STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G138	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLLEGE PARK	1900 LAKE DRIVE , LAURINBURG, North Carolina, 28352

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W0104	GOVERNING BODY CFR(s): 483.410(a)(1) The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is NOT MET as evidenced by: Based on observations, record review and interviews, the facility failed to ensure clients were protected from hazards in the environment. The finding is: Observations at the home on 4/27/26 at 5:05pm revealed two white vans parked in the driveway. The first van parked underneath the car port had a broken window, with jagged glass, left uncovered, on the right rear passenger side. A follow-up observation on 4/28/26 at 7:30am, revealed the first van's rear window was still broken, with sharp glass pieces exposed. Review on 4/28/26 revealed a work order from 4/20/26 requested a window repair of the back van window. The window repair was scheduled for 4/22/26, with job completion noted in the comments. Interview on 4/28/26 with the Home Manager (HM) revealed on Sunday (4/19/26) she entered the van and after closing the door, the side window shattered. The HM revealed she put in a work order and a mobile window repairman was hired but did not show for the appointment. The HM acknowledged the window was left uncovered because they expected the repair to be made right away. The HM revealed they have been using the 2nd van to transport the clients. Interview on 4/28/26 with the Qualified Intellectual Disabilities Professional (QIDP) revealed they had an appointment to repair the window on the van but the vendor did not show up. Interview on 4/28/26 with the Quality Assurance Manager acknowledged he was aware of the van's window being broken and that they were in the	W0104		

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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W0104	Continued from page 1 process of getting it repaired.	W0104		
W0130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is NOT MET as evidenced by: Based on observation, record review and interview, the facility failed to ensure privacy during treatment and care of personal needs for 1 of 5 audit clients (#4). The finding is: During medication administration in the home on 4/28/26 at 7:50am, Staff E had client #4 sit in her wheelchair in front of the medication room doorway, which is adjacent to the kitchen, to give medication. After client #4 took all of her oral medications, Staff E stepped out of the medication room (does not have a door), pulled up the back of client #4's shirt and applied ointment to her middle back. Review on 4/28/26 of client #4's Physician's Orders dated 3/19/26 revealed an order Diclogenac Gel 1% to topically apply to lower back three times a day. Interview on 4/28/26 with the nurse revealed that staff should put the topical ointment in the clients' bedrooms.	W0130		
W0227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is NOT MET as evidenced by: Based on observation, record review and interviews, the facility failed to ensure programming was implemented for oral hygiene to prevent further tooth decay for 1 of 5 audit clients (#5). The finding is: During observation throughout the survey on 4/27/26 to 4/28/26, client #5 was observed with heavily stained teeth and was not observed to brush her teeth after meals. Record review on 4/28/26 client #5's Individual	W0227		

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W0227	Continued from page 2 Program Plan (IPP) dated 1/23/26 revealed she needed assistance with brushing teeth. It stated she would tolerate upper teeth and lower teeth along gum line being brushed. The IPP further revealed a written goal for brushing teeth but without listed objectives, the date of implementation or data collection. Record review on 4/28/26 of client #5's dental exam on 4/15/26 revealed her oral hygiene was poor with heavy plaque and food debris covering heavy calculus buildup, general bleeding and heavy stain. The dental exam recommended brushing twice a daily and flossing. There was a note that client #5 did not have active decay however, she needed to have sedation for x-ray exams. Interview on 4/28/26 with the Habilitation Specialist acknowledged client #5 was known to have poor oral hygiene however her program was discontinued by the team during 2024. The Habilitation Specialist said client #5 did not tolerate brushing her teeth and with previous attempts to train her, she would have more behaviors like spitting on others. The Habilitation Specialist confirmed she writes the training programs for clients but did not realize that the 2026 still had a tooth brushing goal on it. Interview on 4/28/26 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #5 was "intolerant of dental procedures."	W0227		
W0249	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 observation, record review and interview, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services identified the individual program plan (IPP) in the area of mealtime guidelines for 1 of 1 audit clients (#3). The finding is: During observations at the day program on 4/28/26 at 10:45am, client #3 was given a tuna fish	W0249		

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W0249	Continued from page 3 sandwich, vanilla pudding and vegetable chips for lunch. Staff E was present to supervise the clients at lunch. Client #3 ate all of her chips but only took a bite of her sandwich and a couple spoonful of pudding; and then indicated she did not want the food. Staff E accompanied client #3 to the trash can and threw her refused foods in the trash can, without offering substitute food items. Record review on 4/27/26 of client #3's Physician's Orders signed on 3/19/26 revealed meal refusals or if 25% or less of a meal is consumed, offer a meal substitution. Interview on 4/28/26 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed that if any client does not eat at least 25% of their meal, staff should offer a nutritional supplement drink.	W0249		
W0267	CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1) The facility must develop and implement written policies and procedures for the management of conduct between staff and clients. This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed to implement policies and procedures to ensure actions imposed upon clients by staff did not potentially affect the client's quality of life. This affected 1 of 5 audit clients (#4). The finding is: Observations on 4/27/26 at 6:43pm, Staff A announced to Staff D that she was going outside to smoke a cigarette before starting medication administration. Staff D told Staff A, "Take [Client #3] with you" and client #3 followed Staff A out of the door. Staff A walked to the top of the driveway and smoked a cigarette near the curb while Client #3 stood a several yards from her. Interview on 4/28/26 with the Qualified Intellectual Disabilities Professional (QIDP) acknowledged that staff should not have clients present when smoking on breaks.	W0267		
W0342	NURSING SERVICES CFR(s): 483.460(c)(5)(iii) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health	W0342		

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W0342	Continued from page 4 measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients. This STANDARD is NOT MET as evidenced by: Based on observations, record review and staff interviews, the facility failed to ensure staff recognized declining health conditions to report to the nurse for further assessment as well as request clarification of diet orders. This affected 1 of 5 audit clients (#1). The finding is: During dinner observations on 4/27/26 at 6:15pm revealed client #5 eating a turkey burger sandwich cut into 4 squares, whole tater tots and mandarin oranges and canned pears in a fruit salad. Client #1 had water for his beverage. Staff C sat next to client #1 to monitor his eating and to give him verbal prompts slow his pace of chewing and to clear his mouth of food before the next bite. Client #1 sat in an upright position after finishing his meal but tucked his chin in his chest and was overheard with spontaneous coughs. Staff C was observed at 6:50pm telling client #1 to swallow the food he was still chewing and acknowledged client #1 holds his food in his mouth. An additional observation on 4/27/26 at 7:10pm, Staff C accompanied client #1 to the medication room for his evening pills. Staff C was observed telling client #1 to clear his mouth before taking the pills and lightly patting him on his upper back. Client #1 was observed with chewing motions before receiving his 5 whole pills to ingest with water. Record review on 4/27/26 of client #1's Individual Program Plan (IPP) dated 9/4/25 revealed staff should monitor to prevent choking. Diet cut to 1/2"-1" consistency. Ensure food is chopped. Ensure he does not overfill his mouth with food and staff should follow the diet, as prescribed. Report to the nurse and Qualified Intellectual Disabilities Professional (QIDP). Record review on 3/3/26 of a Feeding Therapy Initial Evaluation by the Speech Language Pathologist (SLP) revealed she reviewed a prior swallow study from client #1's 1st admission to the home and after a re-admission, the SLP attempted to observe client #1's meal at the day program on 3/3/26. The SLP revealed client #1 was not served a meal and she did not see him eat. The SLP interviewed staff who	W0342		

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W0342	Continued from page 5 reported no concerns with safety during client #1's meals and that client #1 "has not had any difficulties or signs or symptoms of aspiration." Interview on 4/28/26 with the nurse revealed that staff had not reported any chewing or swallowing concerns about client #1. Interview on 4/28/26 with the Registered Dietician (RD) confirmed client #1 was on a chopped diet and they have always allowed "wiggle room" for him to eat finger foods or foods that did not require a fork to pick up, if it did not exceed 1". The RD revealed if client #1 was "pocketing" his food after meals, not encouraged to take sips and or emptying his mouth after nearly an hour after eating, then he needed to have the SLP return to do an assessment and refer him for a swallow evaluation. The RD revealed he would temporarily downgrade client #1's diet orders to ensure safety until the team could meet and get his re-assessed.	W0342		
W0436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is NOT MET as evidenced by: Based on observations, record review and interviews, the facility failed to ensure safety equipment had the proper fit for 1 of 5 audit clients (#5). The finding is: Observations in the home on 4/27/26 at 5:21pm, client #5 sat at the activity coloring. Client #5 wore a soft helmet on her head, that was big and hung over her eyebrows. Staff B was observed pushing the helmet upward on client #5's forehead so it would not fit low on her eyebrows. An additional observation at the day program on 4/28/26 at 10:55am observed client #5 eating her sandwich for lunch, wearing a soft helmet over her eyebrows. Client #5 stood up to discard her trash and walked across the lunchroom with her helmet worn over her eyebrows, while Staff E observed her but made no adjustments to the fit. Record review on 4/27/26 for client #5's Individual	W0436		

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W0436	Continued from page 6 Program Plan dated 1/23/26 revealed she wore a soft helmet due to a history of self-injurious behaviors; to prevent further harm. Interview on 4/28/26 with the Qualified Intellectual Disabilities Professional acknowledged the soft helmet can be adjusted for a better fit.	W0436		
W0441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is NOT MET as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were conducted at varying times and conditions. The finding is: Record review on 4/27/26 of the facility's fire drill logs revealed the following: First Shift: 7/7/25 at 2:11pm and 4/5/26 at 2:30pm Second Shift: 6/2/25 at 9:30pm, 8/5/25 at 7:11pm, 11/3/25 at 9:50pm and 2/5/26 at 7:11pm Third Shift: 5/4/25 at 3:55am, 12/4/25 at 3:30am and 3/3/26 at 3:00am Interview on 4/27/26 with the Home Manager revealed she oversees the fire drills and was not familiar with what constituted at varying times and conditions; it had never been explained to her. The Home Manager revealed she was following the schedule on which shift to conduct the drill on each month.	W0441		
W0460	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 observation, record review and staff	W0460		

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W0460	Continued from page 7 interviews, the facility failed to ensure dietary orders were prepared for 2 of 5 audit clients (#1 and #2) as prescribed. The findings are: A. During dinner observation in the home on 4/27/26 at 6:15pm, client #1 was given a turkey burger sandwich cut into 4 squares, whole tater tots and fruit salad containing canned mandarin oranges and pears. Staff C supervised client #1 during his meal, giving verbal prompts to slow his pace of eating but he was not encouraged to take a sip of water until 6:25pm. Client #1 is legally blind. Client #1 sat in an upright position after finishing his meal but tucked his chin in his chest and was overheard with spontaneous coughs. Staff C was observed at 6:50pm telling client #1 to swallow the food he was still chewing and acknowledged client #1 holds his food in his mouth. Record review on 4/27/26 of client #1's Individual Program Plan (IPP) dated 9/4/25 revealed staff should monitor to prevent choking. Diet cut to 1/2"-1" consistency. Ensure food is chopped. Ensure he does not overfill his mouth with food and staff should follow the diet, as prescribed. Report to the nurse and Qualified Intellectual Disabilities Professional (QIDP). Interview on 4/28/26 with the nurse revealed that staff had not reported any chewing or swallowing concerns about client #1. Interview on 4/28/26 with the Registered Dietician (RD) confirmed client #1 was on a chopped diet and they have always allowed "wiggle room" for him to eat finger foods or foods that did not require a fork to pick up, if it did not exceed 1". The RD revealed if client #1 was "pocketing" his food after meals, not encouraged to take sips and or emptying his mouth after nearly an hour after eating, then he needed to have the SLP return to do an assessment and refer him for a swallow evaluation. The RD revealed he would temporarily downgrade client #1's diet orders to ensure safety until the team could meet and get his re-assessed. B. During dinner observation in the home on 4/27/26 at 6:15pm, client #2 received a turkey burger cut into twelve 1" square pieces, whole tater tots and canned fruit salad containing mandarin oranges and pears. Client #2 fed himself, taking sips between bites and did not display any difficulty with chewing or swallowing. Record review on 4/28/26 of client #2's Physician's	W0460		

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W0460	Continued from page 8 Orders signed on 3/18/26 revealed he was on a weight loss diet, 1800 calorie. Cut up to 1/4" consistency, think liquids. Interview on 4/28/26 with the RD revealed he will need to meet with staff tomorrow to discuss the client's dietary orders to ensure their meal guidelines are followed. The RD confirmed client #2 diet was 1/4" consistency.	W0460		