STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G097	A. BUILDING _____ B. WING _____	04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN AVENUE HOME	2001 SOUTHERN AVENUE FAYETTEVILLE, NC 28301

(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 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 4 of 4 audit clients (#1, #2, #4 and #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 medication administration, adaptive dining equipment and self-help skills. The findings are: A. During afternoon observations of medication administration in the home on 4/26/21 at 3:39pm, Staff A spoon fed client #6 his medications. At no time was client #6 given an opportunity to feed himself his medications. Additional observations at 3:46pm, Staff A spoon fed client #4 his medications. At no time was client #4 given an opportunity to feed himself his medications. During an interview on 4/26/21, Staff A revealed she spoon fed both clients #6 and #4 due to the fact they both "have a hard time feeding themselves." Review on 4/27/21 of client #6's adaptive behavior inventory (ABI) dated 2/21 revealed he	W 249	DHSR - Mental Health MAY 10 2021 Lic. & Cert. Section	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Samantha Scott — TITLE: Administrator — (X6) DATE: 5/6/21

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 249	Continued From page 1 has partially independence with placing his pills in his mouth. Additional review of client #4's ABI dated 2/21 revealed he has total independence with placing his pills in his mouth. During an interview on 4/27/21, the qualified intellectual disabilities professional (QIDP) stated both clients #6 and #4 should have been given the opportunity to feed themselves their pills. B. During dinner observations in the home on 4/26/21 at 5:57pm, client #1 drank from his cup. Further observations revealed the cup did not have a lid. Client #1 drank his lemon-aid in one gulp. During an interview on 4/26/21, the home manager confirmed client #1 did not use a lid on his cup, during dinner. Review on 4/26/21 of client #1's IPP dated 6/19/20 stated, "...adaptive cup with lid at meals...." Review on 4/26/21 of the document "Southern Avenue Diet" dated 2/26/20 revealed client #1 uses a insulated mug with a lid. Review on 4/27/21 of client #1's nursing evaluation dated 10/9/20 stated, "Adaptive equipment includes: insulated mug with lid." During an interview on 4/27/21, the QIDP revealed client #1's cup should have had a lid on. The QIDP stated client #1 uses the lid to assist with his rate of drinking, due to the fact he drinks a at rapid pace. C. During breakfast observations in the home on	W 249		

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W 249	Continued From page 2 4/27/21 at 8:39am, client #2 picked up her sausage patty with her fingers and began to eat it. Further observations at 8:42am revealed client #2 began eating her second sausage patty with her fingers. Additional observations revealed there was knife and fork at client #2's place setting. At no time was client #2 prompted to use her knife and fork to cut her sausage patty. Client #2 was also observed using her shirt to wipe her mouth on three separate occassions (8:40am, 8:43am and 8:52am). There was a napkin at client #2's place setting; but she was not prompted to use it to wipe her mouth. During an interview on 4/27/21, Staff C revealed client #2 needs hand over hand assistance to use a knife to cut her food. Additional interview revealed client #2 needs a verbal prompt to wipe her mouth. Review on 4/27/21 of client #2's ABI dated 2/1/21 revealed she is partially independent with using a knife to cut her food. Additional review revealed she is totally independent with wiping her mouth, During an interview on 4/27/21, the QIDP revealed client #2 needs hand over hand assistance to cut her food and sometimes she needs verbal prompting to wipe her mouth with her napkin.	W 249		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate	W 340		

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W 340	Continued From page 3 health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the nursing services failed to ensure that staff were sufficiently trained in taking temperature and face mask wearing in regards to COVID-19 protocol. This potentially effected all clients residing in the home (#1, #2, #3, #4, #5 and #6). The finding is: A. During morning observations in the home on 4/27/21 at 5:58am, the surveyor entered the home. Further observations revealed Staff B who opened the door did not take the temperature of the surveyor. Further observations revealed Staff A did not ask the surveyor any questions regarding COVID-19 protocol. Further observations revealed the surveyors temperature was not taken until 6:26am and during that time the surveyor had walked around the home and greeted 4 clients who where up and dressed. During an interview on 4/27/21, Staff B revealed he had been trained to take the temperature of anyone entering in to home. Further interview revealed Staff B had been trained on temperature taking by a nurse. During an interview on 4/27/21, the qualified intellectual disabilities professional (QIDP) confirmed staff have been trained by a nurse to take the temperatures of anyone entering into the home. B. During morning observations in the home on 4/27/21 from 5:58am until 6:16am, Staff B was observed walking around the home and entering	W 340		

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W 340	Continued From page 4 and exiting clients' bedroom without wearing a face mask. During an interview on 4/27/21, the QIDP confirmed staff have been trained to wear a face mask while working inside of the home.	W 340		
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 reviews and interviews, the facility failed to ensure the system of medications has been updated. This affected 1 of 4 clients (#4). The finding is: During afternoon medication administration in the home on 4/26/21 at 3:46pm, Staff A put three squirts of nose spray into client #4's right nostril. Further observations revealed client #4 did not get any squirts of the nose spray into his left nostril. During an interview on 4/27/21, Staff A confirmed she gave client #4 three squirts of his nasal spray into his right nostril. Further interview revealed Staff A had read the order wrong. Review on 4/27/21 of client #4's physician orders signed 1/21/21 stated, "Ocean Nasal Spray Use 1 Spray in each nostril three times a day." During an interview on 4/27/21, the facility's nurse revealed client #4's physician orders should have	W 368		

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W 368	Continued From page 5 been followed as ordered and he should have received one spray of the nostril spray into each nostril.	W 368		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #5's diet was provided as prescribed. This affected 1 of 4 clients (#5). The finding is: During dinner observations in the home on 4/26/21, client #5 drank from his cup at 6:03pm and coughed on ten separate occasions; at 6:06pm he drank from his cup and coughed on five separate occasions; at 6:10pm he drank from his cup and coughed on seven separate occasions; and at 6:18pm he drank from his cup and coughed on eight separate occasions. During an interview on 4/26/21, Staff A revealed she had forgotten to add Thick-It into client #5's liquids. Review on 4/27/21, the document "Southern Avenue Diet" dated 2/26/20 stated "Nectar Thickened Liquids." Review on 4/27/21 of client #5's nutritional evaluation dated 3/3/20 revealed, "...nectar thick liquids...."	W 460		

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W 460	Continued From page 6 Review on 4/27/21 of client #5's nursing evaluation dated 10/9/20 stated, "...nectar thickened liquids." Review on 4/27/21 of client #5's physician orders sated 1/21/21 revealed, "...nectar thickened liquids...." During an interview on 4/27/21, the qualified intellectual disabilities professional stated all of client #5's liquids should be nectar thick during his meals.	W 460		

Southern Ave Survey

 # W249

1. The facility will ensure all individuals participate during medication administration.

   Habilitation Specialist will in-service clients #4 and #6 current ABI's

   Qualified Professional and Habilitation Specialist will observe participation in medication administration for client #4, #6 and all other clients during increased Interaction/Mealtime Assessments 3 times a month for the next 3 consecutive months

2. The facility will ensure all individuals are given all appropriate adaptive equipment needed at all meals.

   P.T/O.T/Nursing support will re-in-service client #1 adaptive equipment

   Qualified Professional and O.T/P.T/Nursing support will observe client #1 and all other individuals' adaptive equipment during meals during increased Meal Assessments 3 times a month for the next 3 consecutive months

3. The facility will ensure all individuals are offered assistance to cut foods.

   Habilitation Specialist will re-in-service client #2 ABI

   Qualified Professional and Habilitation Specialist will observe client #2 and all other individuals during increased Meal Assessments 3 times a month for the next 3 consecutive months

4. The facility will ensure all individuals are prompted to use a napkin throughout meal times as needed.

   Qualified Professional and Habilitation Specialist will in-service staff to prompt client #2 to use napkin to wipe mouth during meals.

   Qualified Professional and Habilitation Specialist will observe client #2 and all other clients' use of napkins during increased Meal Assessments 3 times a month for the next 3 consecutive months

 # W340

1. The facility will ensure that all staff wear appropriate protective and preventative equipment at all times.

   Nursing will re-in-service staff B and all other staff on current mask and/or face shield wearing guidelines.

   Nursing will observe staff B and all other staff mask and/or face shield wearing during increased Assessments 3 times a month for the next 3 consecutive months

2. The facility will ensure all staff are sufficiently trained in checking temperatures of all home visitors immediately upon entering the home.

   Nursing will re-in-service staff B and all other staff to check visitors temperatures and other COVID-19 surveillance measures

   Nursing will observe staff B and all other staff during increased Assessments to ensure any visitor to the home has temperature taken immediately upon entry.

 # W368

The facility will ensure all medications are administered in compliance with physician orders.

Nursing will re-in-service staff A and all other staff on client #4 Nasal Spray administration

Nursing will observe staff A and other staff to ensure client #4 and other individuals' medications are given as prescribed during increased Nursing Assessments 3 times a month for the next 3 consecutive months

 # W460

The facility will ensure all individual diets are provided as prescribed.

Nursing will re-in-service staff A and all other staff on client #5 Thickened Liquids

Qualified Professional and Habilitation Specialist will observe client #5 and all other individuals' to ensure diets are provided as prescribed during increased Meal Assessments 3 times a month for the next 3 consecutive months

Target Date: June 26, 2021