

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G332	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/28/2026
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NAME OF PROVIDER OR SUPPLIER NORWOOD AVENUE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2510 NORWOOD AVENUE , GOLDSBORO, North Carolina, 27530
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(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
W0249	<p>PROGRAM IMPLEMENTATION</p> <p>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> <p>Based on observations, record reviews and interviews, the facility failed to ensure 3 of 3 audit clients (#1, #4 and #5) 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 and administration of medications. The findings are:</p> <p>A. During food preparation observations in the home on 4/28/26 beginning at 6:47am, Staff D poured dry cereal into containers, toasted six English muffins in the toaster, poured cups of coffee at the kitchen counter and prepared a single bowl of instant oatmeal in the microwave for client #5. With the exception of making a pot of coffee and putting drinks/yogurt on the table, clients were not prompted or encouraged to participate with preparing food items for the meal even as several of them (#1, #4 and #5) wondered in/out of the kitchen area.</p> <p>Interview on 4/28/26 with Staff D revealed most of the clients help with all of the meal preparation tasks. Additional interview indicated client #5 will usually help but it just depends on his mood.</p> <p>Review on 4/28/26 of client #1's record revealed he is able to participate in basic meal preparation with instruction and guidance from staff.</p> <p>Review on 4/28/26 of client #4's record indicated he is usually willing to help with meal preparation.</p>	W0249		

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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W0249	<p>Continued from page 1</p> <p>Review on 4/28/26 of client #5's record noted he is able to help with meal preparation.</p> <p>Interview on 4/28/26 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients "everyone can help" with food preparation tasks in the kitchen with staff assistance.</p> <p>B. During observations of medication administration in the home on 4/28/26 at 7:26am, client #5 obtained a cup of water and pill cards, repeated the name of one pill and threw away his trash. The Medication Technician (MT) punched all pills and told the client the names/purpose of his medications. Client #5 was not prompted or encouraged to assist with the administering his medications at his maximum potential.</p> <p>Interview on 4/28/26 with the MT revealed client #5 normally participates with the administration of his medications as observed.</p> <p>Review on 4/28/26 of client #5's nursing evaluation dated 7/9/25 revealed he continues to be supervised and assisted with medication administration. The evaluation also noted he can get medication from the cabinet, punch out the medication with staff supervision and assistance, verbalize the names of some of his medications and their symptoms with prompting and assistance from staff, get his own liquids and dispose of trash. Further review of the client's nursing evaluation revealed under strengths, "Active participant in medication administration: knows names and purpose of some of his medications." Review of client #5's IPP identified an objective to name a side effect of his medications.</p> <p>Interview on 4/28/26 with the facility nurse confirmed client #5 can assist with medication administration of his medications with encouragement and assistance from staff.</p>	W0249		
W0368	<p>DRUG ADMINISTRATION</p> <p>CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record review and interview, the facility failed to ensure all medications were administered in accordance with physician's orders. This affected 1 of 3 audit clients (#5). The finding is:</p>	W0368		

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W0368	Continued from page 2 During observations in the home on 4/28/26 at 7:39am, client #5 ingested Linzess 145mcg along with thirteen other medications. The client began consuming his breakfast meal at 7:41am. Review on 4/28/26 of client #5's physician's orders dated 4/1 - 4/31/26 revealed an order for Linzess 145mcg, take one capsule by mouth every morning on "empty stomach at least 30 minutes prior to 1st meal of day...7:00am" Interview on 4/28/26 with the facility nurse confirmed client #5's Linzess should have been taken 30 minutes before he began consuming his breakfast as indicated in his physician's orders.	W0368		
W0473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is NOT MET as evidenced by: Based on observations, document review and interviews, the facility failed to ensure all foods were served at an appropriate temperature. The finding is: During morning observations in the home on 4/28/26 at 6:49am, two jugs of milk were removed from the refrigerator and placed on the dining room table. At 6:53am, six cups of yogurt were removed from the refrigerator and also placed on the table. At 7:01am, a bowl of cooked instant oatmeal was removed from the microwave and placed on the table. The items remained on the table until 7:26am when clients began serving themselves at the breakfast meal. Review of the menu book in the home noted the following: "All hot food and beverages must be held at 140 or higher. All cold food and liquids must be held at 40 or lower. Once taken from heat keeping and/or cold keeping devices they must be served to clients within 15 minutes or reheated to 165, the served." Interview on 4/28/26 with Staff D revealed they follow guidelines for food temperatures from the menu book. Interview on 4/28/26 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff should follow guidelines from the menu book regarding food temperatures.	W0473		