

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

PRINTED: 03/05/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2026
NAME OF PROVIDER OR SUPPLIER DARTMOUTH ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 210 DARTMOUTH ROAD RALEIGH, NC 27606		
(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	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>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.</p> <p>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 (#5). The finding is:</p> <p>During observations in the home throughout the survey on 3/2-3/3/26, client #5 was positioned in an armed chair in the living room area with an incontinence pad positioned underneath her.</p>	W 125			
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:</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.

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

PRINTED: 03/05/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2026
NAME OF PROVIDER OR SUPPLIER DARTMOUTH ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 210 DARTMOUTH ROAD RALEIGH, NC 27606		
(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>Continued From page 1</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure 1 of 4 audit clients (#3) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area meal preparation. The finding is:</p> <p>Observation on 3/2/26 in the home revealed at 5:15pm during dinner client #3 was served spaghetti and pineapple on her plate. Additional observation at 7:15am at breakfast client #3 served herself 2 whole sliced bacon. Staff cut client #3 food up while it was on her plate at the table in front of her.</p> <p>Review on 3/3/26 of client #3's IPP, dated 8/5/25 revealed to continue to have staff to precut clients food prior to serving for swallowing safety. Client can be impulsive/unsafe.</p> <p>Interview on 3/3/26 with the site supervisor confirmed that client #3's food should be precut before coming to the table.</p> <p>Interview on 3/3/26 with the qualified intellectual disabilities professional confirmed the mealtime guidelines are to precut client #3's food before bringing to the table.</p>	W 249			
W 262	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i)</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by:</p>	W 262			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2026
NAME OF PROVIDER OR SUPPLIER DARTMOUTH ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 210 DARTMOUTH ROAD RALEIGH, NC 27606		
(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 262	Continued From page 2 Based on record review and interview, the facility failed to ensure the restrictive behavior techniques for 1 of 4 audit clients (#5) were reviewed and monitored by the human rights committee (HRC). The findings is: Review on 3/3/26 of client #5's Behavior Support Plan (BSP) dated 1/8/26 revealed target behaviors consisting of self injurious behavior and aggression. Further review on 3/3/26 of client #5's BSP revealed no signature by HRC. Interview on 3/3/26 with the qualified intellectual disabilities professional confirmed that the HRC consent should be signed.	W 262			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a current written informed consent was obtained for restrictive Behavior Support Plans (BSP). This affected 1 of 4 audit clients (#5). The findings is: Review on 3/3/26 of client #5's BSP dated 1/8/26 revealed objectives to address aggression and self injurious behaviors. The plan included the use of Propranolol 60mg for hand biting. Additional review of the record did not include a current written informed consent for the BSP. Also further review of the documentation form reveals that verbal consent is good for 14 days and may be extended for an additional 14 days	W 263			

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

PRINTED: 03/05/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2026
NAME OF PROVIDER OR SUPPLIER DARTMOUTH ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 210 DARTMOUTH ROAD RALEIGH, NC 27606		
(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 263	Continued From page 3 with verbal consent verbal consent is void after 28 days. Interview on 3/3/26 with the qualified intellectual disabilities professional (QIDP) revealed that he received verbal consent on 1/8/26 and on 2/1/26, however had not received written consent for the BSP.	W 263			
W 454	INFECTION CONTROL 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 2 of 6 clients (#2 and #3). The finding is: Observations in the home on 3/2/26 at 5:15pm staff A assisted client #3 with serving herself food and with feeding herself. Staff A then picked up a slice of pineapple with her fingers and cut with the kitchen shears so the pineapple would fit into client #3's bowl. Further observation revealed staff A picked up another slice of pineapple with her fingers and cut it with kitchen shears to fit into client #2 bowl. Interview on 3/3/26, with staff A revealed she should not have picked up the pineapple with her fingers and served to the clients. Interview on 3/3/26, with the qualified intellectual	W 454			

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

PRINTED: 03/05/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2026
NAME OF PROVIDER OR SUPPLIER DARTMOUTH ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 210 DARTMOUTH ROAD RALEIGH, NC 27606		
(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 454	Continued From page 4 disabilities professional confirmed the staff should not have put her hand on the slices of pineapples.	W 454			
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 failed to ensure 1 of 4 audit clients (#1) received their specially prescribed diet as indicated. The finding are: Observations in the facility on 3/3/26 during dinner at 5:15pm spaghetti with turkey meat, regular toast cut into bite size pieces was served to client #1. Additional observation during breakfast at 7:15 am client #1 was served 2 slices bacon, cubed potatoes and regular toast cut in pieces. Record review on 3/3/26 of client #1's physician orders dated 12/22/25 revealed 1800 regular mechanically soft diet. Interview on 3/3/26 with staff D revealed client #1 toast at dinner was not mechanically soft. Interview on 3/3/26 with the site supervisor confirmed that client #1 diet is mechanically soft for all food that she is served.	W 460			
W 481	MENUS CFR(s): 483.480(c)(2) Menus for food actually served must be kept on	W 481			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2026
NAME OF PROVIDER OR SUPPLIER DARTMOUTH ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 210 DARTMOUTH ROAD RALEIGH, NC 27606		
(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 481	<p>Continued From page 5 file for 30 days.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure food substitutions were documented. The findings is:</p> <p>Review on 3/2/26 of the menu book for dinner revealed lemon butter basil tilapia, tossed penne pasta, peas, pineapples, milk and water.</p> <p>Observations in the home on 3/2/26 at 5:30pm, the clients were observed eating spaghetti with turkey meat, chopped spinach, garlic toast, pineapples, water, milk or juice.</p> <p>Interview on 3/3/26 with site supervisor confirmed that substitutions should have been documented.</p>	W 481			