork and knife.</p> <p>B. During meal observations throughout the survey, 1/20/26 to 1/21/26, client #2 was never given a fork or knife to use with his meals. For lunch, client #2 received a whole peanut butter and jelly sandwich; for dinner 1"x1" pieces of beef patties in gravy, a biscuit, baked beans and large pieces of broccoli; and for breakfast scrambled eggs, a banana, and 1 whole pancake. Client #2 bit into his sandwich and pancake, without cutting.</p> <p>Review on 1/21/26 of client #2's Comprehensive Functional Assessment (CFA) from 12/23/24 revealed he could use a fork and spoon but needed physical assistance to use a knife.</p>	W 475			

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W 475	Continued From page 12 C. During meal observations throughout the survey, 1/20/26 to 1/21/26, client #4 was never given a fork or knife to use with his meals. For lunch, client #4 received a whole peanut butter and jelly sandwich; for dinner 1"x1" pieces of beef patties in gravy, a biscuit, baked beans and large pieces of broccoli; and for breakfast scrambled eggs, a fresh pear cut into large slices, and 2 whole pancakes cut into bite sized pieces by Staff B. Review on 1/21/26 of client #4's Nutritional Evaluation from 11/7/25 revealed he needed his food cut to 1/4"-1/2" consistency for safe food intake. D. During meal observations throughout the survey, 1/20/26 to 1/21/26, client #5 was never given a fork or knife to use with his meals. For lunch, client #5 received a whole peanut butter and jelly sandwich; for dinner 1"x1" pieces of beef patties in gravy, a biscuit, baked beans and large pieces of broccoli; and for breakfast scrambled eggs, a banana, and 2 whole pancakes. Client #5 bit into his sandwich and was unable to bite into his pancakes or get assistance to cut them up when he asked Staff A. Review on 1/21/26 of client #5's addendum to a rights restriction on 5/26/25 revealed a guardian consent to use a knife during meals under close supervision, that would be locked up after the meal. E. During meal observations throughout the survey, 1/20/26 to 1/21/26, client #6 was never given a fork or knife to use with his meals. For lunch, client #6 received a whole peanut butter	W 475			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G319	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/21/2026
NAME OF PROVIDER OR SUPPLIER DAUGHTRY FIELD ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 135 DAUGHTRY FIELD ROAD MOUNT OLIVE, NC 28365		
(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 475	<p>Continued From page 13</p> <p>and jelly sandwich; for dinner 1"x1" pieces of beef patties in gravy, a biscuit, baked beans and large pieces of broccoli; and for breakfast scrambled eggs, a banana, and 2 whole pancakes. Client #6 was observed using his spoon to cut his pancakes before eating.</p> <p>Review on 1/21/26 of client #6's Comprehensive Functional Assessment (CFA) from 1/23/25 revealed he could cut his own food and use a fork and spoon.</p> <p>Interview on 1/21/26 with the Qualified Intellectual Disabilities Professional (QIDP) revealed all sharp knives were removed from the home and only 2 butter knives remain. They had the guardians sign a consent for all of the clients to have restrictive access to knives last summer. However, the QIDP confirmed all clients should receive a fork at meals and able to use the butter knives with supervision.</p>	W 475			