PRINTED: 01/28/2019 FORM APPROVED OMB NO. 0938-0391

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE	STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		\ , ,	(X3) DATE SURVEY COMPLETED	
HUNTLEIGH 3300 HUNTLEIGH DRIVE RALEIGH, NC 27604 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP.)			34G065	B. WING _		0	1/15/2019	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE					3300 HUNTLEIGH DRIVE			
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	PRÉFIX				(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULD BE	(X5) COMPLETION DATE	
W 189 CFR(s): 483.430(e)(1) 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. This STANDARD is not met as evidenced by: Based on observations, policy review and interviews, the facility failed to ensure staff were sufficiently trained regarding the disposer of medications. The finding is: Staff were not sufficiently trained regarding the disposal of medications. During medication observations in the home on 1/14/19 at 4:21pm, a pill landed on the floor while the client was punching his bubble pack. The medication technician picked up the pill and put it in the trash can. Further observations revealed the medication technician taking the trash bag with the pill still inside and placing it in the trash can which is located outside. During an interview on 1/14/19, the medication technician stated the pill will remain in the trash can and he will take it out and put it in the trash can and he will take it out and put it in the trash can and he will take it out and put it in the trash can and he only take it out and put it in the trash can and he will take it out and put it in the trash can on on-prescription medication mon-prescription medication mon-prescription medication mon-prescription medication disposal policy (no date) revealed, "All prescription and non-prescription medication medication shall be disposed of in a manner that guards against diversion of accidental ingestion. During an interview on 1/14/19, the home manager (HM) reported when a pill lands on the	W 189	CFR(s): 483.430(e)(1 The facility must provinitial and continuing employee to perform efficiently, and competer the state of the state	ride each employee with training that enables the his or her duties effectively, etently. Into the met as evidenced by: ans, policy review and railed to ensure staff were garding the disposer of ding is: Intly trained regarding the ns. Inservations in the home on pill landed on the floor while any his bubble pack. The napicked up the pill and put it ther observations revealed ician taking the trash bag and placing it in the trash outside. In 1/14/19, the medication pill will remain in the trash to out and put it in the trash outside. If the facility's medication are) revealed, "All prescription medication shall manner that guards against all ingestion. In 1/14/19, the home	W 1	89			

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.

Facility ID: 970227

	EMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		1, 7	(X3) DATE SURVEY COMPLETED		
		34G065	B. WING _			01/15/2019
NAME OF PROVIDER OR SUPPLIER HUNTLEIGH			STREET ADDRESS, CITY, STATE, ZIP CODE 3300 HUNTLEIGH DRIVE RALEIGH, NC 27604			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SHOOLS) CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 189	revealed the nurse wi Drug Buster; which di medication disposal fi signed/dated and rev	e called. Further interview ill inform the staff to use the issolves the pill and then a form is filled out, iewed.	W 1			
W 249	each client must rece treatment program co interventions and ser and frequency to sup) isciplinary team has ndividual program plan, ive a continuous active	W 2	49		
	Based on observation reviews, the facility far received a continuous consisting of needed identified in the individual the areas of self help administration. This at (#4, #5, #6). The find 1. Clients #4 and #5 napkin during meals. a. During dinner obset 1/14/19, client #4 was on the sleeve of his soccasions. When clied dinner and stood up here consisting the service of the serv	affected 3 of 5 audit clients dings are: were not prompted to use a directions in the home on sobserved wiping his mouth				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G065	B. WING	 	01	/15/2019
NAME OF PROVIDER OR SUPPLIER HUNTLEIGH				STREET ADDRESS, CITY, STATE, ZIP CODE 3300 HUNTLEIGH DRIVE RALEIGH, NC 27604	1 01/10/2013	
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 249	his place setting. Review on 1/15/19 life assessment dat verbal cues to wipe b. During breakfas 1/15/19, client #5 w napkin while he wa revealed when cliet had several pieces area. Additional ob were no napkins we after client #5 had I Review on 1/15/19 life assessment dat verbal cues to wipe During an interview manager (HM) cons should have been p while they were eat	of client #4's community/home ted 12/2/18 revealed he needs his mouth while he is eating. It observations in the home on was not prompted to use a seating. Further observations in #5 left the dining room he of oatmeal on his chin/mouth observations revealed there ere placed on the table until eft the dining room. of client #5's community/home ted 9/13/17 revealed he needs his mouth while he is eating. of on 1/15/19, the home firmed clients #4 and #5 prompted to wipe their mouths ting.	W 24			
	During medication amedication technici medications. At no opportunity to feed in the home and da observed feeding h from staff.	administration to the administration on 1/14/19, the ian spoon feed client #6 his time was client #6 given the himself. During observations by program, client #6 was himself without any assistance				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G065	B. WING			01/	15/2019
NAME OF PROVIDER OR SUPPLIER HUNTLEIGH			33	TREET ADDRESS, CITY, STATE, ZIP CODE 300 HUNTLEIGH DRIVE BALEIGH, NC 27604	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 249	medications because "got all of the meds." stated, "Nobody told r method." Review on 1/15/19 cli life assessment dated independent in using During an interview of manager (HM) confirm fed himself his own m DRUG STORAGE AN CFR(s): 483.460(I)(2) The facility must keep	e spoon fed client #6 his he wanted to make sure he The medication technician me to do that; it's my ent #6's community/home I 12/7/18 revealed he is a spoon to fed himself. In 1/14/19, the home med client #6 should have redications. ID RECORDKEEPING all drugs and biologicals		249 3382			
	Based on observation failed to ensure all met The finding is: The medications were unsupervised. During medication and the home on 1/14/19 technician exited the chair for a client. Furthwhile the medication to container which container which container which was left	not met as evidenced by: ns and interviews, the facility edications remained locked. e left unsecured and ministration observations in at 4:14pm, the medication medication area to obtain a ther observations revealed technician left the area, a ained medication bubble out on the desk. Additional d the surveyor was left alone					

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W 382	Continued From pag	e 4	W 38	2	
W 383	technician stated, "I medications unatten Further interview rev technician had been medication unattend Review on 1/14/19 or procedures (no date time during administ left unattended!" During an interview or manager (HM) confirmedications left out DRUG STORAGE A CFR(s): 483.460(l)(2)	of medication administration) revealed, "At no point in ration should medications be on 1/14/19, the home rmed at no time are unattended. ND RECORDKEEPING 2) sons may have access to the	W 38	3	
	Based on observation interviews, the facility	not met as evidenced by: ons, record review and y failed to ensure only nave access to keys to the The finding is:			
	Keys to the facility's accessible to anyone	drug storage area were e in the home.			
	1/14/19 at 4:18pm, the medication area (HM) a question. Futhe keys to the medication area.	observations in the home on he medication technician left to ask the home manager orther observations revealed cation closet was left out on observations revealed the			

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W 383	Continued From pag		W 3	83		
W 455	technician confirmed closet were left unat they had training not medication unattend. During an interview the keys to the medion the person of the technician. During an interview intellectual disabilities revealed the home in the past and they band, so staff can ke INFECTION CONTECFR(s): 483.470(I)(7) There must be an accompression of the prevention, control, and communicable of the standard	e interview, the medication of the keys to the medication tended. Further interview to leave the keys to the led. on 1/14/19, the HM confirmed faction closet should be kept assigned medication on 1/15/19, the qualified es professional (QIDP) and been cited for this citation came up with an elastic eep they keys on their wrist. ROL 1) ctive program for the and investigation of infection	W 4	55		
	health and prevent p During breakfast obs 1/15/19, staff used to	ot taken to promote client cossible cross-contamination. servations in the home on the same rocker knife to cut ge patties of two different				

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W 455	clients. Further obserclients had already ta before it was cut. At a washed between clients During an interview of the rocker knives are clients. During an interview of manager (HM) stated	rvations revealed one of the ken one bite out of his toast no time was the rocker knife nts. n 1/15/19, the staff revealed always cleaned between n 1/15/19, the home , "I have never thought knives would need to be	W 4			