STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G342	A. BUILDING _____ B. WING _____	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENCE PLACE	295 AIRPORT ROAD ROCKINGHAM, NC 28379

(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 210	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3) Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure assessments for 1 of 5 audit clients (#9) was completed within 30 days after admission. The finding is: Review on 2/9/26 of client #9's record revealed she was admitted to the facility on 10/9/25. Additional review of the record did not include Speech Language, Physical Therapy and Vision evaluations for client #9. Interview on 2/10/26 with the Registered Nurse and Vice President of Operations confirmed no Speech Language evaluation, Physical Therapy and vision examination were available for review for client #9.	W 210		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by:	W 249		

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

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W 249	Continued From page 1 Based on observations, record review and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in areas of behavior plan. This affected 1 of 5 audit clients (#3). The findings are: During observations throughout the survey in the facility on 2/9-10/26, door chimes on the exterior doors of the home were not alerting staff of entry or exit of the facility. The door chime attached to client #3 bedroom doorway also did not chime on entry or exit of the bedroom. Further observation on 2/10/26 at 7:00am chimes on the exit doors of the home were not working. Staff entered and exited the door with chimes not activated. At 7:10am client #3 exited her bedroom and chimes were not activated. Review on 2/10/26 of client #3's behavior plan dated 1/14/26 revealed there will be chimes on exit doors from the facility and chimes on her bedroom door or outside of her bedroom door that will alert staff when client #3 enter or exit her room or the facility. Staff should check and locate client #3 immediately. Interview on 2/10/26 with staff C revealed she was not aware that the chimes on the exit doors were not activated. Staff C further revealed she was unaware that client #3's bedroom door was not activated about her bedroom door. Interview on 2/10/26 with the Vice President of Operations (VPO) confirmed that chimes should be working and activated on each exit door and on client #3's bedroom door.	W 249		

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W 340	Continued From page 2	W 340		
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 to implement appropriate health and hygiene methods. This affected 2 of 5 audit clients (#6 and #8). The findings are: A. Observations in the home througout the survey on 2/9-10/26, client #6's fingernails were noted to be long extending past the nail bed. Interview on 2/10/26 with staff A confirmed client #6's nail are long. Fingernails are trimmed on second shift and documented. Client #6 is difficult to trim his nails. B. Observations in the home throughout the survey on 2/9-10/26, client #8 fingernails were noted to be long extending past the nail bed. Interview on 2/10/26 with staff A confirmed client #8's nail are long. Fingernails are trimmed on second shift and documented. Interview on 2/10/26 the facility registered nurse revealed nails should be trimmed weekly or as needed. There is no documentation to show that nails were trimmed.	W 340		
W 454	INFECTION CONTROL	W 454		

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W 454	Continued From page 3 CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations and interviews the facility failed to ensure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. This potentially affected 1 of 5 clients (#3). The finding is: Observations in the home on 2/10/26 at 5:15pm client #7 put the serving spoon from the macaroni and cheese bowl and licked the spoon and placed back in the serving bowl. Client #3 informed staff that client #7 licked the spoon. Client #3 then served herself the macaroni and cheese on her plate and consumed the macaroni and cheese. Interview on 2/10/26, with staff B revealed she should have replaced the spoon and the bowl of macaroni and cheese. Interview on 2/10/26, with the residential manager confirmed this was a behavior of client #3 and she was aware of this happening.	W 454		
W 481	MENUS CFR(s): 483.480(c)(2) Menus for food actually served must be kept on file for 30 days. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure food	W 481		

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W 481	Continued From page 4 substitutions were documented. The finding is: Review on 2/10/26 of the menu book revealed 1/2 cup craberry juice, 1-2 scrambled eggs in non stick spray, 1/2 cup hashbrowns, 1/2 slice whole wheat toast, 1 tablespoon of jelly, and 1 cup 1-2% milk for breakfast. Observations in the home on 2/10/26 at 7:15am, the clients were observed eating blue berry muffin, apple or applesauce and water or juice. Review of the menu book on 2/10/26 revealed no substitutions sheet. Interview on 2/10/26 with staff B revealed she was unsure where substituitons were documented. Interview on 2/10/26 with the residential manager confirmed all substitutions should be documented.	W 481		