

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G246</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/10/2026</b>
NAME OF PROVIDER OR SUPPLIER  <b>KENWOOD DRIVE HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5004 KENWOOD DRIVE DURHAM, NC 27712</b>		
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W 240	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed ensure the Individual Program Plan (IPP) for 1 of 5 audit clients (#4) included relevant interventions to support the individual towards independence. The finding is:</p> <p>Observations in the home throughout the survey on 3/9/26 revealed client #4 using a rolling walker to maneuver in the home.</p> <p>Further observations in the home throughout the survey on 3/10/26 revealed client #4 having splints on his legs accompanied with the rolling walker.</p> <p>Review on 3/9/26 of client #4's IPP dated 2/8/26 revealed no information regarding any adaptive equipment used by client #4.</p> <p>Interview on 3/10/26 with the qualified intellectual disabilities professional (QIDP) revealed they have no ambulatory guidelines for the use of the rolling walker or splints.</p>	W 240			
W 259	<p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(2)</p> <p>At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the comprehensive</p>	W 259			

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 259	Continued From page 1 functional assessments (CFA) were completed annually. This affected 5 of 5 audit clients (#1, #2, #3, #4 and #5). The findings are:  Record review on 3/10/26 revealed no comprehensive functional assessments could be located in client #1, #2, #3, #4 or #5's chart.  Interview on 3/10/26 with the qualified intellectual disabilities professional (QIDP) revealed that no CFA's had been completed for any clients in the home.	W 259			
W 326	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(iii)  The facility must provide or obtain annual physical examinations of each client that at a minimum includes special studies when needed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a colonoscopy was conducted as recommended. This affected 1 of 5 audit clients (#3). The finding is:  Review on 3/9/26 of client #3's record revealed a recommendation from the primary care physician (PCP) dated 6/6/23 for a colonoscopy to be scheduled.  Interview on 3/10/26 with the home manager (HM) confirmed the colonoscopy for client #3 was never scheduled.	W 326			
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	W 340			

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W 340	<p>Continued From page 2</p> <p>measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in medication administration. This affected 3 of 5 audit clients (#2, #3 and #5). The findings are:</p> <p>A. Observations on 3/10/26 during the medication pass from 6:40am to 6:52am, staff A was observed administering medications to client #2, #3, and #5. At no time did staff A open the medication administration record (MAR) to ensure the correct medications were being administered</p> <p>B. Observations on 3/10/26 of the medication pass at 6:40am, client #3 coughed and staff A asked the client if he wanted cough syrup. The client shook his head yes and the staff administered Guafensin 1tbsp.</p> <p>Review on 3/10/26 of client #3's physician's orders dated 8/14/25, revealed an order for cough medication as needed (PRN).</p> <p>Interview on 3/10/26 with the facility nurse revealed that staff should always compare the medications being given to the MAR during medication pass. The nurse also revealed that staff are supposed to contact her prior to giving any PRN medication.</p>	W 340			
W 352	<p>COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE CFR(s): 483.460(f)(2)</p> <p>Comprehensive dental diagnostic services</p>	W 352			

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W 352	<p>Continued From page 3</p> <p>include periodic examination and diagnosis performed at least annually.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure each client received comprehensive dental services including periodic examinations at least annually. This affected 3 of 5 audit clients (#3, #4 and #5). The findings are:</p> <p>A. Review on 3/9/26 of client #3's record revealed his last dental examination and cleaning occurred on 10/23/24 and a recommendation was made for follow up cleaning in six months. No current dental examinations could be located.</p> <p>Interview on 3/10/26 with the home manager (HM) confirmed client #3 is in need of a dental examination at this time.</p> <p>B. Review on 3/9/26 of client #4's record revealed his last dental examination and cleaning occurred on 10/23/23 and a recommendation was made for follow up cleaning in six months. No current dental examinations could be located.</p> <p>Interview on 3/10/26 with the home manager (HM) confirmed client #4 is in need of a dental examination at this time.</p> <p>C. Review on 3/9/26 of client #5's record revealed his last dental examination and cleaning occurred on 4/8/24 and a recommendation was made for follow up cleaning in six months. No current dental examinations could be located.</p> <p>Interview on 3/10/26 with the home manager (HM) confirmed client #5 is in need of a dental examination at this time.</p>	W 352			

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W 368 W 368	Continued From page 4 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 review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 2 of 5 audit clients (#3 and #5). The findings are:  A. During morning observations in the home on 3/10/26 at 6:40am, staff A was observed administering medications to client #3. Client #3 coughed and staff A asked client #3 if he needed cough syrup. Client #3 shook his head yes and staff A administered Guaifenesin 1tbsp.  Record review 3/10/26 of client #3's physicians orders dated 8/14/25, revealed an order for Robitussin cough syrup or equivalent 2tsp by mouth every 6 hours as needed.  B. Further observation on 3/10/26 at 6:45am, staff A was observed administering medications to client #5. Client #5 received Lisinopril 40mg and Vitamin D 125mg.  Record review on 3/10/26 of client #5's physician orders dated 8/14/25, revealed an order for Docusate Sodium 100mg, take one capsule by mouth twice daily at 7am and 7pm.  Interview on 3/10/26 with the nurse revealed client #3 should have received 2tsp of cough medication as ordered. The nurse also revealed that client #5's order for Docusate Sodium had	W 368 W 368			

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

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W 368	Continued From page 5 been discontinued. However, no order to discontinue could be located.	W 368			
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1)  at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: The facility failed to ensure fire drills were conducted quarterly for each shift of personnel as evidenced by interview and record verification. This had the potential to affect all of the clients residing in the home. The finding is:  Review on 3/9/26 of the facility's fire drill evacuation reports for March 2025 through February 2026 revealed there was no first shift fire drill conducted for the quarter of April 2025 through June 2025.  Interview on 3/10/26 with the house manager (HM) confirmed no first shift drill could be located for April 2025 through June 2025.	W 440			
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 5 of 5 clients (#1, #2, #3, #4 and #5). The findings are:  A. Observations in the home on 3/9/26 at 5:40pm,	W 454			

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W 454	Continued From page 6 client #2 put his hand in the bowl of sliced apples and took a couple for himself. Client #2 then passed it to client #3 and he repeated the same action. Client #3 proceeded to pass it to client #4 and he repeated the same action. Staff did not discard food or stop clients from putting their hands in the apple bowl.  B. Observations in the home on 3/10/26 at 7:40am client #5 grabbed pancakes and sausages for client #1 and client #4 with his hands and placed the items on their plates. Staff told him to stop afterwards but did not discard the food.  Interview on 3/10/26, with home manager (HM) revealed staff should have discarded the food after clients touched it with their hands.	W 454			
W 460	<b>FOOD AND NUTRITION SERVICES</b> 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 2 of 5 audit clients (#1 and #2) received their specially prescribed diet as indicated. The findings are:  During observations in the home on 3/9/26 at approximately 5:35pm, the clients sat down for dinner. Client #1 and client #2 received chicken cut in approximately 2 inch pieces, brussel	W 460			

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W 460	<p>Continued From page 7 sprouts and macaroni salad.</p> <p>Further observations in the home on 3/10/26 at approximately 7:35am, the clients sat down for breakfast. Client #1 and client #2 received pancakes and sausage. The sausage was cut into approximately 2 inch pieces.</p> <p>Record review on 3/10/26 of client #1's prescribed diet revealed regular, low cholesterol and low fat, chopped. Review of client #2's prescribed diet revealed heart healthy, meats cut into small pieces with gravy.</p> <p>Interview on 3/10/26 with the home manager (HM) confirmed client #1 is on a chopped diet and client #2 should have bite size meats served with gravy.</p>	W 460			