

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

PRINTED: 03/19/2026  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G307</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/17/2026</b>
NAME OF PROVIDER OR SUPPLIER  <b>TIMBERLEA GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5691 MACK LINEBERRY ROAD CLIMAX, NC 27233</b>		
(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><b>PROTECTION OF CLIENTS RIGHTS</b> 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 ensure 1 of 6 audited clients (#2) had the right to be treated with dignity regarding the use of incontinence pads. The finding is:</p> <p>Observations throughout the 3/16-17/26 survey revealed client #2 to sit in the same chair in the living room with an incontinence pad present on the chair.</p> <p>Interview with Staff F on 3/17/26 revealed client #2 has frequent toileting accidents and confirmed the incontinence pad is there to protect the furniture. Continued interview with Staff F revealed client #2 wears a brief and is on a toileting schedule. Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 3/17/26 confirmed incontinence pads should not be used in public areas as this constitutes a client rights violation with respect to dignity.</p>	W 125			
W 130	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure privacy during treatment and care of personal needs for 2 of 6 audited clients (#1,</p>	W 130			

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 130	Continued From page 1 #2). The finding is:  Observation in the group home on 3/16/26 at 4:45 PM revealed Staff D to prompt client #1 to his bedroom to check his brief. Continued observation revealed the bedroom door to remain open while client #1 undressed and Staff D inspected the brief. Further observation at 5:07 PM revealed Staff D to prompt client #2 to use the bathroom. Subsequent observation revealed Staff D to stand at the bathroom doorway while client #2 used the bathroom with the door open.	W 130			
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: Based on observations, record reviews and interviews, the facility failed to ensure 6 of 6 audited clients (#1, #2, #3, #4, #5, #6) received a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency. The findings are:	W 249			

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W 249	<p>Continued From page 2</p> <p>A. The facility failed to provide active treatment and engagement opportunities to the clients. For example:</p> <p>Observation in the group home on 3/16/26 from 3:50 PM to 6:00 PM revealed three staff present with six clients. Continued observation at 4:31 PM revealed Staff E to engage client #6 in a word search. Further observation at 5:22 PM revealed client #3 to partially set the dinner table. Additional observations from 3:50 PM to 6:00 PM revealed the clients to sit in the living room with television on until the dinner meal was ready at 5:45 PM. Subsequent observation revealed no other formal or informal opportunities of engagement were provided to the clients.</p> <p>Observation in the group home on 3/17/26 from 6:25 AM to 8:15 AM revealed two staff present with six clients. Continued observations revealed the clients to remain unengaged in the living room until the breakfast meal was ready at 7:15 AM. Further observations revealed the clients to return to the living room after the breakfast meal and wait to be called for medication administration. Subsequent observation revealed no other formal or informal opportunities of engagement were provided to the clients.</p> <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 3/17/26 confirmed clients should not remain idle for extended periods of time. Continued interview confirmed staff are responsible from engaging clients in active treatment at all opportunities.</p> <p>B. The facility failed to provide formal active treatment opportunities to clients #1, #2, and #3.</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>For example:</p> <p>1. Observation of the dinner meal on 3/16/26 at 5:45 PM revealed staff to bring the prepared food and beverage to the dining table. Continued observations revealed staff did not prompt client #1 to bring the prepared beverage to the dining table.</p> <p>Observation in the group home on 3/17/26 at 7:57 AM revealed client #1 to enter the medication room for medication administration. Continued observation revealed the Med Tech (Staff G) to gather and prepare client #1's medication for administration. Further observation revealed Staff G did not prompt client #1 to identify his medication bin.</p> <p>Review of client #1's record on 3/17/26 revealed a person-centered plan (PCP) dated 10/23/25 which indicated a program goal to independently bring the prepared pitcher of juice or water to the table 80% of the time every evening mealtime for 30 consecutive days. Continued review of the PCP indicated a program goal to identify his medication bin 60% of the time for 30 consecutive days.</p> <p>Interview with the QIDP on 3/17/26 confirmed client #1's program goals are current. Continued interview confirmed staff are responsible for support clients with their program goals at all opportunities.</p> <p>2. Observation throughout the 3/16-17/26 survey revealed staff to bring the prepared breakfast and dinner meal to the dining table. Continued observation revealed staff did not prompt client #2 to bring the prepared beverage to the dining</p>	W 249			

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W 249	<p>Continued From page 4 table.</p> <p>Review of client #2's record on 3/17/26 revealed a PCP dated 10/22/25 which indicated a program goal to independently bring the prepared pitcher of juice or water to the table 80% of the time during any mealtime for 30 consecutive days.</p> <p>Interview with the QIDP on 3/17/26 confirmed client #2's program goals are current. Continued interview confirmed staff are responsible for support clients with their program goals at all opportunities.</p> <p>3. Observation in the group home on 3/17/26 at 7:38 AM revealed client #3 to enter the medication room for medication administration. Continued observation revealed Staff G to punch and provide client #3 his medication without identification or education. Further observation revealed client #3 to take his medication independently.</p> <p>Review of client #3's record on 3/17/26 revealed a PCP dated 10/6/25 which indicated a program goal to independently identify his medication 100% percent of the time for 30 consecutive days.</p> <p>Interview with the QIDP on 3/17/26 confirmed client #3's program goals are current. Continued interview confirmed staff are responsible for support clients with their program goals at all opportunities.</p>	W 249			