

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

PRINTED: 06/05/2019
FORM APPROVED
OMB NO. 0938-0391

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 R-C 06/04/2019
NAME OF PROVIDER OR SUPPLIER HICKORY AVENUE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 112 HICKORY AVENUE HOLLY SPRINGS, NC 27540		
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{W 000}	INITIAL COMMENTS A revisit was conducted on 6/4/19 for all previous deficiencies cited on 3/25/19. Some deficiencies were corrected, and several deficiencies were recited.	{W 000}			
{W 104}	GOVERNING BODY CFR(s): 483.410(a)(1) The governing body must exercise general policy, budget, and operating direction over the facility. 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 1 of 6 clients (#1). The findings include: 1. Governing body failed to provide oversight over the direction of the facility by failing to ensure 1 of 6 clients (#1) was provided continued opportunities for paid work when facility staffing shortages affected opportunities to participate in the vocational setting. Interview on 6/4/19 with the residential manager (RM) revealed client #1 is not participating in the vocational setting. Additional interview confirmed he requires additional behavioral support in the vocational setting. a) Review on 6/4/19 of client #1's individual program plan (IPP) dated 5/20/19 revealed he has severe intellectual disabilities, Down's Syndrome, Schizophrenia, and that he has	{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.

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{W 104}	<p>Continued From page 1</p> <p>speech deficits. Further review revealed he was employed at a local vocational setting Monday through Friday.</p> <p>Review on 6/4/19 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>Review on 6/4/19 of an email from the vocational setting dated 4/1/19 revealed, "There were 2 residents at [name of facility] that used to attend [name of vocational setting] but have not been attending because you all have not been able to provide the staff for them. We would be happy to try and hire staff for these 2 individuals on your end if you would wish. We believe we could work with them in a 1:2 staffing ratio at the rate [paid rate amount]. Please let me know if you would like to discuss or have us pursue..."</p> <p>Interview on 6/4/19 with the facility's QIDP revealed client #1 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 client #1 of earned wages. Further interview confirmed there had been no response from the facility to this email from the vocational setting since it was sent on 4/1/19. Additional interview client #1 is currently at the facility until a decision is made by the Governing body for the facility, however client #2 has returned to the vocational setting. The QIDP confirmed client #1 was not provided any choice and</p>	{W 104}			

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{W 104}	Continued From page 2	{W 104}			
{W 120}	<p>SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3)</p> <p>The facility must assure that outside services meet the needs of each client.</p> <p>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 1 of 6 clients (#1). The findings are:</p> <p>1. Facility staff did not coordinate with the vocational setting about client #1's continued absence from paid work opportunities.</p> <p>Interview on 6/4/19 with the residential manager (RM) revealed client #1 is not participating in the vocational setting. Additional interview confirmed he requires additional behavioral support in the vocational setting.</p> <p>a) Review on 6/4/19 of client #1's individual program plan (IPP) dated 5/20/19 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 6/4/19 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</p>	{W 120}			

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{W 120}	Continued From page 3 constant supervision because he may strike out and attempt to hit at others. Review on 6/4/19 of an email from the vocational setting dated 4/1/19 revealed, "There were 2 residents at [name of facility] that used to attend [name of vocational setting] but have not been attending because you all have not been able to provide the staff for them. We would be happy to try and hire staff for these 2 individuals on your end if you would wish. We believe we could work with them in a 1:2 staffing ratio at the rate [paid rate amount]. Please let me know if you would like to discuss or have us pursue..." Interview on 6/4/19 with the facility's QIDP revealed client #1 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 client #1 of earned wages. Further interview confirmed there had been no response from the facility to this email from the vocational setting since it was sent on 4/1/19. Additional interview client #1 is currently at the facility until a decision is made by the Governing body for the facility, however client #2 has returned to the vocational setting. The QIDP confirmed client #1 was not provided any choice and self-management into this decision to suspend his participation in the work setting.	{W 120}			
{W 227}	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs,	{W 227}			

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{W 227}	<p>Continued From page 4 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>Interview on 6/4/19 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 they try to redirect him out of other clients bedrooms. She confirmed this was not currently addressed with formal training.</p> <p>Review on 6/4/19 of client #3's IPP dated 2/16/19 revealed the following priority training needs: money management, exercise, bathing, cleaning eyeglasses, communicating with family and privacy. Further review of the IPP revealed formal objective training to bathe, clean his eyeglasses, ride exercise bicycle and purchase a snack.</p> <p>Interview on 6/4/19 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.</p>	{W 227}			

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{W 247} {W 247}	Continued From page 5 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 1 of 6 clients (#1) in the area of vocational choices. The finding is: Client #1 was not provided a choice regarding continuing to participate in paid work opportunities. 1. Governing body failed to provide oversight over the direction of the facility by failing to ensure 1 of 6 clients (#1) were provided continued opportunities for paid work when facility staffing shortages affected opportunities to participate in the vocational setting. Interview on 6/4/19 with the residential manager (RM) revealed client #1 is not participating in the vocational setting. Additional interview confirmed he requires additional behavioral support in the vocational setting. a) Review on 6/4/19 of client #1's individual program plan (IPP) dated 5/20/19 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.	{W 247} {W 247}			

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{W 247}	Continued From page 6 Review on 6/4/19 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. Review on 6/4/19 of an email from the vocational setting dated 4/1/19 revealed, "There were 2 residents at [name of facility] that used to attend [name of vocational setting] but have not been attending because you all have not been able to provide the staff for them. We would be happy to try and hire staff for these 2 individuals on your end if you would wish. We believe we could work with them in a 1:2 staffing ratio at the rate [paid rate amount]. Please let me know if you would like to discuss or have us pursue..." Interview on 6/4/19 with the facility's QIDP revealed client #1 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 client #1 of earned wages. Further interview confirmed there had been no response from the facility to this email from the vocational setting since it was sent on 4/1/19. Additional interview client #1 is currently at the facility until a decision is made by the Governing body for the facility, however client #2 has returned to the vocational setting. The QIDP confirmed client #1 was not provided any choice and self-management into this decision to suspend his participation in the work setting.	{W 247}			
{W 264}	PROGRAM MONITORING & CHANGE	{W 264}			

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{W 264}	<p>Continued From page 7 CFR(s): 483.440(f)(3)(iii)</p> <p>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.</p> <p>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 finding is:</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 6/4/19 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 6/4/19 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</p>	{W 264}			

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{W 264}	Continued From page 8 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. Interview on 6/4/19 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.	{W 264}		