

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>05/12/2026</b>
NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY MANOR GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>1070 PACKING PLANT ROAD , SMITHFIELD, North Carolina, 27577</b>	
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W0227	<p>INDIVIDUAL PROGRAM PLAN</p> <p>CFR(s): 483.440(c)(4)</p> <p>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.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interviews, the facility failed to ensure client #2's Individual Program Plan (IPP) include objectives to address his money management needs. This affected 1 of 4 audit clients. The finding is:</p> <p>Review on 5/11/26 of client #2's IPP dated 3/6/26 revealed he enjoys new opportunities to make money, loves making money and being praised for his efforts. Additional review of the plan indicated he earns money on the janitorial crew while at the vocational center. Further review of the plan identified a goal to manage his own money. The IPP did not include any objects to address his money management needs.</p> <p>Interview on 5/11/26 with Staff B revealed client #2 performs cleaning tasks at the vocational center for which he is paid.</p> <p>Interview on 5/12/26 with the Habilitation Specialist (HS) confirmed client #2 performs work tasks on the janitorial crew at the vocational center and is paid approximately every two weeks. The HS indicated client #2 currently does not have formal money management objectives to address his money management needs.</p> <p>Interview on 5/12/26 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 performs work tasks on the janitorial crew at the vocational center and should have objective training to address his money management needs.</p>	W0227		

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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W0240	<p>INDIVIDUAL PROGRAM PLAN</p> <p>CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure the Individual Program Plan (IPP) for 2 of 4 audit clients ( #4 and #5) included specific information to support their independence concerning the use of necessary adaptive equipment. The findings are:</p> <p>A. During afternoon observations at the day program and morning observations in the home on 5/11 - 5/12/26, client #5 wore eyeglasses. Additional evening observations in the home on 5/11/26, client #5 did not wear eyeglasses.</p> <p>Interview on 5/12/26 with the Home Manager revealed client #5 wears his eyeglasses all the time.</p> <p>Review on 5/11/26 of client #5's IPP dated 4/7/26 revealed, "He does wear glasses." No specific information regarding the use of his eyeglasses was included in the plan.</p> <p>Interview on 5/12/26 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5 should wear his eyeglasses "all the time", however, his IPP does not include specific information to support the use of his eyeglasses.</p> <p>B. During observations throughout the survey on 5/11/26 and 5/12/26, client #4 was observed walking throughout the home. At no time did client #4 wear a gait belt.</p> <p>Review on 5/11/26 of client #4's physical therapy assessment dated 10/10/25 revealed adaptive equipment, a gait belt for safety, need for supervision and to get into a standing position at his walker. Further review of client #4's physician orders dated 4/28/26 revealed gait belt as adaptive equipment.</p> <p>Interview on 5/12/26 with staff B revealed he was unaware that client #4 was to wear a gait belt.</p> <p>Interview on 5/12/26 with the facility nurse revealed client #4 should have a gait belt. No gait belt has been purchased for client #4 at this time.</p>	W0240		

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W0240	Continued from page 2 Interview on 5/12/26 with the qualified intellectual disabilities professional (QIDP) revealed she was unaware that client #4 was in need of a gait belt. QIDP had not read the physical therapist assessment and the recommendations of the gait belt.	W0240		
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 observations, record reviews, and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the areas of food preparation, adaptive equipment use, and leisure. This affected 3 of 4 audit clients (#2, #4 and #5). The findings are:  A. During evening observations in the home on 5/11/26 from 4:05pm - 6:16pm, client #5 wandered throughout the home going in/out of his bedroom, through the dining room and kitchen and to/from the back office. During this time, the client was not offered any meaningful activities nor was he prompted or encouraged to participate with any tasks.  Interview on 5/12/26 with Staff A revealed the home usually has an activity schedule they follow; however, it had been misplaced. Additional interview indicated activities would generally include card games, board games, twister, coloring and arts/crafts activities.  Review on 5/11/26 of client #5's Individual Program Plan (IPP dated 4/7/26 revealed he enjoys playing games, watching television, current events, and arts/crafts activities. Additional review of the client's Behavior Support Plan (BSP) dated 4/1/26 noted, "[Client #5] should be offered activities throughout his day to prevent boredom..."  Interview on 5/12/26 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients should be provided activities in the home and activity schedules should be followed.	W0249		

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W0249	<p>Continued from page 3</p> <p>B. During evening observations in the home on 5/11/26 at 4:20pm, all food preparation tasks were performed by staff. Although client #2 was in and around the kitchen area as food was being prepared, the client was only prompted to throw items in the trash.</p> <p>Interview on 5/12/26 with Staff A revealed client #2 is usually eager to help in the kitchen. The staff stated they try to give all of the clients opportunities to help in the kitchen.</p> <p>Review on 5/12/26 of client #2's IPP dated 3/6/26 revealed he should be encouraged to participate in meal preparation. Additional review of the client's Adaptive Behavior Inventory (ABI) last reviewed on 4/21/26 noted he can independently identify fruits, vegetables, dairy products, meats, and breads/cereal. The ABI also noted he can prepare a sandwich, a salad, frozen foods, canned foods, meat dishes and fresh vegetables with partial independence.</p> <p>Interview on 5/12/26 with the QIDP confirmed all of the clients should be assisting in the kitchen with tasks such as obtaining items, opening cans, pouring or operating the stove.</p> <p>C. During observations throughout the survey on 5/11 - 5/12/26, client #2 was nonverbal and communicating using vocalizations, gestures and pointing. No forms of assistive communication were utilized with the client.</p> <p>Interview on 5/12/26 with Staff A revealed client #2 has an iPad which can be used to help him communicate. Additional interview indicated the iPad was available in the home; however, it will lose its charge quickly due to not being regularly charged.</p> <p>Review on 5/11/26 of client #2's IPP dated 3/6/26 revealed he is nonverbal but communicates using gestures, some words, sign language and his iPad. The plan noted, "[Client #2] will continue to use his iPad device to aid him with communicating more effectively."</p> <p>Interview on 5/12/26 with the QIDP confirmed client #2 has an iPad to assist with his communication. The QIDP indicated she did not know the iPad was not being kept charged.</p> <p>D. During evening observations in the home on 5/11/26 between 4:30pm-6:30pm, client #4 sat in his bedroom in a rocking chair and walked in and</p>	W0249		

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W0249	Continued from page 4 out of the kitchen and dining room and was not prompted to engage in any other activity.  Review on 5/11/26 of client #4's Individual Program Plan (IPP) dated 10/8/25 revealed he has the ability to engage in activities such as meal prep and setting his place setting. Further review of his Adaptive Behavior Inventory (ABI) dated 1/20/26 noted independence he can independently prepare a sandwich, a salad, and canned foods. He can pour drinks and pass dishes.  Interview on 5/12/26 with staff B revealed client #4 can help in the kitchen but he sometimes refuses to assist.  Interview on 5/12/26 with the QIDP confirmed all of the clients should be assisting in the kitchen with tasks such as obtaining items, opening cans, pouring or operating the stove.	W0249		
W0252	PROGRAM DOCUMENTATION  CFR(s): 483.440(e)(1)  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.  This STANDARD is NOT MET as evidenced by:  Based on record review and interview, the facility failed to ensure all data relative to the accomplishment of objectives was documented in measurable terms. This affected 1 of 4 audit clients (#5). The finding is:  Review on 5/12/26 of client #5's Individual Program Plan (IPP) dated 4/7/26 revealed an objective to identify money with 50% independence for 6 consecutive review periods (implemented 5/12/25). Additional review of the objective noted it should be trained daily. Further review of data collection for the objective noted the following:  March '26 - 7 days trained  April '26 - 0 days trained  May '26 (thru 5/11/26) - 2 days trained  Interview on 5/12/26 with the Habilitation Specialist confirmed data for the objective should be collected daily as indicated in the program.	W0252		

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W0262	<p>PROGRAM MONITORING &amp; CHANGE</p> <p>CFR(s): 483.440(f)(3)(i)</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure the restrictive behavior techniques for 1 of 4 audit clients (#4) was reviewed and monitored by the human rights committee (HRC). The finding is:</p> <p>Review on 5/11/26 of client #4's Behavior Support Plan (BSP) dated 12/9/25 revealed target behaviors anxiety and aggression. Further review revealed no written consent by HRC.</p> <p>Interview on 5/12/26 with the Behavior Specialist confirmed there is no HRC consent for client #4.</p>	W0262		
W0288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record review and interviews, the facility failed to ensure techniques to manage client #5's inappropriate behaviors were included in a formal active treatment plan. This affected 1 of 4 audit clients. The finding is:</p> <p>During observations in the home throughout the survey on 5/11 - 5/12/26, the laundry room was kept locked. Various staff carried and utilized a key to unlock the laundry room door to perform tasks. Additional observations revealed laundry detergent was not kept in the laundry room but was locked in another storage area in the home. Further observations in the home on 5/12/26 revealed client #5 was provided with a medication pill cup filled with body wash to use for his morning shower. Closer observation of the client's bedroom did not reveal any toiletry items.</p> <p>Interview on 5/11/26 with the Home Manager (HM) revealed the laundry room was kept locked because</p>	W0288		

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W0288	Continued from page 6 client #5 will waste detergent. She stated he also wastes his body wash, so they give him his body wash in the pill cup to prevent him from wasting it. Additional interview with the HM indicated the detergent is kept locked and his body wash is not kept in his room.  Review on 5/11/26 of client #5's Behavior Support Plan (BSP) dated 4/1/26 revealed an objective to display physical aggression on zero occasions for 12 months. Additional review of the plan did not indicate items should be kept locked or out of client #5's possession or the laundry room should be locked to address his inappropriate behaviors.  Interview on 5/12/26 with the Qualified Intellectual Disabilities Professional (QIDP) indicated client #5 will repeatedly wash his clothes and use too much detergent or cleaning supplies. The QIDP noted the laundry room should not be kept locked and grooming items as well as the detergent should not be locked away to address his behaviors. She noted client #5 should be assisted to use the items appropriately.	W0288		
W0340	<b>NURSING SERVICES</b>  CFR(s): 483.460(c)(5)(i)  Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.  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 and health maintenance. This affected 4 of 4 audit clients (#1, #3, #4, and #5). The findings are:  A. During observations in the home on 5/12/26 of the medication administration between 7:00am and 7:30am, client #4 came into the medication room and punched his pills into a medication cup, was not told the name of the medication or what the medication was treating. Client #4 ingested the medication then exited the medication room.  Interview on 5/12/26 with staff B revealed he had medication training 12/5/25 and he administered medication the way he was taught in medication class.	W0340		

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W0340	Continued from page 7  Interview on 5/12/26 with the facility nurse revealed that staff are taught to tell clients each medication that is administered.  B. During dinner and breakfast observations in the home on 5/11 - 5/12/26, various staff wore gloves in the dining room while assisting clients with serving themselves food items.  Interview on 5/12/26 with Staff A revealed she had not been trained to wear gloves during dining; however, this is what she did when she worked at another home. Additional interview indicated she wears the gloves because they are touching client's hands while assisting them to serve and they are also touching food.  Review on 5/12/26 of the facility's Standard Precautions policy (Revised March 2017) revealed, "Wear gloves when touching blood, body fluids, secretions and contaminated items...Remove gloves promptly before touching non-contaminated items and environmental surfaces and before going to another individual and wash hands to avoid transfer of microorganisms to other individuals or environments." The policy did not indicate gloves should be worn in the dining room while assisting clients at meals.  Interview on 5/12/26 with the facility nurse indicated staff have been trained to wear gloves as described in the policy.	W0340		
W0368	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 observation, record review and interview, the facility failed to ensure all medications were administered in accordance with physician's orders. This affected 1 of 4 audited clients (#1). The finding is:  Observations in the home on 5/12/26 at 7:05am, client #2 was observed being administered Levobunolol so. 5% eye drops in his right eye.  Review on 5/12/26 of client \$4's physician's orders dated 4/30/26 revealed and order for Levobunolol	W0368		

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W0368	Continued from page 8 sol. 5% to be instilled 1 drop into each eye twice daily.  Interview on 5/12/26 with the facility nurse confirmed that the medication should have been instilled in each eye when administered.	W0368		
W0418	CLIENT BEDROOMS  CFR(s): 483.470(b)(4)(ii)  The facility must provide each client with a clean, comfortable mattress.  This STANDARD is NOT MET as evidenced by:  Based on observation and interview, the facility failed to ensure client #5 had a clean and comfortable mattress. This affected 1 of 4 audit clients. The finding is:  Observations of client #5's bedroom on 5/12/26 revealed his top mattress had a large dip or indentation on the extreme right side. Closer observation of the bed revealed the box spring had a large/deep sunken area in the same location as the top mattress.  Interview on 5/12/26 with the Home Manager revealed she could not be sure how old the mattress was or when it had been purchased.  Interview on 5/12/26 with the Qualified Intellectual Disabilities Professional (QIDP) indicated she had not seen the mattress but agreed it should be replaced based on the description provided by the surveyor.	W0418		
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 2 of 4 audit clients (#3 and #4) adaptive equipment was furnished and in good repair. The findings are:  A. During observations throughout the survey on	W0436		

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W0436	<p>Continued from page 9</p> <p>5/11/26 and 5/12/26, client #3's right arm rest padding was missing revealing the metal arm bar showing.</p> <p>Interview on 5/12/26 with staff A revealed that a work order has been put in for client #3's armrest on his wheelchair.</p> <p>Interview on 5/12/26 with the home supervisor revealed she was not unaware the armrest was missing from the wheelchair.</p> <p>Interview on 5/12/26 with the physical therapist assistant revealed she was unaware of client #3's wheelchair needing repairs.</p> <p>B. During observations throughout the survey on 5/11/26 and 5/12/26, client #4 was observed walking throughout the home. At no time did client #4 wear ted hose.</p> <p>Review on 5/11/26 of client #4's physical therapy assessment dated 10/10/25 revealed adaptive equipment, ted hose need for circulation.</p> <p>Interview on 5/12/26 with staff B revealed he was unaware that client #4 was to wear ted hose.</p> <p>Interview on 5/12/26 with the facility nurse revealed client #4 should have ted hose. No ted hose had been purchased for client #4 at this time.</p> <p>Interview on 5/12/26 with the qualified intellectual disabilities professional confirmed she had not read the physical therapy assessment and was unaware of the recommendation of ted hose for client #4.</p>	W0436		
W0441	<p><b>EVACUATION DRILLS</b></p> <p>CFR(s): 483.470(i)(1)</p> <p>and under varied conditions to-</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on document review and interview, the facility failed to ensure fire drills were conducted at varied times throughout the shift. The finding is:</p> <p>Review on 5/11/26 of facility's fire drill reports from April '25 - April '26 revealed the drills were not conducted at varied times on 2nd and 3rd shifts. The reports noted the following evacuation times:</p> <p>2nd shift</p>	W0441		

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W0441	<p>Continued from page 10 5/11/25 - 7:43p</p> <p>8/4/25 - 7:00p</p> <p>11/11/25 - 6:35p</p> <p>2/18/26 - 6:00p</p> <p>3rd shift</p> <p>6/14/25 - 12:00a</p> <p>9/9/25 - 2:00a</p> <p>12/21/25 - 1:15a</p> <p>3/24/26 - 1:00a</p> <p>Interview on 5/12/26 with the Qualified Intellectual Disabilities Professional (QIDP) indicated staff should be following a schedule for fire drills to ensure they are conducted at different times throughout the shift.</p>	W0441		
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