

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/08/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G097</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/03/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOUTHERN AVENUE HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2001 SOUTHERN AVENUE FAYETTEVILLE, NC 28301</b>		
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W 189	<p><b>STAFF TRAINING PROGRAM</b> CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to ensure staff were sufficiently trained to perform their duties. This affected 1 of 3 audit clients (#5) The finding is:</p> <p>Client #5's daily weight data was not documented as ordered.</p> <p>Review on 5/3/18 of client #5's record revealed he was admitted 7/1/2015. In addition, his diagnoses include Congestive Heart Failure (CHF), Hypertension, Chronic Obstructive Pulmonary Disorder (COPD), Diabetes Mellitus (DM) and Dyslipidema.</p> <p>Review on 5/3/18 of client #5's physician orders dated 4/01/18-7/01/18 revealed "CHECK WEIGHT DAILY IN THE MORNING AS SOON AS [CLIENT #5] GETS UP BEFORE HE EATS OR DRINKS ANYTHING-MUST BE WEIGHED NAKED DOCUMENT ON THE DAILY WEIGHT SHEET NOTIFY NURSING IF WEIGHT GAIN OR LOSS OF 3 POUNDS IN 1 DAY OR 5 POUNDS IN A WEEK. REPORT TO NURSING."</p> <p>Review on 5/3/18 of client #5's recent daily weight logs dated 4/1/18 to 5/3/18 revealed the following missing data:</p> <p>4/1/18 - no weight</p>	W 189			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 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.

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W 189	Continued From page 1 4/2/18 - no weight 4/3/18 - no weight 4/7/18 - no weight 4/8/18 - no weight 4/9/18 - no weight 4/13/18 - no weight 4/22/18 - no weight 4/23/18 - no weight 4/26/18 - no weight 4/30/18 - no weight 5/1/18 - no weight  Interview on 5/3/18 with the qualified intellectual disabilities professional (QIDP) revealed client #5 has been on daily morning weight checks since his admission because he has CHF. Additionally, the QIDP confirmed daily morning weight data should have been collected and documented as ordered.	W 189			
W 249	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 1 of 3 audit clients (#4) received a continuous active treatment plan consisting of needed interventions	W 249			

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W 249	<p>Continued From page 2 and services as identified in the individual program plan (IPP) in the area of meal preparation. The finding is:</p> <p>Client #4 was not prompted or assisted to participate in the preparation of his meals.</p> <p>Review on 5/3/18 of client #4's physician orders dated 4/1/18-7/1/18 revealed a "REGULAR/MECH. DIET..."</p> <p>During observations of meal preparation in the home on 5/2/18 - 5:00pm to 5:30pm, staff performed various meal prep tasks without prompting or encouraging client #4 to participate preparing his meal which consisted of tuna noodle casserole, green peas and a roll.</p> <p>Review of client #4's adaptive behavior inventory (ABI) dated 4/6/18 revealed a rating of "1" for "No independence; client cannot perform any portion of the behavior independently" and an "N" identifying "Need" for the following: "36. Prepares a breakfast meal" and "37. Prepares a lunch meal" and "38. Prepares a supper meal."</p> <p>Interview on 5/3/18 with the qualified intellectual disabilities professional (QIDP) revealed client #4's diet consistency was changed from chopped to mechanical soft on 9/9/17 after he experienced a choking incident on a piece of beef tip on 9/9/17. In addition, the QIDP confirmed client #4 has not received a formal training program to participate in the preparation of his meals.</p>	W 249			
W 325	<p>PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(iii)</p> <p>The facility must provide or obtain annual physical</p>	W 325			

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W 325	<p>Continued From page 3</p> <p>examinations of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure routine screenings were obtained for 1 of 3 audit clients (#4). The finding is:</p> <p>A routine screening for client #4 was not obtained.</p> <p>Review on 5/3/18 of client #4's record revealed he is age 52.</p> <p>Review on 5/3/18 of client #4's physical examination dated 8/4/17 revealed no noted colonoscopy order.</p> <p>Review on 5/3/18 of client #4's recent quarterly nursing assessments dated 2/28/18, 11/30/17, 8/31/17 and 5/31/17 revealed the following under colonoscopy "Females &amp; Males over age 50" with no noted dates of him receiving a colonoscopy.</p> <p>Interview on 5/3/18 with the facility nurse revealed colonoscopy orders are usually ordered during clients physical examinations and client #4 has not received an order for one. In addition, the nurse revealed a negative finding for a Hemocult dated 8/14/17.</p> <p>Interview on 5/3/18 with the qualified intellectual disabilities professional (QIDP) revealed no team meeting documentation for client #4 and provided no facility policy regarding a colonoscopy. The QIDP confirmed client #4 is due a colonoscopy.</p>	W 325			

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