

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: 34G097	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/03/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SOUTHERN AVENUE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2001 SOUTHERN AVENUE FAYETTEVILLE, NC 28301
---	---

(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
--------------------	--	---------------	---	----------------------

W 189	<p>STAFF TRAINING PROGRAM 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	<p>DHSR - Mental Health</p> <p>MAY 22 2018</p> <p>Lic. & Cert. Section</p>	
-------	---	-------	---	--

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Samantha Cole, BSAP Administrator TITLE: Administrator (X6) DATE: 5/17/18

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.

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: 34G097	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/03/2018
NAME OF PROVIDER OR SUPPLIER SOUTHERN AVENUE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2001 SOUTHERN AVENUE FAYETTEVILLE, NC 28301		
(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	
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			

W189 The facility will ensure that staff is sufficiently trained with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.

Nursing will re-in-service staff on the doctor's order for weighing client #5 daily and the importance of documentation.

QP and Habilitation Specialist will increase Interaction Assessments to the three times a month for two consecutive months to ensure staff are sufficiently trained.

The RN and LPN will increase medication observations to MAR 3 times per month for the next two consecutive months to ensure all orders are carried out as written.

W249 The facility will ensure individuals receive continuous active treatment and programs are implemented for interventions and services.

Habilitation Specialist will formulate a formal program for client #4 to assist with learning to be more involved in meal preparation. Habilitation Specialist will in-service staff on new training program with client #4 and staff.

QP, Habilitation Specialist, and Behavior Specialist will increase Mealtime Assessments 3 times per month for the next two consecutive months to ensure individuals are receiving continuous active treatment.

W325 The facility will ensure that annual screenings and examinations are provided for each client at a minimum includes routine screening laboratory examinations as determined by the physician

Medical Director will order a colonoscopy for client #4 and all other service users who are recommended for services. Nursing Support will schedule the appointment.

QP, LPN, RN, and Habilitation Specialist will conduct chart reviews monthly as scheduled to ensure appointment(s) are scheduled and current.

Target Date: 7/2/18

