

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

PRINTED: 12/07/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G269</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/06/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>HICKORY II GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>322 HICKORY AVE</b> <b>SANFORD, NC 27330</b>		
(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 000	INITIAL COMMENTS	W 000			
W 312	<p>DRUG USAGE CFR(s): 483.450(e)(2)</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>This STANDARD is not met as evidenced by: The interdisciplinary team failed to ensure drugs used to assist in controlling inappropriate behaviors were used only as an integral part of the individual program plan (IPP) for 1 of 3 sampled clients (#5) as evidenced by interview and review of records. The finding is:</p> <p>Client #5's team failed to ensure an active treatment program was developed to use in conjunction with the medications that were prescribed by his physician to assist in reducing his inappropriate behaviors.</p> <p>Review on 12/6/18 of client #5's physician orders dated 10/23/18 revealed he is prescribed Risperidone 3 mg., Guanfacine 1 mg., Cogentin 1 mg., Divalproex Sodium 500mg. and Melatonin 10mg. (used for sleep).</p> <p>Review on 12/5/18 of client #5's IPP dated 9/27/18 revealed the following priority training needs: medication administration, money</p>	W 312			

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 312	Continued From page 1 management, personal hygiene and toothbrushing. There were objectives for money management, showering, medication administration and toothbrushing. There was not a behavior support program listed in the IPP for client #5.  Interview on 12/6/18 with the qualified intellectual disabilities professional (QIDP) revealed the Psychologist was developing a BSP but this program was not implemented as of this date. Further interview confirmed client #5 was receiving several medications to include: Risperidone, Guanfacine , Cogentin, Divalproex Sodium and Melatonin for control of his inappropriate behaviors.	W 312			