STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G065	A. BUILDING _____ B. WING _____	C 07/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTLEIGH	3300 HUNTLEIGH DRIVE RALEIGH, NC 27604

(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 No deficiencies were cited as a result of a complaint survey conducted on 7/11/19 for Intake #NC00152375. The allegation was unsubstantiated. However four standard level deficiencies were cited.	W 000	DHSR - Mental Health JUL 31 2019 Lic. & Cert. Section	
W 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure privacy for 1 of 2 clients (#5) residing in the home. The finding is: Client #5 was not afforded privacy while using the bathroom. During morning observations in the home on 7/11/19 at 7:34am, the client #5 was observed sitting on the toilet while Staff C was standing in the bathroom with him, with the door wide open. At 7:36am, Staff C was observed assisting client #5 with personal care. At no time was the door closed. During an interview on 7/11/19, Staff C revealed the bathroom door should have been closed to give client #5 privacy. Further interview revealed Staff C had training on ensuring the privacy for the clients in the home. Review on 7/11/19 of client #5's community/home	W 130	This deficiency will be corrected by the following actions: A. Home Manager and Clinical Supervisor will train all Direct Support Professionals on CANC Policy C4.11 whic addresses Privacy. This training will be documented on form F9.8 Inservice/Training Signature Sheet. That form will be filed in the training binder at the group home. B. Direct Support Professionals will document this training by completing form F10.10 Client Specific Competencies. This form will be filed in the training binder at the group home. C. Home Manager will monitor Direct Support Professionals 3x/week to ensure they are respecting the privacy of the consumers residing in the group home. D. Clinical Supervisor will monitor Direct Support Professionals 2x/week to ensure they are respecting the privacy of the consumers residing in the group home. E. Program Manager will monitor Direct Support Professionals 2x/month to ensure that they are respecting the privacy of the consumers residing in the group home.	9/9/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Program Manager | (X6) DATE: 7/24/19

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.

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W 130	Continued From page 1 life assessment dated 9/13/17 revealed he is independent in observing privacy. During an interview on 7/11/19, the home manager (HM) reported "normally [Client #5] will slam the bathroom door closed."	W 130	Please see Page 1.	9/9/2019
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 observations, record reviews and interviews, the facility failed to ensure 2 of 2 audit clients (#3, #5) received a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) in the areas appearance and fall prevention guidelines. The findings are: 1. Client #3 was not afforded the opportunity to have clean dry clothing. During morning observations in the home on 7/11/19 from 6:58 until 7:49am, client #3's pants were visibly wet from the waist down to right above his left knee. Further observations revealed client #3 walking around the home, staff coming up and talking with him face to face and	W 249	This deficiency will be corrected by the following actions: A. Home Manager and Clinical Supervisor will review all clothing items for the consumers residing in the home to ensure that they fit the consumer properly. This will be documented on the Asset List form. B. Home Manager will submit funds requests to purchase clothing items that fit properly for any consumer that needs those items. C. Home Manager and Clinical Supervisor will train all Direct Support Professionals on Active Treatment for each consumer with a focus on Fall Prevention Guidelines for those that have such guidelines in place. This training will be documented on form F9.8 Inservice/Training Signature Sheet. That form will be filed in the training binder at the group home. D. Direct Support Professionals will document this training by completing form F10.10 Client Specific Competencies. This form will be filed in the training binder at the group home. E. Home Manager will monitor Direct Support Professionals 3x/week to ensure they are engaging the consumers in Active Treatment. F. Clinical Supervisor will monitor Direct Support Professionals 2x/week to ensure they are engaging the consumers in Active Treatment. G. Program Manager will monitor Direct Support Professionals 2x/month to ensure they are engaging the consumers in Active Treatment.	9/9/2019

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W 249	Continued From page 2 one staff giving him a hug while facing him. Review on 7/11/19 of client #3's IPP dated 10/25/18 revealed, "Inappropriate Toileting: Urinating on self. Person Responsible: Staff...." During an interview on 7/11/19, the home manager (HM) revealed client #3 will point to his private area when he is wet. Further interview revealed client #3 will use the universal sign to indicate he needs to use the bathroom. 2. Client #5's clothing did not fit properly. During observations in the home on 7/11/19 at 7am; 7:09am; 7:17am and 7:21am, client #5's pants slid down past his waist whenever he stood up to walk. Further observations revealed his undergarments were visible to anyone in the home. Additional observations revealed staff just pulling up his pants and not assisting client #5 with changing his pants. Review on 7/11/19 pf client #5's community/life assessment dated 9/13/17 revealed he needs verbal cues from staff to adjust his clothing and to check his appearance. During an interview on 7/11/19, the HM revealed staff should have ensured his pants were fitting properly. 3. Client #3's fall prevention guidelines where not followed. During observations in the home on 7/11/19 at 7am; 7:09am; 7:17am and 7:21am, client #5 was observed walking on his own. Further observations revealed he was not wearing his gait	W 249	Please see Page 2.	

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W 249	Continued From page 3 belt. At no time did staff ensure client #5's gait belt was being worn. During an interview on 7/11/19, Staff C revealed client #5's gait belt is suppose to be worn at all times while he is ambulating. Further interview revealed staff are to hold onto the gait belt while client #5 is ambulating. Review on 7/11/19 of client #5's IPP dated 9/28/19 revealed he uses the gait belt to prevent falls and it is used whenever he is ambulating. Review on 7/11/19 of client #5's fall prevention and safety guidelines dated 4/7/17 stated, "... [Client #5] is to wear gait belt when mobile, whether he requires assistance or not...." During an interview on 7/11/19, the HM revealed client #5 is suppose to have his gait belt on at all times whenever he is ambulating. Further interview revealed client #5 is a fall risk. The HM also reported staff have been trained to ensure client #5 gait belt is on at all times.	W 249	Please see Page 2.	
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that the infections control prevention procedures were carried out. This potentially affected one client residing in the home. The finding is:	W 455	This deficiency will be corrected by the following actions: A. Home Manager and Clinical Supervisor will train all Direct Support Professionals on CANC Policy C5.26 Infectious/Communicable Disease Management. This training will be documented on form F9.8 Inservice/Training Signature Sheet. That form will be filed in the training binder at the group home.	9/9/2019

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W 455	Continued From page 4 Precautions were not taken to promote client health and prevent possible cross-contamination. During breakfast observations in the home on 7/11/19 client #5's container of Thick It milk fell to the floor while Staff B was pouring it. Further observations revealed Staff B picking it up and pouring the remainder into client #5's glass. During an immediate interview Staff B revealed client #5's Thick It milk did not spill out and it did not land on its' top, so it was OK to pour the remainder into client #5's glass. During an interview on 7/11/19, the home manager (HM) revealed the Thick It milk container should have been discarded and staff should have got a brand new one for client #5.	W 455	B. Direct Support Professionals will document this training by completing form F10.10 Client Specific Competencies. This form will be filed in the training binder at the group home. C. Home Manager will monitor Direct Support Professionals 3x/week to ensure adherence to CANC Policy C5.26 Infectious/Communicable Disease Management. D. Clinical Supervisor will monitor Direct Support Professionals 2x/week to ensure adherence to CANC Policy C5.26 Infectious/Communicable Disease Management. E. Program Manager will monitor Direct Support Professionals 2x/month to ensure adherence to CANC Policy C5.26 Infectious/Communicable Disease Management.	
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, 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 diet. This affected 1 of 2 audit clients (#5). The finding is: Client #5's diet consistency were not followed.	W 460	This deficiency will be corrected by the following actions: A. Home Manager and Clinical Supervisor will train all Direct Support Professionals on the specialized diets and food preparation for each consumer residing in the home. This training will be documented on form F9.8 Inservice/Training Signature Sheet. That form will be filed in the training binder at the group home. B. Home Manager and Clinical Supervisor will train all Direct Support Professionals on the use of Adaptive Equipment for each consumer that has such equipment in place. This training will be documented on form F9.8 Inservice/Training Signature Sheet. That form will be filed in the training binder at the group home. C. Direct Support Professionals will document this training by completing form F10.10 Client Specific Competencies. This form will be filed in the training binder at the group home.	9/9/2019

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W 460	Continued From page 5 During morning observations in the home on 7/11/19 at 7:48, client #5 drank out of a container of Ensure. Further observation revealed the Ensure was a thin consistency. Additional observations revealed client #5 did not cough while he was drinking the Ensure. During an immediate interview, Staff C confirmed client #5 only drinks liquids which are honey thick in consistency. Review on 7/11/19 of client #5 diet order dated 10/8/18 stated, "...Honey Thick Liquids." Review on 7/11/19 of client #5's monthly nursing notes for June 2019 revealed he drinks honey thick liquids. During an interview on 7/11/19, the home manager (HM) confirmed client #5 liquid consistency is honey thick and he should not have drank the thin consistency Ensure.	W 460	D. Home Manager will monitor Direct Support Professionals 3x/week to ensure adherence to the specialized diets of the consumers residing in the group home. E. Clinical Supervisor will monitor Direct Support Professionals 2x/week to ensure adherence to the specialized diets of the consumers residing in the group home. F. Program Manager will monitor Direct Support Professionals 2x/month to ensure adherence to the specialized diets of the consumers residing in the group home.	

July 24, 2019

Eugina Barnes
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Plan of Correction for Complaint Survey
Huntleigh, 3300 Huntleigh Drive, Raleigh, NC 27604
Provider Number: 34G065
MHL Number: MHL-092-261

Dear Mrs. Barnes,

Thank you for your time and the feedback given during the survey you completed on July 11, 2019. We appreciate your diligence in assisting us in providing the best care possible to the consumers we serve. We look forward to making the recommended changes that will improve the services we provide.

Enclosed you will the Plan of Correction. If you have any questions, please call me at (919) 387-1011 ext. 217. Again, thank you for your time and patience.

Sincerely,

Gary J. Ricci II, BA/QP
Program Manager, CANC

Enclosures