

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/25/2019
NAME OF PROVIDER OR SUPPLIER HICKORY AVENUE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 112 HICKORY AVENUE 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	
W 000	INITIAL COMMENTS	W 000			
W 104	<p>A complaint survey was completed on 3/25/19 Intake#NC00149610. Deficiencies were cited.</p> <p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews with staff governing body and management failed to provide adequate operating direction over the facility by failing to provide opportunities for paid work after this need had been identified. This affected 2 of 6 clients (#1, #2). The findings include:</p> <p>1. Governing body failed to provide oversight over the direction of the facility by failing to ensure 2 of 6 clients (#1, #2) were provided continued opportunities for paid work when facility staffing shortages affected opportunities to participate in the vocational setting.</p> <p>Interview on 3/25/19 with the residential manager (RM) revealed clients #1, #2 participated in paid work opportunities at a local sheltered workshop until several weeks ago when a direct care staff who had been working with them resigned. Further interview revealed she had made a decision to not send clients #1, #2 to the workshop until another staff could be hired and trained. She stated that the additional staff had accompanied both of these clients to work because they required additional behavioral</p>	W 104			

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.

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

PRINTED: 03/29/2019
FORM APPROVED
OMB NO. 0938-0391

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W 104	<p>Continued From page 1 support.</p> <p>Interview on 3/25/19 with the qualified intellectual disabilities professional (QIDP) from the local sheltered workshop confirmed both clients #1, #2 had not attended the workshop for more then 5 weeks. He stated the RM called him to tell him the staff who had worked with them had resigned and they were not sending clients #1, #2 until additional staff could be hired and trained. The QIDP stated the workshop was more than willing to work with the facility to reintegrate clients #1, #2 back into the vocational setting because they were involved in paid work contracts. He stated clients #1, #2 were paid bi-weekly and enjoyed participating in work and earning money.</p> <p>a) Review on 3/25/19 of client #1's individual program plan (IPP) dated 12/5/17 revealed He has severe intellectual disabilities, Down's Syndrome, Schizophrenia, and that he has speech deficits. Further review revealed he was employed at a local vocational setting Monday through Friday.</p> <p>Review on 3/25/19 of a progress summary from the workshop dated (September-November 2018) "Will prompt to get work materials with 96% independence." There were additional goals listed for client #1 to heat his lunch and to participate in paid work with 3 verbal prompts or less for the next 12 months.</p> <p>Review on 3/25/19 of client #1's vocational evaluation dated 2/13/18 revealed he can use some tools, can participate in building things, can participate in three part assembly, but requires constant supervision because he may strike out and attempt to hit at others.</p>	W 104			

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W 104	Continued From page 2 b) Review on 3/25/19 of client #2's IPP dated 1/18/18 revealed he has severe intellectual disabilities and that he is nonverbal. Further review of the IPP revealed he attends a local vocational setting Monday through Friday and participates in paid work. Review on 3/25/19 of client #2's vocational evaluation dated 2/13/18 revealed he prefers to work inside, he participates in building things, art and music opportunities and sheltered employment. Interview on 3/25/19 with the facility's QIDP revealed client #1, #2 should not have been pulled from the work setting unless the interdisciplinary team had met and agreed on this. He confirmed this decision had been made without the consent of upper level management or the interdisciplinary team (IDT) team and had deprived clients #1, #2 of earned wages during that time. Further interview confirmed clients #1, #2 were not provided any choice and self-management into this decision to suspend their participation in the work setting.	W 104			
W 120	SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3) The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on review and interview the facility failed to assure outside services meet the needs of each client. This affected 3 of 6 clients (#1, #2	W 120			

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W 120	<p>Continued From page 3 and #3). The findings are:</p> <p>1. Facility staff did not coordinate with the vocational setting about client #1, #2's continued absence from paid work opportunities.</p> <p>Interview on 3/25/19 with the residential manager (RM) revealed clients #1, #2 participated in paid work opportunities at a local sheltered workshop until several weeks ago when a direct care staff who had been working with them resigned. Further interview revealed she had made a decision to not send clients # 1, #2 to the workshop until another staff could be hired and trained. She stated that the additional staff had accompanied both of these clients to work because they required additional behavioral support.</p> <p>Interview on 3/25/19 with the qualified intellectual disabilities professional (QIDP) from the local sheltered workshop confirmed both clients #1, #2 had not attended the workshop for more than 5 weeks. He stated the RM called him to tell him the staff who had worked with them had resigned and they were not sending clients #1, #2 until additional staff could be hired and trained. The QIDP stated the workshop was more than willing to work with the facility to reintegrate clients #1,#2 back into the vocational setting because they were involved in paid work contracts. He stated clients #1, #32 were paid bi-weekly and enjoyed participating in work and earning money.</p> <p>a) Review on 3/25/19 of client #1's individual program plan (IPP) dated 12/5/17 revealed He has severe intellectual disabilities, Down's Syndrome, Schizophrenia, and that he is has speech deficits,. Further review revealed he was</p>	W 120			

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W 120	<p>Continued From page 4</p> <p>employed at a local vocational setting Monday through Friday. Further review revealed a progress summary from the workshop dated (September-November 2018) "Will prompt to get work materials with 96% independence." There were additional goals listed for client #1 to heat his lunch and to participate in paid work with 3 verbal prompts or less for the next 12 months.</p> <p>Review on 3/25/19 of client #1's vocational evaluation dated 2/13/18 revealed he can use some tools, can participate in building things, can participate in three part assembly, but requires constant supervision because he may strike out and attempt to hit at others.</p> <p>b) Review on 3/25/19 of client #2's IPP dated 1/18/18 revealed he has severe intellectual disabilities and that he is nonverbal. Further review of the IPP revealed he attends a local vocational setting Monday through Friday and participates in paid work.</p> <p>Review on 3/25/19 of client #2's vocational evaluation dated 2/13/18 revealed he prefers to work inside, he participates in building things, art and music opportunities and sheltered employment.</p> <p>Additional interview on 3/25/19 with the QIDP from the vocational setting revealed the team from the facility had not met with staff from the vocational setting to discuss possibilities to return clients #1, #2 to work to coordinate resources during this 5 week absence from work.</p> <p>Interview on 3/25/19 with the QIDP from the facility confirmed he had not visited the vocational setting and that he had not spoken with them to</p>	W 120			

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W 120	Continued From page 5 coordinate any meeting to discuss client #1, #2's participation in paid work opportunities. 2. Facility staff did not address problems with client #3's hygiene and personal appearance at the vocational setting after this had been identified as a concern. Interview on 3/25/19 at a local vocational setting with the vocational coordinator revealed client #3 is involved in paid employment on a contract in their laundry department. Further interview revealed she had expressed concern to facility staff regarding the cleanliness of client #3's teeth on several occasions. She had also mentioned that he is in need of better fitting pants that are more appropriate for his participation in work. She stated these issues had not been resolved as of 3/25/19. Review on 3/25/19 of client #3's IPP dated 2/16/18 revealed he has priority training needs for: money management, exercise, bathing, cleaning his glasses, brushing his teeth and privacy. He has a formal goal to brush his teeth with 80% independence for 3 consecutive months. Interview on 3/25/19 with the facility QIDP revealed he had not visited the vocational setting and was not aware of these concerns. He stated he would be visiting the vocational setting in the next few days to address these concerns.	W 120			
W 159	QIDP CFR(s): 483.430(a) Each client's active treatment program must be integrated, coordinated and monitored by a	W 159			

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W 159	<p>Continued From page 6</p> <p>qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the qualified intellectual disabilities professional (QIDP) failed to ensure clients' individual program plans (IPP's) were reviewed and revised as necessary. This affected 2 of 6 clients (#1, #5). The findings include:</p> <p>The QIDP did not review or revise 2 of 6 client's IPPs for the past 5 months.</p> <p>1. Review on 3/25/19 of client #1's IPP dated 12/5/17 revealed formal training programs to help him decrease weight by participation in exercise, brush his teeth with 50% Independence for 3 consecutive months, close the bathroom door and present 5 pennies with 60% accuracy for 3 consecutive months.</p> <p>Review on 3/25/19 of his progress revealed no progress reviews by the QIDP since August 2018.</p> <p>2. Review on 3/25/19 of client #5's IPP dated 7/12/18 revealed formal goals for privacy, to brush his teeth with 40% accuracy, will use right amount of money to purchase items, come to the medication administration room and participate in fire drills.</p> <p>Review on 3/25/19 revealed no progress summaries by the QIDP since July 2018.</p> <p>Interview on 3/25/19 with thee QIDP revealed he could not locate any progress summaries for these training goals. he stated the facility had been without a QIDP until recently and the Operations Manager was filling in until he was hired.</p>	W 159			

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W 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and confirmed by interviews with staff, the individual program plan (IPP) for 1 of 6 clients (#3) failed to include objective training to address behavioral needs relative to respecting the belongings of others. The finding is:</p> <p>The interdisciplinary team did not develop training to address client #3's need for respecting the belongings of other clients.</p> <p>During observations on 3/25/19 of the individual grooming kits for clients #2, #6 revealed several items were missing in client #2's kit. There was no shampoo or deodorant. In client #6's kit, there was no toothbrush nor toothpaste.</p> <p>Interview on 3/25/19 with staff A revealed sometimes client #3 goes into other client's bedrooms and takes their personal hygiene items out of their kits and puts it into his kit. Staff stated they try to redirect him out of other clients bedrooms. Staff confirmed this was not currently addressed with formal training.</p> <p>Interview on 3/25/19 with the residential manager (RM) revealed client #3 goes into other clients bedrooms and takes their personal hygiene item out of their kits and puts it into his kit. Staff stated</p>	W 227			

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W 227	Continued From page 8 they try to redirect him out of other clients bedrooms. She confirmed this was not currently addressed with formal training. Review on 3/25/19 of client #3's IPP dated 2/16/18 revealed the following priority training needs: money management, exercise, bathing, cleaning eyeglasses, communicating with family, brushing teeth, privacy. Further review of the IPP revealed formal objective training to bathe, clean his eyeglasses, ride exercise bicycle, brush his teeth and purchase a snack. Interview on 3/25/19 with the qualified intellectual disabilities professional (QIDP) revealed he was not aware of this problem and to his knowledge, this need was not currently addressed by any formal training.	W 227			
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on record review and confirmed by interview with staff, the facility failed to assure opportunities for client choice and self-management were promoted for 2 of 6 clients (#1, #2) in the area of vocational choices. The finding includes: Clients #1 and #2 were not provided a choice regarding continuing to participate in paid work opportunities. Interview on 3/25/19 with the residential manager (RM) revealed clients #1, #2 participated in paid	W 247			

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W 247	<p>Continued From page 9</p> <p>work opportunities at a local sheltered workshop until several weeks ago when a direct care staff who had been working with them resigned. Further interview revealed she had made a decision to not send clients # 1, #2 to the workshop until another staff could be hired and trained. She stated that the additional staff had accompanied both of these clients to work because they required additional behavioral support.</p> <p>Interview on 3/25/19 with the qualified intellectual disabilities professional (QIDP) from the local sheltered workshop confirmed both clients #1, #2 had not attended the workshop for more then 5 weeks. He stated the RM called him to tell him the staff who had worked with them had resigned and they were not sending clients #1, #2 until additional staff could be hired and trained. The QIDP stated the workshop was more than willing to work with the facility to reintegrate clients #1,#2 back into the vocational setting because they were involved in paid work contracts. He stated clients #1, #32 were paid bi-weekly and enjoyed participating in work and earning money.</p> <p>a) Review on 3/25/19 of client #1's individual program plan (IPP) dated 12/5/17 revealed He has severe intellectual disabilities, Down's Syndrome, Schizophrenia, and that he is has speech deficits,. Further review revealed he was employed at a local vocational setting Monday through Friday. Further review revealed a progress summary from the workshop dated (September-November 2018) "Will prompt to get work materials with 96% independence." There were additional goals listed for client #1 to heat his lunch and to participate in paid work with 3 verbal prompts or less for the next 12 months.</p>	W 247			

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W 247	Continued From page 10 Review on 3/25/19 of client #1's vocational evaluation dated 2/13/18 revealed he can use some tools, can participate in building things, can participate in three part assembly, but requires constant supervision because he may strike out and attempt to hit at others. b) Review on 3/25/19 of client #2's IPP dated 1/18/18 revealed he has severe intellectual disabilities and that he is nonverbal. Further review of the IPP revealed he attends a local vocational setting Monday through Friday and participates in paid work. Review on 3/25/19 of client #2's vocational evaluation dated 2/13/18 revealed he prefers to work inside, he participates in building things, art and music opportunities and sheltered employment. Interview on 3/25/19 with the facility's QIDP revealed client #1, #2 should not be pulled from the work setting unless the interdisciplinary team had met and agreed on this. He confirmed this decision had been made without the consent of upper level management or the IDT team and had deprived clients #1, #2 of earned wages during that time. Further interview confirmed clients #1,#2 were not provided any choice and self-management into this decision to suspend their participation in the work setting.	W 247			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable	W 252			

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W 252	<p>Continued From page 11 terms.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to ensure objective data was documented for 2 of 6 clients (#3, #4). The findings are:</p> <p>1. Staff did not document data as prescribed in client #4's formal written training program.</p> <p>Review on 3/25/19 of client #4's IPP dated 7/12/18 revealed a formal written training program to participate in fire drills and purchase a snack with 90% verbal prompts for 3 consecutive months. Review of the data revealed:</p> <p>Purchasing a snack: (data was to be taken once weekly) a) March 2019: no data b) February 2019: 1 time</p> <p>2. Review on 3/25/19 of client #3's IPP dated 2/16/18 revealed programs for him to brush his teeth with 80% independence for 3 consecutive months and bathe with 90% independence for 3 consecutive months. Review of the data revealed:</p> <p>a) toothbushing (data was to be taken daily): March 21st-26th, 2019 : no data</p> <p>b) bathing : (data was to be taken daily): March 19th-26th, 2019: no data</p> <p>Interview on 3/25/19 with the qualified intellectual disabilities professional (QIDP) revealed he was responsible for monitoring data collection in the</p>	W 252			

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W 252	Continued From page 12 facility on formal written training programs. He stated the facility had been without a QIDP for several months and the Operations Manager had been filling in as QIDP.	W 252			
W 260	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2)</p> <p>At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the qualified intellectual disabilities professional (QIDP) failed to ensure 3 of 6 clients (#1,# 2, #3) individual program plans (IPP's) were updated at least annually as required,. The findings include:</p> <p>1. Client #1's IPP was not updated annually .</p> <p>Review on 3/25/19 of client #1's IPP revealed his annual interdisciplinary team (IDT) meeting had been held on 12/5/17. Additional review of the plan did not indicate the IPP had been revised at least annually.</p> <p>Interview on 3/25/19 with the QIDP confirmed the IDT had not held client #1's annual planning meeting since 12/5/17. Additional interview revealed he was unaware the IPP for client #1 had not been updated.</p> <p>2. Client #2's IPP was not updated annually.</p> <p>Review on 3/25/19 revealed his annual IDT meeting was held on 1/18/18. Additional review of the plan did not reveal the IPP had been updated.</p>	W 260			

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(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 260	Continued From page 13 Interview on 3/25/19 with the QIDP confirmed the IDT had not held client #2's annual planning meeting since 1/18/18. Additional interview revealed he was unaware the IPP had not been updated for client #2. 3. Client #3's IPP was not updated annually. Review on 3/25/19 revealed client #3's IDT meeting was held on 2/16/18. Additional review confirmed no update for the IPP. Interview on 3/25/19 revealed his last IDT meeting was held on 2/16/18. Additional review revealed he was unaware the IPP had not been updated	W 260			
W 264	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(iii) The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed. This STANDARD is not met as evidenced by: Based on review of records and interviews, the specially constituted committee, designated as the human rights committee (HRC), failed to review and monitor restrictive behavior programs which included alarms, psychotropic medications for 1 of 6 clients (#4) The findings are:	W 264			

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

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W 264	<p>Continued From page 14</p> <p>Management failed to obtain written consent from the specially constituted committee for restrictions included in client #4's behavior support plan.</p> <p>Review on 3/25/19 of client #4's IPP dated 7/12/18 revealed he has the following diagnoses: Psychotic Disorder NOS and Severe Intellectual Disabilities. Further review revealed he has several inappropriate behaviors that are addressed by a behavior support program.</p> <p>Review on 3/25/19 of client #4's behavior support plan (BSP) dated 7/12/18 revealed this program was to address the following target behaviors :physical aggression, non-compliance, elopement and inappropriate toileting, This program includes the use of psychotropic medication and environmental restrictions including alarms on the outer doors to the facility and alarms over his bedroom door. There was also an addendum to this BSP to address guidelines for encouraging approaching safe sexual behavior. There was guardian approval for this program but no signature by the specially constituted committee.</p> <p>Interview on 3/25/19 with the qualified intellectual disabilities professional (QIDP) revealed all behavior support programs that include the use of psychotropic medications and any restrictions of movement or restrictive techniques require the approval of a representative from the specially constituted committee, usually the committee chairperson.</p>	W 264			