

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

PRINTED: 09/25/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G065	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/16/2020
NAME OF PROVIDER OR SUPPLIER HUNTLEIGH			STREET ADDRESS, CITY, STATE, ZIP CODE 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 DEFICIENCY)	(X5) COMPLETION DATE
{W 249}	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 3 of 5 audit clients (#2, #4, #6) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of meal preparation, family style dining, and domestic skills. The findings are:</p> <p>1. Client #4 and #6 were not involved with cooking tasks.</p> <p>During dinner preparation observations on 9/16/2020, the home manager prepared food and drink items (vegetable soup and chicken thighs) including removing food from the freezer, placing food into pots or pans, stirring food transferring to the serving bowls. NO clients were observed to be prompted or assisted to participate with cooking tasks.</p> <p>Interview on 9/16/2020 with the home manger revealed clients are able to do some of the cooking tasks. Additional interview indicated client #4 and #6 assist in the meal prep with</p>	{W 249}	<p>W.249 (re-cited standard level) This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> A. All ISP'S will be reviewed and revise as needed to ensure objectives are met. B. Community & Home Life Assessments will be reviewed, modified and updated for accuracy. C. Meal assessments will be completed on all people served. D. Chore list will be completed for each person served. E. All current goals will be assessed, modified, update or discontinued to meet areas identified in assessments F. Goals will be implemented after team meeting addressing need of consumer, if warranted G. All people served will be afforded the opportunity to participate and assist in preparing meals. H. All people served will be afforded the opportunity to be as independent as possible while eating. I. Staff will be in-serviced and trained on proper meal preparation, diets, and proper documentation of substitutions J. All staff will be in service on active treatment – independence while eating K. Staff will be in-service on actively engaging people served in completing house hold choir—up to but not limited to washing, drying, folding and storing clothing. L. Site Supervisor will monitor one time a week- per shift completing Observation form M. Qualified Professional will monitor one time a week. Per shift completing Observation sheet 	10.17.2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Marika Whack FJK *Executive Director* *9/28/2020*

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}	<p>Continued From page 1 prompting.</p> <p>Review on 9/16/2020 of client #4's IPP dated 10/24/19 revealed, "[Client #4]...requires physical prompting to complete most domestic task such as.....food/meal preparation. Additional review revealed client #4 can make food without mixing with physical assistance.</p> <p>Review on 9/16/2020 of client #6's IPP dated 12/27/19 revealed, "[Client #6]...requires physical prompting to complete most domestic task such as.....food/meal preparation and enjoys learning how to cook</p> <p>Interview on 9/16/2020 with the Qualified Intellectual Disabilities Professional (QIDP) indicated some clients in the home are "able to participate" with meal preparation tasks. The QIDP confirmed client #6 can assist with various cooking tasks including preparing food items, pouring, stirring, and transferring the food to the serving bowl..</p> <p>2. Clients (#2) was not prompted or assisted to participate with the folding the laundry .</p> <p>During observations of laundry folding during the survey, staff B removed dried clothes from the dryer and folded them without involving the clients. Client #2 was given folded towel to put in his room.</p> <p>Review on 9/16/2020 of client #2's IPP dated 3/7/2020 revealed, "[Client #2] needs physical prompting to complete most domestic task such as....folding laundry.</p>	{W 249}		

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{W 249}	Continued From page 2 Interview on 9/16/2020 with staff B revealed some client including client #2 can assist with laundry with physical prompt.	{W 249}		