STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G097	A. BUILDING _____ B. WING _____	05/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN AVENUE HOME	2001 SOUTHERN AVENUE FAYETTEVILLE, NC 28301

(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	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. 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: 1. Client #5 was not transferred using the proper technique. 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. During an interview on 5/22/19, Staff A confirmed client #5's wheelchair should have been locked prior to the transfer. During morning observation in the home on	W 249	DHSR - Mental Health JUN 04 2019 Lic. & Cert. Section	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Samantha [illegible] TITLE: BSP Administrator (X6) DATE: 5/31/19

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G097	A. BUILDING _____ B. WING _____	05/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 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...." During an interview on 5/22/19, the qualified intellectual disabilities professional (QIDP) confirmed client #5's wheelchair should be locked at all times during transfers.	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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G097	A. BUILDING _____ B. WING _____	05/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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		

W249

1. The facility will provide initial and continuous training to ensure that all clients are transferred using the proper technique, ensuring that wheelchairs are locked in the process.

   OT/PT Support will in-service staff on wheel chair positioning to always lock client #5 wheelchair and follow proper transferring procedures for each transfer.

   QP, Group Home Supervisor and OT/PT Support will increase Interaction Assessments to 3 times a month for 2 consecutive months.

   Target date: July 20, 2019

W394

1. The facility will ensure that it holds a current CLIA license for laboratory services performed.

   Nursing will ensure that a current CLIA license is obtained and posted inside the medication closet.

   Nursing will observe 2 medication passes in the home for one month to ensure that the current license is posted.

   Target date: July 20, 2019

Sakeena Lee, QP 5.31.19