

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

PRINTED: 11/22/2019
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 11/22/2019
NAME OF PROVIDER OR SUPPLIER HICKORY AVENUE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 112 HICKORY AVENUE HOLLY SPRINGS, NC 27540		
(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 {W 125}	<p>INITIAL COMMENTS</p> <p>A revisit was conducted on 11/22/19 for all previous deficiencies cited on 9/3 - 4/19. All deficiencies have not been corrected. The facility is not in compliance with all regulations surveyed.</p> <p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure clients (#2, #3, #5) had consents obtained by their legal guardians. This affected 3 of 6 audit clients. The findings are:</p> <p>Consents were not signed by the legal guardians for clients #2, #3 and #5.</p> <p>a. Review on 11/22/19 of client #2's record revealed a BSP dated 6/28/19. Further review revealed client #2's behavior medications are: Depakote, Aripiprazole, Fluvoxamine, Clonazepam, Risperedone and Bzotropine. Additional review of client #2's record revealed the behavior medication consent was not in the chart.</p> <p>b. Review on 11/22/19 of client #3's record revealed a BSP. Further review revealed client #3's behavior medications are: Tegretol, Neurontin and Risperdal. Additional review of client #3's record revealed the behavior medication consent was signed on 2/6/18.</p>	W 000 {W 125}			

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 125}	Continued From page 1 Further review revealed the consent for locked pantry was signed on 2/6/18, consent of usage of door alarm was signed on 2/6/18 and no consent could be located for locked freezer. c. Review on 11/22/19 of client #5's record revealed a BSP dated 6/27/19. Further review revealed client #5's behavior medications are: Escitalopram, Clonidine, Lamotrigine, Lorazepam, Quetiapine Fumarate and Melatonin. Additional review of client #5's record revealed the behavior medication consent, locked freezer consent, locked pantry consent and usage of door alarm had a signature, but were not dated. Review of client #5's BSP stated, "alarms have been placed on [Client #5's] bedroom windows and doors and are utilized with the intention of assisting staff in monitoring [Client #5] while in the home." During an interview on 11/22/19, the qualified intellectual disabilities professional (QIDP) confirmed the consents for clients #2, #3 and #5 were not in their charts. Further interview revealed client #2's guardian had requested revisions to his BSP, which have not been done. Additional interview revealed the QIDP had not been able to contact the guardians for clients #3 and #5 in order to obtain new consents from them.	{W 125}			
{W 252}	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.	{W 252}			

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{W 252}	Continued From page 2 This STANDARD is not met as evidenced by: Based on documentation review and interviews, the facility failed to ensure data was documented correctly. This affected 1 of 6 audit clients (#4). The finding is: 1. Client #4's water intake log was not collected on a consistent basis. Review on 11/22/19 of client #4's water intake logs revealed data for 10/14/19 - 11/22/19 with only 7 days were he drank 3 liters of liquid. Review on 11/22/19 of client #4's feeding protocol (no date) revealed, "2. [Client #4] will have 3 liters of liquid daily...." Review on 11/22/19 of client #4's nutritional evaluation dated 7/3/19 revealed, "...3 lt/day fluid goal...." During an interview on 11/22/19, the qualified intellectual disabilities professional (QIDP) revealed client #4 is having some difficulty with drinking 3 liters each day. The QIDP also stated there was a possibility staff were not documenting the data on a consistent basis.	{W 252}			