

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

PRINTED: 09/28/2018
FORM APPROVED
OMB NO. 0938-0391

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|---|---|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G276 | (X2) MULTIPLE CONSTRUCTION A. ELDER _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 09/28/2018 |
| NAME OF PROVIDER OR SUPPLIER AVENT FERRY HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 904 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540 | | |
| (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 | |
| E 032 | <p>Primary/Alternate Means for Communication CFR(s): 483.475(c)(3)</p> <p>[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.] The communication plan must include all of the following:</p> <p>(3) Primary and alternate means for communicating with the following: (i) [Facility] staff. (ii) Federal, State, tribal, regional, and local emergency management agencies.</p> <p>*[For ICF/IIDs at §483.475(c):] (3) Primary and alternate means for communicating with the ICF/IID's staff, Federal, State, tribal, regional, and local emergency management agencies. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to develop an alternate means for communicating with facility staff, regional and local governments during an emergency. The finding is:</p> <p>The facility failed to develop an alternate means for communicating with staff, regional and local governments during an emergency.</p> <p>Review on 9/27/18 of the facility's Emergency Preparedness Plan (EP) dated 2017 revealed the facility instructed facility staff to utilize landlines to communicate with other staff and state and local government agencies. There was information instructing staff to use their cellphones to communicate if needed.</p> <p>Interview on 9/27/18 with the qualified intellectual</p> | E 032 | <p>The facility will ensure the deployment of devices to support ongoing communication with facility staff, regional and local governmental entities in the event of a disaster and/or an emergency impacting its consumers.</p> <p>A cell phone was secured for alternate means of communication. The EP plan will be updated to reflect the availability of this remote cell phone for staff in the event of an emergency or natural disaster.</p> <p>The QP will in-service all assigned staff in the home on the update to the EP plan to include utilization of the remote cell phone when appropriate.</p> <p>QP will monitor quarterly and document in evacuation drills the implementation of the EP plan to ensure alternative communication is available and accessible to staff. .</p> | 11/23/18 | |

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

Sonia Burk - QP

DHSR - MH Licensure Sect
TITLE

10/25/18

(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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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G278 | MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 09/28/2018 |
| NAME OF PROVIDER OR SUPPLIER AVENT FERRY HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 804 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540 | | |
| (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 | |
| E 032 | Continued From page 1 disabilities professional (QIDP) revealed there is no requirement that direct staff have a cellphone to be employed with the facility. Further interview revealed facility management has considered the purchase of a cellphone to be utilized in the event power is lost in the facility. However as of this date, no alternate communication method has been established. | E 032 | The facility will assess and develop as appropriate formal and/or informal training to address money management skill development as identified in the comprehensive assessment for all clients. | 11/23/18 | |
| W 126 | PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(4) The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 3 audit clients (#5) was taught money management skills to the extent of his capabilities. The finding is: Clients #5 was not considered for money management training after this need was identified in his adaptive behavior inventory (ABI) and his individual program plan (IPP). Review on 9/28/18 of client #5's IPP dated 5/25/18 revealed he requires assistance with most activities of daily living such as: bathing, grooming, household tasks, medication administration, money management and safety. Review on 9/28/18 of client #5's ABI dated 5/4/18 revealed he has no independence in any area of money management to include: recognizing money, distinguishing coins, making change | W 126 | For Client #5, the QP will schedule a treatment team meeting to review the comprehensive functional assessment in order to determine training in money management. For client #5 an objective in money management will be developed and implemented by all assigned staff. The QP will monitor quarterly all clients' individual program plan to ensure development and implementation of money management training as applicable. | | |

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| NAME OF PROVIDER OR SUPPLIER AVENT FERRY HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 904 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540 | | |
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| W 126 | Continued From page 2 making purchases. | W 126 | | | |
| W 249 | <p>Interview on 9/28/18 with the Quality Assurance Professional confirmed client #5 has not been considered for training in the area of money management.</p> <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure 1 of 3 audit clients (#5) received a continuous active treatment plan consisting of needed interventions and services as identified in the individual program plan (IPP) in the areas of dining and privacy guidelines. The findings are:</p> <p>a. Client #5's privacy guidelines were not followed.</p> <p>During observations on 9/27/18 at 5pm, staff took client #5 into the bathroom near the laundry room. He sat on the toilet with his pants down. Direct care staff walked out of the bathroom and left the door open exposing client #5 to anyone who walked by the hallway. Direct care staff</p> | W 249 | <p>The facility will ensure implementation of the individual program plan to include but not limited to services, interventions and supports in areas of privacy and self-help dining procedures.</p> <p>For Client #5 the QP will provide in-service training to all assigned staff on privacy guidelines. More specifically staff will prompt Client #5 to close the bathroom door and bedroom door during care of his personal needs and/or dressing.</p> <p>The QP, home manager and/or Life Skills Coach will monitor weekly during morning and evening routines in the home to ensure continued compliance.</p> | 11/23/18 | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G278 | MULTIPLE CONSTRUCTION A BLDG _____ B WING _____ | | (X3) DATE SURVEY COMPLETED 09/28/2018 |
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| W 249 | <p>Continued From page 3</p> <p>walked back in the bathroom and verbally cued client #5 him to stand up and pull his pants up. Staff never cued him to close the bathroom door during toileting.</p> <p>Review on 9/28/18 of client #5's IPP dated 5/25/18 revealed privacy guidelines which included the following steps:</p> <ol style="list-style-type: none"> 1) Make certain the bathroom door is closed 2) Assist with closing the door 3) When getting dressed, make certain the door is closed 4) When he undresses, make certain the door is closed. <p>b. Client #5's dining guidelines were not followed.</p> <p>During observations of supper on 9/27/18 at 5:35pm, staff sat next to client #5 on his right side and fed him using a spoon. Staff would wait for him to chew each spoonful and then scooped another spoonful of food and continued to feed him.</p> <p>Review on 9/26/18 of client #5's IPP revealed guidelines with the following steps:</p> <ol style="list-style-type: none"> 1) Takes spoon to mouth 2) Holds head up 3) chews food completely 4) Sip Liquids 5) Wipes mouth with napkin <p>Interview on 9/28/18 with the Quality Assurance Professional revealed these privacy and dining guidelines in client #5's IPP are current and should be followed.</p> | W 249 | <p>For Client #5 the QP will in-service all assigned staff on the IPP to include mealtime guidelines. More specifically staff will implement self-help dining guidelines for Client #5 in accordance with the identified task analysis. In addition staff will receive in-service training on all other clients' mealtime training.</p> <p>The QP, home manager and/or Life Skills Coach will monitor weekly during morning and evening meals in the home to ensure continued compliance.</p> | 11/23/18 | |