

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

PRINTED: 02/25/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G152	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2026
NAME OF PROVIDER OR SUPPLIER STRICKLAND BRIDGE HOMES A & B			STREET ADDRESS, CITY, STATE, ZIP CODE 1818 STRICKLAND BRIDGE ROAD FAYETTEVILLE, NC 28304		
(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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews 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 the areas of food preparation, dining skills and adaptive equipment use. The findings are:</p> <p>A. Upon arrival to the Strickland Bridge A home on 2/24/26 at 6:35am, Staff F was preparing breakfast food at the stove. Closer observation revealed grits were cooked and sausage links were prepared and in the stove. At 6:48am, the staff proceeded to cook scrambled eggs on the stove. During this time, client #11 walked in and out of the kitchen on two occasions. At 7:28am, Staff E used a food processor to grind up eggs as client #5 sat in the kitchen in his wheelchair. At 7:35am, sausage links were ground up in the processor as clients sat at the dining room table. No clients were prompted or assisted to participate with preparation of food items for the breakfast meal.</p> <p>Interview on 2/24/26 with Staff F revealed client</p>	W 249			

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 249	<p>Continued From page 1</p> <p>#11 had assisted with making pitchers of drinks for the meal. The staff indicated client #11 "will definitely try" to help in the kitchen.</p> <p>Additional interview with Staff E revealed client #5 has a goal to grind up his food in the processor and will often take turns with other clients to use the processor.</p> <p>Review on 2/24/26 of client #5's IPP dated 11/25/25 revealed he consumes a ground food consistency. The plan also noted an objective to use an electric can opener given full physical prompts.</p> <p>Review on 2/24/26 of client #11's Adaptive Behavior Inventory (ABI) dated 12/3/25 revealed he requires assistance with preparing beverages, sandwiches, frozen, canned, fresh foods, meats, combination dishes, and salads. Additional review of the ABI also indicated he can prepare a breakfast, lunch and dinner meal with assistance.</p> <p>Interview on 2/24/26 with the Qualified Intellectual Disabilities Professional (QIDP) revealed clients should be encouraged to be as independent as possible when assisting in the kitchen. The QIDP noted client #5 requires hand-over-hand assistance to perform most tasks in the kitchen due to his blindness.</p> <p>B. During lunch observations at the day program on 2/23/26 at 12:03pm, client #2, client #5 and client #11 did not utilize a non-slip mat at the meal. Client #5 also consumed his meal at a table of average height with other clients while utilizing a scoop plate.</p> <p>Review of client #2, client #5 and client #11's IPP</p>	W 249			

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W 249	<p>Continued From page 2 dated 5/21/25, 11/25/25, and 12/14/25 respectively, revealed they utilize a non-slip mat at meals. Additional review of client #5's IPP also indicated he should use a table top tray at meals. Further review of a diet and adaptive equipment list posted in the home (no date) also noted non-slip mats should be used for all three clients and client #5 uses a table top tray at meals.</p> <p>Interview on 2/24/26 with Staff E revealed the adaptive dining equipment list posted in the home includes the current dining equipment used by all clients in the home.</p> <p>Interview on 2/24/26 with the QIDP confirmed staff should be following the dining equipment list posted in the home.</p> <p>C. During lunch observations in at the day program on 2/23/26 at 12:03pm, client #11 consumed a piece of salisbury steak utilizing his hands/fingers. The steak was approximately the size of the palm of an average hand. The client was not provided a knife and fork or prompted to cut the steak prior to consumption. During breakfast observations in the home on 2/24/26 at 7:55am, client #11 served himself three whole sausage links. The client then consumed the sausage using his hands/fingers. No knife and fork were provided and the client was not prompted to cut the sausage prior to consumption.</p> <p>Interview on 2/24/26 with Staff E revealed client #11 does not know how to use a knife and fork but "he will try."</p> <p>Additional review of client #11's Adaptive Behavior Inventory (ABI) dated 12/3/25 indicated</p>	W 249			

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W 249	Continued From page 3 he can independently use a knife for cutting as well as eat with a fork with minimal spillage.	W 249			
W 340	Interview on 2/24/26 with the QIDP indicated client #11 should be able to use a knife and fork at meals once shown how to do so. 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 all staff were sufficiently trained to wear gloves appropriately. The findings are: A. During breakfast observations in the Strickland Bridge A home on 2/24/26 from 7:30am - 7:44am, Staff E wore gloves in the dining room while assisting clients with serving themselves, pouring drinks and cutting meats. The staff was noted to pick up sausage links with her gloved hand and assist three clients with cutting the sausage. The staff continued to wear the same gloves throughout this task and in between assisting each client. Interview on 2/24/26 with Staff E revealed she had been trained to wear gloves while assisting clients at the meal. Interview on 2/24/26 with the facility's nurse revealed staff have been trained to wear gloves during personal care of clients and during	W 340			

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W 340	Continued From page 4 application of topicals or eye drops. Additional interview indicated gloves should be changed in between interactions with clients. The nurse noted the facility does not have a specific glove use policy. Interview on 2/24/26 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff should be wearing gloves as described by the nurse and have not been trained to wear them during dining. B. During dinner observations in Strickland Bridge B on 2/23/26 at 5:00pm-5:40pm, Staff D wore gloves in the dining room while assisting clients pouring drinks and setting the place settings. Staff D also wore gloves assisting clients with serving themselves shrimp and rice onto three clients plates. Interview on 2/24/26 with the QIDP confirmed staff should be wearing gloves as described by the nurse and have not been trained to wear them during dining.	W 340			
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 observations, record reviews and interviews the facility failed to ensure all medications were administered in accordance with physician's orders. This affected 2 of 4 audited clients (#4 and #8). The findings are: A. During observations at the day program on	W 368			

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W 368	<p>Continued From page 5</p> <p>2/23/26 at 12:25pm, client #4 ingested Peg 3350 mix 1 capful in 4-8 oz of water. The client ingested the medication without being mixed. Medication residue was in the bottom of the cup when client finished the cup of water.</p> <p>Review on 2/24/26 of client #4's physician's orders dated 1/7/26 revealed an order for Peg 3350 mix 1 capful 17grams in 4-8 oz of water.</p> <p>Interview on 2/24/26 with the facility nurse confirmed the powder should be mixed and dissolved before the client drinks.</p> <p>B. During observations at Strickland Bridge B on 2/24/26 at 7:40am, Staff G applied mometasone cream topical medication on client #8's entire face.</p> <p>Review om 2/24/25 of client #8's physician's orders dated 1/7/26 revealed an order for mometasone cream .1%, apply topically to the sides of nose every other day for skin protectant.</p> <p>Interview on 2/24/26 with the facility nurse confirmed staff should have applied cream to the sides of the clients nose as written.</p>	W 368		