STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G269	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY II GROUP HOME	**322 HICKORY AVE , SANFORD, North Carolina, 27330**

(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
W0107	COMPLIANCE W FEDERAL, STATE & LOCAL LAWS CFR(s): 483.410(b) The facility must be in compliance with all applicable provisions of Federal, State and local laws, regulations and codes pertaining to health. This STANDARD is NOT MET as evidenced by: Based on record review and interview, the facility failed to follow state law which requires staff obtain their certified criminal background check. This had the potential to affect 5 of 5 clients in the home (#1, #2, #3, #4, and #6). The finding is: Review on 6/22/26 of personnel records revealed Staff D was hired 1/15/25. Further review revealed Staff D's personnel record did not contain their criminal background check. Interview on 6/23/26, with the program manager revealed there was not a background check present for review. Interview on 6/23/26, with the human resource manager revealed the background check from another state was not completed.	W0107		
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 observations, record review and interviews, the facility failed to ensure clients were afforded privacy. This affected 1 of 3 audit clients (#4). The finding is: Observations in the home on 6/22/26 at 5:00 pm was in the bathroom client #1 was in the bathroom with the door closed. Client #4 walked into the bathroom without knocking while client #1 was	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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G269	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY II GROUP HOME	322 HICKORY AVE , SANFORD, North Carolina, 27330

(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
W0130	Continued from page 1 already in the bathroom. Client #1 walked out of the bathroom and went to the kitchen table. Further observation client #4 walked out of the bathroom a few minutes later and came to sit at the kitchen table. Record review on 6/22/26 of client #4's community home life assessment dated 1/1/26 revealed client #4 need verbal cues to knock on doors before entering. Interview on 6/22/26 with the qualified intellectual disabilities professional (QIDP) confirmed that client #4 needs verbal cues to knock on closed doors before entering.	W0130		