STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G170	A. BUILDING _____ B. WING _____	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN ROAD	515 LYNN ROAD DURHAM, NC 27707

(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 125	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure clients had the right to dignity in relation to the use of incontinence pads. This affected 1 of 4 audit clients (#4). The finding is: During observations in the home on 2/9/26 when the surveyor entered the home at 4:00pm, the surveyor observed a towel on the couch. Further observations revealed client #4 sitting on the towel. During observation in the home on 2/10/26 when the surveyor entered the home at 4:54am, the surveyor observed a towel on the couch. Client #4 was seen sitting on the towel which was on the couch. Further observations revealed at 7:11am, Staff B was observed removing the towel off the couch due to the fact client #4 had a toileting accident on the towel. When Staff B removed the towel, there was a plastic bag underneath the towel, which was sitting directly on the couch. At 7:46am, Staff A removed both the towel and the plastic bag from off the couch. During an interview on 2/10/26, Staff B revealed the towel and plastic bag was put on the couch to stop the odor of urine from getting into the couch. Staff B stated client #4 is on a two hour toileting schedule; but he still does have accidents. Additional interview revealed a "chuck" was	W 125		

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

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	34G170	A. BUILDING _____ B. WING _____	02/10/2026

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W 125	Continued From page 1 previously placed on the couch, but client #4 would pull them apart. Staff B revealed client #4 wears adult diapers full time. During an interview on 2/10/26, Staff B revealed they were the one who put both the towels and plastic bags on the couch, due to the fact client #4 still has accidents even with being on a toileting scheduled. Staff B stated she was unaware that the towels and the plastic bag being in the couch was a dignity issue. During an interview on 2/10/26, the Qualified Intellectual Disabilities Professional (QIDP) stated client #4 is on a two hour toileting schedule and he also wears adult diapers. The QIDP stated client #4 does not have the ability to inform staff when he needs to use the toilet. Further interview revealed the QIDP was not sure if client #4 has ever had a toileting goal. The QIDP stated she was aware that placing the towel and the plastic bag was a dignity issue.	W 125		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) 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 clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in reporting and documenting falls for 1 of 4 audit clients (#1). The finding is: During observations in the home on 2/10/26 at	W 340		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G170	A. BUILDING _____ B. WING _____	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN ROAD	515 LYNN ROAD DURHAM, NC 27707

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W 340	Continued From page 2 6:17am, client #1 was observed running in the living room. Further observations revealed while client #1 was running toward the hallway, he hit a chair with his left leg hard enough for the chair to move. Further observations revealed when client #1's right leg hit the chair he fell to the ground. Further observations revealed Staff C asked client #1 "Are you OK?" Staff C did not do anything else. At 6:26am, client #1 was again observed running in the living room and he was not redirected. During an interview on 2/10/26, the facility's nurse stated staff should contact nursing, check for any brusing and check the clients' vital signs if necessary. Further interview revealed nursing would then contact the doctor for further instructions. During an interview on 2/10/26, the Qualified Intellectual Disabilities Professional (QIDP) revealed the staff should assist the client with getting up, access any type of brusing and contact the nurse. The QIDP stated the staff should also document the fall in the facility's computer system.	W 340		