

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

PRINTED: 02/10/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G145	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2021
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NAME OF PROVIDER OR SUPPLIER PARK AVENUE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 105 PARK AVENUE CREEDMOOR, NC 27522
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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 192	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2)</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure staff were competent in contacting and informing the nurse of health symptoms as they arrived. This affected one non-audit client (#4). The finding is:</p> <p>During observations on 2/8/2021, client #4 expressed she did not feel well and indicated her throat hurt. The staff A and B said that the nurse was called yesterday (2/7/2021) and she said to let her rest. Both staff indicated she just had her COVID vaccine and they were thinking it was a reaction to the shot. During observations on 2/9/2021, client #4 refused to eat her breakfast or even drink her coffee. Peers commented on how this is not like her and that she usually offers them her coffee if she is not going to finish it but she always drinks it and eats some.</p> <p>During an interview after the observation, with staff A on 2/8/202, she indicated she would notify the nurse that client #4 was still sick. During further interview, staff C was asked if he was going to notify the nurse and he said, "Yes."</p> <p>During an interview with the nurse on 2/9/2021, it was revealed that she was not told that client #4 had not eaten. She further indicated no staff had notified her of client #4 not feeling well on 2/8/2021. The nurse did confirm staff had called on Sunday 2/7/2021 but only told client #4 was</p>	W 192	<p>QP and the responsible Nurse will in-service all staff on the importance of reporting thorough and accurate health concerns for people supported in a timely manner. QP and Home Manager will monitor through an communication log book for on call to nursing daily. Home Manager and QP will be notified of all call to nursing pertaining health issues. In the future, QP will ensure all staff are trained on reporting information relevant to the people we supported health.</p>	04/09/2021
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Administrator* (X6) DATE *02/16/21*

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 192	Continued From page 1 lethargic. The nurse was not called on the 2/8/2021 and on 2/9/2021 when staff C called he did not tell the nurse that she had not eaten. The nurse further explained that if the staff call and say the symptoms continued after the initial notification then she would go and assess the client. Otherwise, she issues the prn order to be given. The nurse also indicated that a sore throat could be a sign of COVID but it was not likely given her recent vaccinations.	W 192		
W 331	<p>NURSING SERVICES CFR(s): 483.460(c)</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure nursing services were provided as needed. This affected one non-audit client (#4). The finding is:</p> <p>During observations on 2/8/2021, client #4 expressed she did not feel well and indicated her throat hurt. The staff A and B said that the nurse was called yesterday and she said to just let client #4 rest. The staff indicated the nurse had not seen her to assess her and that the nurse does not come in the house to check clients. Both staff indicated client #4 just had her COVID vaccination and they were all thinking it was a reaction to the shot. During observations on 2/9/2021, client #4 refused to eat her breakfast or even drink her coffee. Peers commented on how this is not like her and that she usually offers them her coffee if she is not going to finish it but she always drinks it and eats some.</p>	W 331	<p>The RN will inservice the responsible nurse on the protocol of nursing going into the homes to assess the people we support when there are health concerns. Monitor through nursing document all calls received as well as the response or follow-up needed on the after hours on call log. In the future the RN will train and ensure all nursing on the important of monitoring and assessing the people we support.</p>	04/09/2021

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W 331

Continued From page 2

W 331

During an interview after the observation, on 2/8/2021, staff A indicated she would notify the nurse that client #4 was still sick. However, she did not think she would assess her because they don't come in the home. Staff A was not sure why the nurses don't come in the homes. During further interview, staff C was asked if he was going to notify the nurse and he said "Yes." After he notified her, he stated that she said just spray her throat with some sore throat spray.

During an interview with the nurse on 2/9/2021, it was revealed that the nurse was not told that client #4 had not eaten. She further indicated no staff had notified her of client #4 not feeling well on 2/8/2021. She did confirm staff had called on Sunday 2/7/2021. She explained that if the staff call and say the symptoms continued after the initial notification she would go and assess the client. However, she indicated she does not like to go to the home because then it is required by policy she not go to any homes for 48 hours. Upon first notification she issues the prn to be given. She admitted that just giving her a prn on 2/9/2021 was probably an oversight because she had not realized the nurse had been called before about the same thing. She indicated Sunday the throat was not mentioned. The nurse also indicated that a sore throat could be a sign of COVID but it was not likely given her vaccinations. No assessment was done and the nurse confirmed it probably should have been done since it was the second notification.



RHA Health Services, LLC
 2527 E. Lyon Station Rd
 Creedmoor, NC 27522
 Phone: 919-528-2558
 Fax: 919-528-2971

FAX TRANSMISSION

CONFIDENTIAL HEALTH INFORMATION ENCLOSED

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To:	Joy Alfred	Fax:	919-715-8078	
From:	Morris Thomas	Date:	02/16/21	
Re:		Pages:	5 (Including Cover)	
CC:				
Urgent	For Review	As Requested	Please Reply	Please Recycle

Additional Comments: _____

Confidentiality Note: The enclosed facsimile transmission contains confidential medical record information. This information has been disclosed to the recipient identified above and is protected by State and Federal law. Those laws limit your ability to further disclose this confidential medical information without the prior written consent of the patient/client and his/her legal guardian or unless otherwise permitted by State and Federal law. If you are not the intended recipient, you are hereby notified that any USE, disclosure, copying, distribution, or OTHER action taken WITHOUT RESPECT TO the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.



February 16, 2021

Ms. Joy Alfred, QIDP/SW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

RE: Recertification Survey Completed on 02/09/21
Park Avenue
Provider Number: 34G145
MHL Number: MHL039-007

Dear Ms. Alfred

Thank you for your recent survey of Park Avenue. It was a pleasure working with you and we look forward to your follow up and return to ensure all deficiencies have been corrected.

Enclosed you will find the plan of correction for all deficiencies cited. If anything was missed please let me know and I will make the proper corrections.

Sincerely

A handwritten signature in black ink, appearing to read "Morris Thomas", is written over a horizontal line. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Morris Thomas
Administrator