

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

PRINTED: 05/23/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G097</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOUTHERN AVENUE HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2001 SOUTHERN AVENUE FAYETTEVILLE, NC 28301</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 249	<p><b>PROGRAM IMPLEMENTATION</b> 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 observation, interviews and record reviews, the facility failed to ensure each client received a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) in the area of transfer guidelines. This affected 1 of 3 audit clients (#5). The finding is:</p> <p>1. Client #5 was not transferred using the proper technique.</p> <p>During morning observation in the home on 5/22/19 at 8:40am, Staff A transferred client #5 from his recliner to his wheelchair. Further observations revealed the wheelchair was not locked. Additional observations revealed client #5's wheelchair rolled backwards while he was being transferred. At no time did staff lock client #5's wheelchair.</p> <p>During an interview on 5/22/19, Staff A confirmed client #5's wheelchair should have been locked prior to the transfer.</p> <p>During morning observation in the home on</p>	W 249			

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 249	Continued From page 1 5/22/19 at 9:29am, Staff B transferred client #5 from his wheelchair to the front seat of the facility's van. Further observations revealed the wheelchair was not locked. Additional observations revealed client #5's wheelchair rolled backwards while he was being transferred. At no time did staff lock client #5's wheelchair.  During an interview on 5/22/19, Staff B stated client #5's wheelchair should have been locked prior to the transfer.  Review on 5/22/19 of the facility's wheelchair positioning guidelines (no date) stated, "...Be sure the wheelchair is locked...."	W 249			
W 394	LABORATORY SERVICES CFR(s): 483.460(n)(2)  If the laboratory chooses to refer specimens for testing to another laboratory, the referral laboratory must be certified in the appropriate specialties and subspecialties of service in accordance with the requirements of part 493 of this chapter.  This STANDARD is not met as evidenced by: Based on observations and interview the facility failed to have a current Clinical Laboratory Improvement Act (CLIA) license. The finding is:  The facility failed to have a current CLIA license for laboratory services they perform.	W 394			

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W 394	Continued From page 2  During morning observations in the home on 5/22/19, it was revealed the facility did not have a current CLIA license for laboratory services they perform in the home.  During an interview on 5/22/19, management staff confirmed their current CLIA license had expired.	W 394			