

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

PRINTED: 12/18/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G166</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/15/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>YADKIN II &amp; III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3220 &amp; 3224 US HWY 21 HAMPTONVILLE, NC 27020</b>
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W 000	INITIAL COMMENTS  A complaint survey was completed on 12/15/2025 for intake # NC00234672. The intake was substantiated and deficiencies were cited.	W 000		
W 153	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2)  The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on the facility documentation reviews and interview, the facility failed to ensure an abuse investigation was reported timely to external officials in accordance with state laws for client #1. The finding is:  Review of internal investigation summary on 12/15/25 revealed an allegation of neglect reported on 9/28/25. Further review of internal investigation summary revealed the investigation began on 10/30/25 and completed on 11/7/25. Continued review of the investigation summary revealed that on 9/28/25 client #1 was ambulating at home and fell, bending her finger causing a laceration. Client #1 showed her hand to staff as it was bleeding and with tendons exposed. Staff called nursing and staff transported the client to Hugh Chatham Hospital. The client had a dislocated finger and the doctors reset her finger and closed the incision with staples and wrapped her hand. The documentation related to the investigation on 10/30/25 for incident that occurred on 9/28/25 revealed no evidence of a timely 24-hour incident response improvement	W 153	W153  The Regional Administrator will in-service the Program Manager and Qualified Professional on completing IRIS reports within the required time frame. The Regional Administrator will monitor IRIS reports through monthly QAPI meetings. In the future, the Program Manager and QP will ensure all IRIS reports are completed within the required time frame.	3/15/26

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE  
 IDD Regional Administrator 12.30.25

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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NAME OF PROVIDER OR SUPPLIER  <b>YADKIN II &amp; III</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3220 &amp; 3224 US HWY 21</b> <b>HAMPTONVILLE, NC 27020</b>	
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W 153	Continued From page 1 system (IRIS).  Interview on 12/15/25 with the qualified intellectual disabilities professional (QIDP) confirmed that the allegation on 9/28/25 was investigated on 10/30/25. Further interview with the QIDP confirmed that the IRIS was completed on 11/7/25.	W 153		
W 154	<b>STAFF TREATMENT OF CLIENTS</b> CFR(s): 483.420(d)(3)  The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on review of facility records, documents, and interviews, the facility failed to ensure that an abuse allegation was thoroughly investigated after immediately becoming aware of a reported incident for client #1. The finding is:  Review of facility documentation on 12/15/25 revealed investigations completed for client #1 for an allegation of neglect reported on 9/28/25. The investigation began on 10/30/25 and concluded on 11/7/25. Review of the investigation summary revealed that on 9/28/25 client #1 was ambulating at home and fell, bending her finger causing a laceration. Client #1 showed her hand to staff as it was bleeding and the tendons were exposed. Staff called nursing and staff transported the client to Hugh Chatham Hospital. The client had a dislocated left finger and the doctors reset her finger and closed the incision with staples and wrapped her hand.  Review of statements on 12/15/25 from qualified intellectual disabilities professional (QIDP) dated 11/7/25 revealed that the guardian called on	W 154	<b>W154</b>  The Qualified Professional will attend investigation training in January 2026 for thorough training on completing an investigation. The Regional Administrator and Program Manager will monitor through monthly QAPI meetings as well as reviewing incident reports to ensure all incidents are reviewed and approved. In the future, the QP will ensure investigations are completed and reviewed by the Regional Administrator.	3/17/25

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W 154	<p>Continued From page 2</p> <p>10/30/25 and mentioned a visit with client #1 over the weekend. The guardian reported that she was notified by staff A regarding client #1's finger injury. The QIDP informed the guardian that she was not aware of the incident as she was out of the office sick. The QIDP notified the Executive Director (ED) and Program Manager (PM) regarding guardian concern about injury to client #1.</p> <p>Review of facility investigation and documentation on 12/15/25 revealed an IRIS report for an incident that occurred on 9/28/25 where an IRIS was completed on 11/7/25. Further review of the IRIS report revealed that the 24-hour notification was not completed timely. Continued review of IRIS reporting revealed that the facility did not complete a 5-day working report. Subsequent review revealed that the investigator only interviewed one staff member and no clients were interviewed nor was a reason given as to why no clients were interviewed.</p> <p>Interview with the QIDP on 12/15/25 revealed that QIDP became aware of the 9/28/25 incident during a facility debriefing meeting. Further interview with the QIDP confirmed that only one member of staff was interviewed for the investigation and no clients. Continued interview with the QIDP confirmed that the incident occurred on 9/28/25 and the investigation began on 10/30/25 with IRIS completion on 11/7/25.</p>	W 154		
W 156	<p>STAFF TREATMENT OF CLIENTS</p> <p>CFR(s): 483.420(d)(4)</p> <p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law</p>	W 156		

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W 156	<p>Continued From page 3</p> <p>within five working days of the incident. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to complete the Health Care Personnel Registry (HCPR) within 5 days as required by state statute. The finding is:</p> <p>Record review on 12/15/25 revealed that an abuse investigation was completed for client #1 for an allegation of neglect reported on 9/28/25. The investigation began on 10/30/25 and concluded on 11/7/25. Review of the investigation summary revealed that on 9/28/25 client #1 was ambulating at home and fell, bending her finger causing a laceration. Client #1 showed her hand to staff as it was bleeding and with tendons exposed. Staff called nursing and staff transported the client to Hugh Chatham Hospital. The client had a dislocated left finger and the doctors reset her finger and closed the incision with staples and wrapped her hand.</p> <p>Review of facility investigation and documentation on 12/15/25 revealed an IRIS report for an incident that occurred on 9/28/25 where an IRIS was completed on 11/7/25. Further review of the IRIS report revealed that the 24-hour notification notified DSS, guardian, and clinical team leader. Continued review of IRIS reporting revealed that the facility did not complete a 5-day working report.</p> <p>Interview on 12/15/25 with the qualified intellectual disabilities professional (QIDP) confirmed that an abuse allegation was initiated on 10/30/25 and concluded on 11/7/25. Further interview with the QIDP confirmed that a 5-day working report was not completed.</p>	W 156	<p>W156</p> <p>Cross reference W153</p>	3/17/25