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
	34G145	A. BUILDING ______ B. WING ______	08/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK AVENUE HOME	105 PARK AVENUE CREEDMOOR, NC 27522

(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 observations, 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 wearing of eyeglasses. This affected 1 of 4 audit clients (#3). The finding is: Client #3 not prompted to wear his eyeglasses. During afternoon observations in the home on 8/12/19 from 3:00pm thru 4:30pm, client #3 was not prompted to wear his eyeglasses. Additional observations revealed at 4:11pm, client #3 was holding his medication close to his face to see what he was taking. Client #3 was also observed to be watching television in his bedroom during this time. At no time was client #3 prompted to wear his eyeglasses. During an interview on 8/13/19, Staff B revealed client #3 wears his eyeglasses "all the time." Review on 8/13/19 of client #3's IPP dated 1/10/19 stated, "[Client #3] does utilize Rx	W 249	W 249-The Habilitation Specialist will implement a formal program for Client # 3 to use, care and make informed decisions about wearing eyeglasses. The clinical team will monitor through Interaction Assessments twice a week for one month to ensure Client #3 eyeglass program is being implemented as prescribed. In the future, the QIDP will ensure all individuals supported will be provided formal training to make informed decisions about the use/care of their prescription eyeglasses. RECEIVED By DHSR-MH Licensure Section at 10:17 am, Aug 22, 2019	10/11/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE: 08/22/19

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 249	Continued From page 1 glasses for his vision as he is farsighted. He sometimes needs to be reminded by staff to wear his glasses during the day." During an interview on 8/13/19, the qualified intellectual disabilities professional (QIDP) revealed client #3 wears his eyeglasses at all times and needs to be reminded by staff to wear them.	W 249		
W 374	DRUG ADMINISTRATION CFR(s): 483.460(k)(7) The system for drug administration must assure that drugs used by clients while not under the direct care of the facility are packaged and labeled in accordance with State law. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all drugs were packaged and labeled with the name of the person prescribed the medication, with instructions on how to administer the medication and instructions as to how often to administer the medication for 2 of 4 audit clients (#3, #6). The findings are: 1. Client #3's Beneprotein was not labeled. During afternoon medication administration in the home on 8/12/19 at 4:11pm, client #3's Beneprotein was not labeled. During an interview on 8/12/19, Staff A confirmed client #3 Beneprotein packet was not labeled. Further interview revealed client #3's Beneprotein "just come in a box" without any labels.	W 374		

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W 374	Continued From page 2 During an interview on 8/12/19, the qualified intellectual disabilities professional (QIDP)confirmed client #3's Beneprotein packet was not labeled. 2. Client #6's labels for Triamcinolon Cream and Mupirocin Ointment were faded. During morning medication administration in the home on 8/13/19 at 7:55am, client #6's labels for Triamcinolon Cream and Mupirocin Ointment were faded and information was unable to be read. During an interview on 8/13/19, Staff C confirmed client #6's Triamcinolon Cream and Mupirocin Ointment labels were faded. During an interview on 8/13/19, the facility's nurse was unaware client #6's Triamcinolon Cream and Mupirocin labels were faded.	W 374	W 374- Nurse will in-service staff on Medication AdministrationTraining and Drug Label Protocol. Nurse will review all individuals' medications to ensure appropriate labeling is present. The Clinical Team will complete a review of the medications twice weekly for the first month and monthly thereafter to ensure all medications on the MAR are present and appropriately labeled. In the future, nursing will ensure all individuals' medications are properly labeled.	10/11/19
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all medications remained locked. The findings are: The medications were left unsecured and unsupervised. 1. During afternoon medication administration in	W 382		

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W 382	Continued From page 3 the home at 4:09pm, client #6's Beneprotein was removed from the top of a cabinet in the medication room by Staff A. Further observations revealed there is not a lock on the door leading into the medication room. During an interview on 8/12/19, Staff A confirmed the box which contains client #6's Beneprotein packets are kept on top of the cabinet in the medication room. 2. During morning medication administration in the home at 8:03am, Staff C walked away while the surveyor was holding medications at the dining room table. Further observations revealed Staff C walked around the corner into the kitchen and was out of view of the medications. During an interview on 8/13/19, Staff C confirmed she had walked away and left the medications unattended. Further interview revealed Staff C had been trained not to leave medications unattended. Review on 8/13/19 of inservice training dated 7/1/19 stated, "During Med Administration-Never Leave meds unattended or unlocked....MEDICATIONS SHOULD BE LOCKED WHEN NOT BEING GIVEN...." During an interview on 8/13//19, the facility's nurse stated, "of course, medications should be secured at all times."	W 382	W 382 –The responsible nurse will in-service all staff on proper medication protocol to ensure all medication are locked/secured at all time. Staff should never leave medication unattended. The clinical team will complete a Medication observation 2x per week to ensure all medications is lock/secure and never left unattended for the next 30 days and then on a routine basis. RN will ensure staff areproperly trained on Medication Protocol.	10/11/19
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills under varied conditions.	W 441		

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W 441	Continued From page 4 This STANDARD is not met as evidenced by: Based on review of fire drill reports and interview, the facility failed to ensure fire evacuation drills were conducted at varied times. This affected all clients residing in the home. The finding is: Fire drills on third shift were not conducted at varied times. Review of fire drill reports on 8/12/19 revealed the following: Five fire drills were conducted at 12:35am, 12:53am, 6:09am, 12:51am and 12:05am. During an interview on 8/12//19, the qualified intellectual disabilities professional (QIDP) stated third shift hours are between 11pm thru 8am. Further interview confirmed third shift fire drills were not conducted at varied times.	W 441	W 441-The Administrator will in-service all Home Manager to ensure Fire Drills are conducted monthly and quarterly on each shift to include varied times and conditions. Home Manager will ensure Fire Drills are kept in a neat blinder in the home. In the future, the Administrator will review Fire Drill monthly to ensure they are completed and at varied times and conditions.	10/11/19

RHA Health Services, LLC
2527 E. Lyon Station Rd
Creedmoor, NC 27522
Phone: 919-528-2558
Fax: 919-528-2971

FAX TRANSMISSION

CONFIDENTIAL HEALTH INFORMATION ENCLOSED

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To:	Eugina Barnes	Fax:	919-715-8078
From:	Morris Thomas	Date:	08/22/19
Re:		Pages:	6 (Including Cover)
CC:			

Urgent	For Review	As Requested	Please Reply	Please Recycle

Additional Comments: ______________________________

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August 15, 2019

Ms. Eugina Barnes, BSW, QIDP
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

RE: Recertification Survey Completed on August 12 - 13, 2019
Park Ave Home, 105 Park Avenue, Creedmoor, NC 27522
Provider Number: 34G145
MHL Number: MHL 039-007

Dear Ms. Barnes

Thank you for your recent survey of Stanley Rd. It was a pleasure working with you and we look forward to your follow up and return to ensure all deficiencies have been corrected.

Enclosed you will find the plan of correction for all deficiencies cited. If anything was missed please let me know and I will make the proper corrections.

Sincerely

Morris Thomas
Administrator