

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

PRINTED: 09/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/15/2020
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NAME OF PROVIDER OR SUPPLIER AVENT FERRY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 904 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540
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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
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W 000	INITIAL COMMENTS	W 000		
W 214	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(iii)</p> <p>The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to assure all adaptive behavior inventories (ABI) which serve as the comprehensive functional assessments (CFA) were updated to contain an accurate assessment of the individual's abilities. This affected 1 of 3 audit clients (#4). The finding is:</p> <p>The CFA for client #4 was not updated per the recommendations of an internal investigation.</p> <p>All clients were observed in the home on 9/15/20 briefly at 9:45am and again from approximately 12:30p - 1:45p. Client #4 was seen completng all tasks independently (i.e. unloading the dishwasher and putting away dishes).</p> <p>Review on 9/15/20 of an internal investigation conducted by the facility regarding the loss of personal hygiene skills, laundry skills, etc. by client #4 revealed a recommendation to update the client's CFA.</p> <p>Interview with the Qualified Intellectual Disabilities</p>	W 214		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 214	Continued From page 1 Professional (QIDP) on 9/15/20 confirmed client #4's CFA had not been updated as of the date of this survey.	W 214			