

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

PRINTED: 12/11/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G074	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/09/2020
NAME OF PROVIDER OR SUPPLIER ASHLEY HEIGHTS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2990 RESERVATION ROAD ABERDEEN, NC 28315		
(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 A recertification and complaint survey was completed on 12/9/2020. The complaint allegations were unsubstantiated. Deficiencies were not cited as a result of Intake #NC00171855.	W 000			
W 186	DIRECT CARE STAFF CFR(s): 483.430(d)(1-2) The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure sufficient staff were provided to supervise clients and provide services in accordance with their Individual Program Plan (IPP). This affected 6 of 6 audit clients (#1, #2, #3, #4, #5, #6). The findings include: A. Interview with staff B in the facility on 12/9/20 revealed she is the only direct care staff working on most nights on third shift with the exception of Wednesdays when another direct care staff works with her. Further interview revealed they conduct the third shift fire drills on Wednesdays so the other direct care staff can assist her with evacuating the clients from the home. Additional interview confirmed the facility is short staffed at the current time. Staff B stated in the event of an emergency she would do whatever she needed to	W 186			

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 186	<p>Continued From page 1</p> <p>do to evacuate all of the clients from the facility but stated client #5 uses a Hoyer lift, clients #1 and #4 use wheelchairs for mobility and clients #2, #6 have to be visually supervised at all times due to their inappropriate behaviors.</p> <p>Additional interview on 12/9/20 with staff B revealed when clients #2 and #6 are awake on third shift and she is working, it requires a lot of supervision as client #2 has several self injurious behaviors and client #6 has to be visually supervised so he does not wander. Further, she stated client #5 requires complete assistance with toileting and client #4's mobility is limited and he also requires much assistance with toileting and uses leg braces to assist with ambulation.</p> <p>B. During observations on 12/8/20 at 6:00pm of supper, client #6 had a plate stand, inner lip plate, adaptive smaller colored cups. He was assisted to serve chicken pastry, mixed vegetables, bread onto his plate. All of his food was cut into 1/2 inch pieces with the exception of his roll which was whole consistency. During supper, client #6 was noted to scoop his food with reminders to slow his rate of eating. There were 2 direct care staff at the table which included the Residential Manager (RM) and staff A at the dining room table assisting clients. Client #6 did not have verbal reminders or physical cues to rest his utensil between bites.</p> <p>Review on 12/8/20 of client #6's individual program plan (IPP) dated 2/4/20 revealed client #6 receives a regular diabetic diet with foods cut into 1/2-1" consistency. His adaptive equipment was listed as inner lip plate, plate stand with adaptive colored cups filled 1/2 full. Further review of the IPP revealed mealtime guidelines</p>	W 186			

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W 186	<p>Continued From page 2</p> <p>which included encouraging client #6 take a few bites, be prompted to rest his utensils with verbal prompts to slow his rate of eating.</p> <p>Interview on 12/8/20 with the residential manager (RM) revealed these mealtime guidelines are still current. Additional interview revealed there are several clients in the facility who require assistance with dining and the home has most recently been short staffed which may affect the consistency of these programs being implemented as only 2 direct care staff are working on second shift.</p> <p>C. During observations at the facility on 12/8/20 from 3:00pm-6:45pm, client #2 was noted to wear bilateral arm sleeves under her shirt. During afternoon observations she became agitated and attempted to pick the skin on her hands. The residential manager (RM) went to another area of the facility and came back with mittens which she put on client #2's hands at 4:47pm. Client #2 was sitting in the living room. Staff A offered her an activity from the bookcase in the living room, however, she declined. At 5:39pm, the RM removed client #2's mittens and verbally cued her to wash her hands for supper. At 6:00pm, client #2 came to the table and began supper without her mittens. She finished supper at 6:10pm and became agitated again, the RM once again applied her mittens to her hands.</p> <p>During observations in the facility on 12/9/20 from 6:00am-9:00am client #2 wore gloves from 7:09am which were applied by staff B until 7:59am when client #2 was assisted in washing her hands before breakfast.</p> <p>Interview on 12/8/20 with staff A revealed client</p>	W 186			

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W 186	<p>Continued From page 3</p> <p>#2 wears mittens on her hands due to continuous skin picking. She is to wear mittens on her hands when she is agitated and attempting to pick at her skin on her hands. Staff A stated the time when client #2 is in her mittens cannot exceed 1 hour and 50 minutes. Additional interview revealed client #2 is to be given a break for 10 minutes and then the gloves can be re-applied if she is attempting to pick at the skin on her hands.</p> <p>Interview on 12/8/20 with the RM revealed client #2 has a long history of picking the skin on her forearms and her hands. She confirmed client #2 has these behaviors included in her behavior support program (BSP). The RM stated the BSP includes the use of protective arm sleeves (she also has a physician order for these sleeves) and for the use of mittens not to exceed more than 1 hour 50 minutes with breaks for 10 minutes before these mittens can be re-applied.</p> <p>Review on 12/9/20 of client #2's behavior support program (BSP) dated 2/17/20 revealed she has target behaviors of : self-injurious behaviors, crying, non-compliance. This BSP incorporates the use of BUE (bilateral upper extremity) arm sleeves, the use of mittens as well as the chemical use of Ativan, Hydroxyzine, Klonopin, Naltrexone, Abilify, Trileptal, Intuniv and Lamictal.</p> <p>Review on 12/9/20 of the restraint record for client #2's mitten use revealed the following:</p> <p>11/20/20: applied at 5:54am taken off at 8:45am (2 hours and 51 minutes) 12/1/20: applied at 6:45am and taken off at 8:15am 12/2/20: applied at 6:45am and taken off at</p>	W 186			

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W 186	Continued From page 4 8:15am 12/3/20: applied at 6:27am and removed at 8:15am 12/5/20: applied at 6:45am and removed at 8:15am 12/6/20: applied at 6:30am and removed at 8:15am 12/7/20: applied at 6:30am and removed at 8:15am 12/8/20: applied at 5:59am and removed at 8:10am (2 hours and 10 minutes) The application of client #2's mitten on the afternoon of 12/8/20 was not recorded. The application of client #2's mittens on the morning of 12/9/20 was also not recorded, however the shift was not completed. Interview on 12/8/20 with the RM revealed direct care staff are trying to consistently document data for client #2's programs but the current situation with staffing has probably has impacted documentation. Interview on 12/9/20 with the qualified intellectual disabilities professional (QIDP) confirmed because of the COVID-19 pandemic, the facility has a policy that staff cannot work at another facility within 48 hours to prevent the spread of COVID-19. Additional interview confirmed there are staff vacancies on several shifts that the managing entity is attempting to fill. Additional interview confirmed direct care staff should be consistently implementing programs and documenting data so that programs can be effectively evaluated.	W 186			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)	W 249			

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W 249	<p>Continued From page 5</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 review and interview, the facility failed to ensure 1 of 3 audit clients (#6) received a continuous active treatment program consisting of needed interventions and services as identified in the individual program plan (IPP) in the area of dining guidelines. The finding is:</p> <p>During observations on 12/8/20 at 6:00pm of supper, client #6 had a plate stand, inner lip plate, adaptive smaller colored cups. He was assisted to serve chicken pastry, mixed vegetables, bread onto his plate. All of his food was cut into 1/2 inch pieces with the exception of his roll which was whole consistency. During supper, client #6 was noted to scoop his food with reminders to slow his rate of eating. There were 2 direct care staff at the table which included the residential manager (RM) and staff A at the dining room table assisting clients. Client #6 did not have verbal reminders or physical cues to rest his utensil between bites.</p> <p>Review on 12/8/20 of client #6's individual program plan (IPP) dated 2/4/20 revealed client #6 receives a regular diabetic diet with foods cut</p>	W 249			

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W 249	Continued From page 6 into 1/2-1" consistency. His adaptive equipment was listed as inner lip plate, plate stand with adaptive colored cups filled 1/2 full. Further review of the IPP revealed mealtime guidelines which included encouraging client #6 take a few bites, be prompted to rest his utensils with verbal prompts to slow his rate of eating. Interview on 12/8/20 with the residential manager (RM) revealed these mealtime guidelines are still current. Interview on 12/9/20 with the qualified intellectual disabilities professional (QIDP) revealed these guidelines are still current and should be consistently followed as client #6 tends to overfill his mouth at mealtime.	W 249			
W 303	PHYSICAL RESTRAINTS CFR(s): 483.450(d)(4) A record of restraint checks and usage must be kept. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to assure a record of restraint checks and usage were kept on the use of mittens for 1 of 3 audit clients (#2). The finding is: During observations at the facility on 12/8/20 from 3:00pm-6:45pm, client #2 was noted to wear bilateral arm sleeves under her shirt. During afternoon observations she became agitated and attempted to pick the skin on her hands. The residential manager (RM) went to another area of the facility and came back with mittens which she	W 303			

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W 303	<p>Continued From page 7</p> <p>put on client #2's hands at 4:47pm. Client #2 was sitting in the living room. Staff A offered her an activity from the bookcase in the living room, however, she declined. At 5:39pm, the RM removed client #2's mittens and verbally cued her to wash her hands for supper. At 6:00pm, client #2 came to the table and began supper without her mittens. She finished supper at 6:10pm and became agitated again, the RM once again applied her mittens to her hands.</p> <p>During observations in the facility on 12/9/20 from 6:00am-9:00am client #2 wore gloves from 7:09am which were applied by staff B until 7:59am when client #2 was assisted in washing her hands before breakfast.</p> <p>Interview on 12/8/20 with staff A revealed client #2 wears mittens on her hands due to continuous skin picking. She is to wear mittens on her hands when she is agitated and attempting to pick at her skin on her hands. Staff A stated the time when client #2 is in her mittens cannot exceed 1 hour and 50 minutes. Additional interview revealed client #2 is to be given a break for 10 minutes and then the gloves can be re-applied if she is attempting to pick at the skin on her hands.</p> <p>Interview on 12/8/20 with the RM revealed client #2 has a long history of picking the skin on her forearms and her hands. She confirmed client #2 has these behaviors included in her behavior support program (BSP). The RM stated the BSP includes the use of protective arm sleeves (she also has a physician order for these sleeves) and for the use of mittens not to exceed more than 1 hour 50 minutes with breaks for 10 minutes before these mittens can be re-applied.</p>	W 303			

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W 303	<p>Continued From page 8</p> <p>Review on 12/9/20 of client #2's behavior support program (BSP) dated 2/17/20 revealed she has target behaviors of : self-injurious behaviors, crying, non-compliance. This BSP incorporates the use of bilateral upper extremity (BUE) arm sleeves, the use of mittens as well as the chemical use of Ativan, Hydroxyzine, Klonopin, Naltrexone, Abilify, Trileptal, Intuniv and Lamictal.</p> <p>Review on 12/9/20 of the restraint record for client #2's mitten use revealed the following:</p> <p>11/20/20: applied at 5:54am taken off at 8:45am (2 hours and 51 minutes) 12/1/20: applied at 6:45am and taken off at 8:15am 12/2/20: applied at 6:45am and taken off at 8:15am 12/3/20: applied at 6:27am and removed at 8:15am 12/5/20: applied at 6:45am and removed at 8:15am 12/6/20: applied at 6:30am and removed at 8:15am 12/7/20: applied at 6:30am and removed at 8:15am 12/8/20: applied at 5:59am and removed at 8:10am (2 hours and 10 minutes)</p> <p>The application of client #2's mittens on the afternoon of 12/8/20 was not recorded. The application of client #2's mittens on the morning of 12/9/20 was also not recorded, however the shift was not completed.</p> <p>Interview on 12/9/20 with the qualified intellectual disabilities professional (QIDP) revealed all direct care staff in the facility have been inserviced on</p>	W 303			

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W 303	Continued From page 9 client #2's (BSP) and should be recording restraint checks and ensuring the time she spends in these mittens does not exceed 1 hour 50 minutes with a break for 10 minutes for comfort checks.	W 303			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure wheelchairs that were used for mobility for 2 of 6 clients(#1, #5) were maintained in good repair. The finding is: During observations in the facility on 12/8/20 from 3:00-6:30pm client #5 asked the surveyor to look at her wheelchair. Upon closer observation, her left brake of her wheelchair was noted to be loose. Additional observation on 12/8/20 of client #1's wheelchair noted her wheelchair left brake is also loose. Review on 12/9/20 of client #1's individual program plan (IPP) dated 3/24/20 revealed she uses a manual wheelchair for mobility.	W 436			

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W 436	<p>Continued From page 10</p> <p>Review on 12/9/20 of client #1's physical therapy assessment revealed she has severe degenerative arthritis of her her right knees and because of several falls she uses quickie manual wheelchair for mobility with Jay basic contoured cushion.</p> <p>Review on 12/9/20 of client #5's nursing evaluation dated 3/13/20 revealed she has cerebral palsy and has limited amount of movement on the right side of her body and that she is left sided dominant. Further review revealed she requires a mechanical lift for transfers, a rolling shower chair for bathing and uses Hemi style manual wheelchair that she propels for mobility.</p> <p>Interview on 12/8/20 with staff A revealed she was uncertain how long the brakes for clients #1, #5 's wheelchairs were noted to be loose.</p> <p>Interview on 12/9/20 with the qualified intellectual disabilities professional (QIDP) confirmed she had spoken with the residential manager (RM) on 12/8/20 about the repairs for clients #1 and #5 wheelchair brakes and would be submitting a work order for these repairs.</p>	W 436			