

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	W 000			
W 186	<p>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.</p> <p>DIRECT CARE STAFF CFR(s): 483.430(d)(1-2)</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>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.</p> <p>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:</p> <p>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</p>	W 186			

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DEC 30 2020
DHSR-MH Licensure Sect

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

TITLE

(X6) DATE

Samantha J. B. BS AP, Administrator 12/21/20

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			

The Behavior Specialist will review and re-inservice staff on client #2 behavior support plan to include self-injurious behaviors and appropriate usage of hand mitts.

The Behavior Support Specialist will monitor and conduct interaction assessments 2x per month for 2 consecutive months to ensure client #2 guidelines are followed as written.

W 436 SPACE AND EQUIPMENT

The facility will ensure each client wheelchair maintains in good repair and other devices identified by the interdisciplinary team as needed by the client.

The Physical Therapist assistant will monitor and ensure wheelchairs for client #1 and client #5 is in good repair.

The Physical Therapist assistant will schedule wheelchair maintenance clinic 2x per month for 2 consecutive months to ensure wheelchairs are in good working condition.

Completion date 2/9/21

W 186 DIRECT CARE STAFF

The facility will provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.

1. The Home Manager Supervisor will re-inserve the Home Manager on staff scheduling per the individuals person center plans. The Qualified Professional will ensure 3rd shift is appropriately staffed to run monthly fire drills safely.

The Qualified Professional will review and sign off on the home schedules 2x per month for 2 consecutive months.

2. The QP and LPN will reinservice all staff on client #6 meal guidelines/physician orders to include the food consistency.

The IDT will monitor and conduct meal guidelines 2x per month for 2 consecutive months to ensure all guidelines and physician orders are followed as written.

3. The Behavior Specialist will review and re-inserve staff on client #2 behavior support plan to include self-injurious behaviors and appropriate usage of hand mitts.

The Behavior Support Specialist will monitor and conduct interaction assessments 2x per month for 2 consecutive months to ensure client #2 guidelines are followed as written.

W249 PROGRAM IMPLEMENTTION

The Facility will ensure that all clients receive continuous active treatment programs consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in their plan.

1. The QP and LPN will reinservice all staff on client #6 meal guidelines/physician orders to include the food consistency.

The IDT will monitor and conduct meal guidelines 2x per month for 2 consecutive months to ensure all guidelines and physician orders are followed as written.

W303 PHYSICAL RESTRAINTS

The facility will ensure a record of restraint checks and usage are kept on the use of mittens.