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

PRINTED: 04/07/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G274	A. BUILDING _____ B. WING _____	04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOCKLEY ROAD	4617 LOCKLEY RD 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 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure privacy was maintained during personal care. This affected 1 of 6 audit clients (#2). The finding is: During observations in the home on 4/5/21 at 3:56pm; client #2 was observed to get up from the dining room table and walk down the hall. She entered the bathroom, pulled her pants down and sat down on the toilet. The bathroom door was open. During the observation, staff were located in the office next to the bathroom and in the kitchen and dining area right down the hall. At 3:59pm, client #2 walked out of the bathroom. At no time during the observation was client #2 prompted to close the door nor did staff close the door for her. Review on 4/6/21 of client #2's record revealed a Community/Home Life Assessment dated 11/12/20. Review of the Community/Home Life Assessment revealed that in the area of observing privacy while toileting, client #2 requires verbal prompts to close the bathroom door. Interview on 4/6/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that staff must prompt client #2 to go to the bathroom, but sometimes she will go on her own. The QIDP revealed when this happens, staff are to follow	W 130	W.130 *This deficiency will be corrected by the following actions:* A. *All community / home life assessment will be reviewed/update and revised as needed.* B. *Consumers will be provided/afforded privacy.* C. *Consumer will be in-service on privacy* D. *Staff will be in serviced on providing, encouraging and affording privacy to all consumers.* E. *Siter Supervisor will monitor one time a week.* F. *Qualified Professional will monitor one time a week*	06.05.2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Marika Whack /CM Executive Director 4/9/2021

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 130	Continued From page 1 client #2 to the bathroom to ensure she closes the door for privacy. The QIDP confirmed staff should have followed client #2 to the bathroom and prompted her to close the door or should have closed the door for her.	W 130		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure client #3's medication was administered in accordance with physician's orders. This affected 1 of 6 audit clients. The finding is: During observations of medication administration in the home on 4/6/21 at 6:15am, Staff A and client #3 were observed to punch one Multi-Vit/Tab Mineral tablet into a pill cup with several other pills. Directions on the medication package stated "Take one tablet daily by mouth (Administer with applesauce)." Client #3 ingested the pill with a glass of water. Review on 4/6/21 of client #3's physician's orders dated 1/21/21 revealed an order for Multi-Vit/Tab Mineral, "Take one tablet by mouth daily. Administer with applesauce." Interview on 4/6/21 with Staff A revealed she did not serve the medication with applesauce as ordered. Staff A revealed she does not typically administer morning medications but when she	W 368	W.368 This deficiency will be corrected by the following actions: A. All medication orders will be reviewed B. All medication will be dispensed as Prescribed C. All physicians' orders will be current and updated as needed. D. RN will ensure all orders are present E. Site Supervisor will monitor one time a week. F. Clinical Manager will monitor one time a week	06.05.2021

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W 368	Continued From page 2 does, she does not give the medication with applesauce. Interview on 4/6/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed that client #3 should have received the pill with applesauce as the physician's orders indicates.	W 368		
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the potential for cross-contamination was prevented. This potentially affected all clients residing in the home (#1, #2, #3, #4, #5 and #6). The findings are: A. During observations in the home on 4/5/21 from 4:13pm to 4:53pm, Staff B and client #3 were observed preparing the dinner meal. At 4:17pm, Staff B and client #3 were observed to put on clear, plastic gloves. Throughout the observation, Staff B and client #3 were observed to touch multiple surfaces and objects in the kitchen, washed dishes, opened packages of foods and touched them. Staff B and client #3 were observed to wear the same pair of gloves throughout the observation. In addition, client #3 was observed to stick his hands in the front and back of his pants, while wearing the gloves. Staff B was observed to tell client #3 not to do that, but did not prompt him to change his gloves or wash his hands. At 4:39pm, client #3 removed his gloves. Client #3 was observed to sneeze into	W 454	W.454 This deficiency will be corrected by the following actions: A. All precautions will be taken to ensure health and safety of all people served. B. Protective intervention equipment will be provided and accessible to prevent cross contamination. C. All people served will be in service on equipment D. All staff will be in-service on their equipment working conditions, an teaching people served on the use of said equipment E. Siter Supervisor will monitor one time a week. F. Qualified Professional will monitor one time a week	06.05.2021

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W 454	Continued From page 3 his hand, then use the back of his hand to wipe his nose. Client #3 did not wash his hand after sneezing into it or wiping his nose. He then assisted Staff B with cutting up tomatoes. Interview on 4/6/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that gloves are worn by some staff during meal preparation while some staff do not. The QIDP confirmed that staff and clients should change gloves and wash their hands after touching various surfaces, and that client #3 should have washed his hands after sticking his hands down his pants and after sneezing into his hand. B. During observations in the home on 4/5/21 at 12:11pm, Staff A and client #4 were observed preparing lunch. Client #4 was observed to use a spoon to stir a pot of pasta, and put the spoon into the sink of water with other dirty dishes. Staff A told client #4 he needed the spoon to finish stirring the pasta and Italian dressing. Client #4 was observed to get the spoon out of the sink of water, and stir the pasta again. Interview on 4/6/21 with the QIDP confirmed that Staff A should have prompted client #4 to use a clean spoon to stir the pasta. C. During observations in the home on 4/5/21 at 4:57pm, all clients were observed eating dinner. Client #2 was observed to pass a bowl of salsa and a spoon to client #4. Client #4 was observed to dip out two spoonfuls of salsa, lick the front and back of the spoon, and then put the spoon back into the bowl. The bowl was then passed to and used by client #3, client #5 and client #1. Interview on 4/6/21 with the QIDP confirmed that	W 454		

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W 454	Continued From page 4 after client #4 licked the spoon, it should not have been put back into the bowl and a clean spoon should have been used.	W 454		

Community Alternatives – NC
Southeast Region
1001 Navaho Drive Suite 101
Raleigh, NC 27609
Phone: 984-205-2630
FAX: 984-205-2643

FAX

To: Justin Foster From: Jermaine Kearney

Fax: 919 715 8078 Pages: 6

Phone: 919-855 3795 Date: 4/9/2021

Re: Lockley Rd POC CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

ResCare Residential Services

April 9, 2021

Justin Foster, MPA QIDP
Facility Survey Consultant I
252.343.6939
Mental Health Licensure and Certification section
NC Division of Health Services Regulations
2718 Mail Service Center
Raleigh NC 27699-27118
919.855.3795 office
919.715.8078 fax

RE: **Plan of Correction for Annual Survey conducted: March 5th-6th , 2021**
Lockley Road
4617 Lockley Road, Holly Springs, NC 27540
Provider Number 34G 274
MHL# 092-119

Dear Mr. Justin Foster

We appreciate the courtesy extended by you while surveying the **Lockley Road Home**, North Carolina.

As indicated on the Plan of Correction, we will have the Deficiencies corrected for, the Annual survey conducted On **April 5th- 6th , 2021** will be completed **June 5, 2021**

We are committed to providing the highest possible care for the people we serve at **Lockley Road Home**,

If you have questions, please contact JerMaine Kearney, Program Manager
984.205.2630 ext 218

Sincerely,

Marika Whack KM

Marika Whack, Executive Director
Community Alternatives North Carolina- Raleigh Region
1001 Navaho Drive suite 101
Raleigh, North Carolina, 27609
919.827.2790 cell
mawhack@rescare.com