

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G187	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/07/2026
NAME OF PROVIDER OR SUPPLIER SCI-NASH HOUSE II			STREET ADDRESS, CITY, STATE, ZIP CODE 3505 HAWTHORNE RD , ROCKY MOUNT, North Carolina, 27803	
(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
E0000	Initial Comments A recertification survey was completed on 4/6/26 - 4/7/26. A deficiency was cited. In addition, a complaint survey was completed for Intakes #2923636 (unsubstantiated) and #2968301 (substantiated). No deficiencies were cited in relation to the complaints.	E0000		
W0130	<p>PROTECTION OF CLIENTS RIGHTS</p> <p>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:</p> <p>Based on observations, record review, and interview, the facility failed to ensure privacy during treatment and care of personal needs. This affected all clients in the home (#1, #2, #3, #4, #5, and #6).</p> <p>During medication administration observations in the home on 4/6/26 and 4/7/26, clients #1, #2, #3, #4, #5, and #6 received medications in the narrow hallway as both staff and clients passed closely by the area. At times, medication administration was interrupted and required to briefly stop in order to allow staff and peers to pass through the area. For example, on 4/7/26 during morning medication administration, client #1's administration was interrupted and she was required to step down the hallway to allow a walking device to pass through. Likewise, clients #4 and #5 received medications as both staff and clients stood by the medication room door as they waited to pass in the narrow space. During all client's medication administration, the hallway remained active and public.</p> <p>Review on 4/7/26 of the facility medication administration policy, updated 9/15/25, revealed clients should be given privacy during medication administration and should not be lined up for medication.</p> <p>Interview on 4/7/26 with the Habilitation Coordinator revealed the facility strives to provide privacy during</p>	W0130		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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W0130	Continued from page 1 treatments, but acknowledged the hallway area was busy during medication administration. Interview on 4/7/26 with the Qualified Intellectual Disabilities Professional revealed clients should be provided with privacy and training during their medication administration.	W0130		