

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

FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/27/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HUNTLEIGH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3300 HUNTLEIGH DRIVE RALEIGH, NC 27604</b>
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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 130	<p><b>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</b></p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure privacy during personal care for 1 of 4 audit clients (#2). The findings are:</p> <p>A. During observations in the home on 7/27/21 at 6:37am, client #2 entered the bathroom with Staff A beside him. Staff A walked away with ensuring the bathroom door was closed. Further observations revealed client #2 urinating in the toilet. Additional observations revealed a client sitting on the couch which is within eye site of the bathroom. The bathroom door remained open for one minute before Staff A returned and closed it.</p> <p>During an immediate interview on 7/27/21, Staff A revealed client #2 "knows how to close the door".</p> <p>B. During observations in the home on 7/27/21 at 9:08am, Staff D opened the door for client #2 to exit. Further observations revealed the home supervisor (HS) instructing Staff D to pull up client #2's pants; due to the fact his disposable brief was visible. Additional observations revealed the door remained open while Staff D pulled up client #2's pants. At no time did Staff D close the door to provide client #2 privacy.</p> <p>Review on 7/27/21 of client #2's community/home life assesement dated 9/21/20 revealed he needs to be verbally cued to close a door for</p>	W 130	<p>W 130 This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> <li>A. The Site Supervisor and Clinical Supervisor will be responsible for in-servicing staff on ensuring the right to private are being met.</li> <li>B. The Clinical Supervisor and the Site Supervisor will be responsible for monitoring this and documenting on it weekly.</li> </ul>	9/24/21
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Program Manager</b>	(X6) DATE <b>8/2/2021</b>
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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.

**RECEIVED**

By DHSR Mental Health Licensure & Certification at 2:37 pm, Aug 02, 2021

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W 130	Continued From page 1 privacy.  During an interview on 7/27/21, the home supervisor (HS) stated the doors should have been closed to ensure client #2's privacy.  During an interview on 7/27/21, the qualified intellectual disabilities professional (QIDP) revealed staff should have ensure the doors be closed for client #2's privacy.	W 130		
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, #3 and #5) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plans (IPP) in the areas of hygiene, dressing and self-care. The findings are:  A. During morning observations in the home on 7/27/21 at 7:07am, client #1 was walking though the home and his pants were hanging loose on his hips. Further observations revealed the	W 249	W 249 This deficiency will be corrected by the following actions:  A. All ISPS will be reviewed and revise as needed to ensure objectives are met. B. All current goals will be assessed, modified, update or discontinued to meet meal assessment needs. Team will meet and make that decision. C. Goals will be implemented after team meeting. D. All people served will be afforded the opportunity to use all adaptive equipment stipulated in ISP. E. All people served will be afforded the opportunity to be as independent as possible F. All staff will be in serviced of all adaptive equipment G. All staff will be in serviced on active treatment - independence H. Site Supervisor will monitor one time a week. I. Qualified Professional will monitor one time a week.	9/24/21

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W 249	<p>Continued From page 2</p> <p>shorts he was wearing underneath his pants was visible. Client #1 was observed pulling up his pants while he was walking. Additional observations revealed client #1 was not wearing a belt. At no time was client #1 prompted to either change his pants or put on a belt.</p> <p>Review on 7/27/21 of client #1's community/home life assessment dated 9/21/20 revealed he is independent with dressing and maintaining his personal appearance.</p> <p>During an interview on 7/21/21, the home supervisor (HS) stated staff can request client #1 to adjust his clothing; but there are times when he will refuse.</p> <p>During an interview on 7/21/21, the qualified intellectual disabilities professional (QIDP) revealed it is the staffs' responsibility to ensure client #1 is presentable.</p> <p>B. During morning observations in the home on 7/27/21 at 6:37am, client #2 was observed coming out of the bathroom after using it. Further observations revealed client #2 did not wash his hands. Further observations revealed Staff A was standing right outside of the door when client #2 exited the bathroom. Staff A did not prompt client #3 to wash his hands.</p> <p>During an immediate interview on 7/27/21, Staff A stated client #2 should be verbally prompted to wash his hands after using the bathroom.</p> <p>Review on 7/27/21 of client #2's community/home life assessment dated 9/21/21 revealed he needs verbal cues to wash his hands after using the bathroom.</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>During an interview on 7/27/21, the HS stated client #2 needs to be verbally prompted to wash his hands after using the bathroom.</p> <p>During an interview on 7/27/21, the QIDP indicated client #2 will need verbal and physical prompting to was his hands after using the bathroom.</p> <p>C. During morning observations in the home on 7/27/21, client #2 pants were hanging loose on his hips. During breakfast observations at 6:57am, client #2's pants were below his waist and his disposable brief was visible to anyone in the home. At 9:08am, client #2 was exiting the home with Staff D assisting him out the door; at that time the surveyor brought attention to the HS how client #2's pants were falling down and his back pants pockets were where the back of his thighs are and how he was not wearing a belt. The HS redirected Staff D to adjust client #2's pants.</p> <p>Review on 7/27/21 of client #2's community/home life assessment dated 9/21/20 revealed he needs physical assistance to ensure he maintains a neat appearance.</p> <p>During an interview on 7/27/21, the HS revealed client #2 will need some physical assistance with dressing and ensuring a neat appearance.</p> <p>During an interview on 7/21/21, the QIDP stated client #2 needs some physical assistance with dressing.</p> <p>D. During observations throughout the survey on 7/26 - 27/21, client #3's fingernails were observed</p>	W 249		
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W 249	<p>Continued From page 4 hanging over the tip of his fingers.</p> <p>Review on 7/27/21 of client #3's community/home life assessment dated 9/21/20 revealed he needs physical assistance with cutting his fingernails.</p> <p>During an interview on 7/27/21, the HS revealed client #3's mother is normally the one who cuts his fingernails.</p> <p>During an interview on 7/27/21, the QIDP stated client #3 relies on staff to ensure his fingernails are kept neat and trimmed.</p> <p>E. During morning observations in the home on 7/27/21 at 6:23am, client #5 walked over to the surveyor and grabbed their left wrist, pulling their arm and asking for a cigarette. Staff A began telling client #5 "No, [Client #5], stop". Further observations revealed Staff A pulling on client #5's arm, which had surveyor lose their balance, without them falling. Client #5 then grabbed the surveyors right wrist with his free hand. Additional observations revealed Staff A continued to pull on client #5 while he still had a firm grip of both of the surveyors arms. Staff B who was in the same area giving medications to another client, stepped in and told client #5 to let go of the surveyors arm, which he did. Staff A then led client #5 out of the area. The surveyor then noticed a superficial scratch on their inner left forearm.</p> <p>During an interview on 7/27/21 at 7:50AM, Staff B reported she had cut client #5's fingernails after he had scratched the surveyor.</p> <p>Review on 7/27/21 of client #5's community/home life assessment dated 9/21/20 revealed he needs</p>	W 249			

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W 249	Continued From page 5 physical assistance with cutting his fingernails.  During an interview on 7/27/21, the HS reported client #5 relies on staff to cut his fingernails.  During an interview on 7/27/21, the QIDP stated client #5's fingernails should be cut as needed by staff.	W 249		
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.  This STANDARD is not met as evidenced by: Based on record review, documentation and interviews, the facility failed to ensure data was documented correctly. This affected 1 of 4 audit clients (#5). The finding is:  A. During morning observations in the home on 7/27/21 at 6:23am, client #5 walked over to the surveyor and grabbed their left wrist, pulling their arm and asking for a cigarette. Staff A began telling client #5 "No, [Client #5], stop". Further observations revealed Staff A pulling on client #5's arm, which had surveyor lose their balance, without them falling. Client #5 then grabbed the surveyors right wrist with his free hand. Additional observations revealed Staff A continued to pull on client #5 while he still had a firm grip of both of the surveyors arms. Staff B who was in the same area giving medications to another client, stepped in and told client #5 to let	W 252	W 252 This deficiency will be corrected by the following actions: A. The Clinical Supervisor will in-service staff on the BSP of all clients and proper documentation. B. The Site Supervisor will monitor and document on this weekly. C. The Clinical Supervisor will monitor and document on this monthly.	9/24/21

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W 252	<p>Continued From page 6</p> <p>go of the surveyors arm, which he did. Staff A then led client #5 out of the area. The surveyor then noticed a superficial scratch on their inner left forearm.</p> <p>B. During morning observations in the home on 7/27/21 at 8:27am, client #5 walked up to the surveyor and grabbed her right arm, pulling their arm and asking for a cigarette. Staff B came over and told client #5 to let go, which he did. The surveyor then noticed a superficial inch long scratch on their right wrist.</p> <p>During an interview on 7/27/21 Staff A revealed client #5 does have a behavior plan that addresses aggressive behaviors. Further interview revealed staff are suppose to talk to client #5 to stop him from being aggressive, remove him from the situation and if necessary call for help.</p> <p>Review on 7/27/21 of client #5's behavior support plan (BSP) dated 12/20/21 stated, "Target Behavior(s)...3) Physical Aggression: any action that is directed at others with the possible effect of doing physical harm to another person. This includes, but is not limited to, hitting, kicking, scratching, biting and pinching...Documentation: Inappropriate behaviors are documented on the behavioral data sheet. All aspects of the data sheet should be filled out, including staff initials. All staff inserviced on this behavior plan are responsible for the correct and consistent implementation of this plan".</p> <p>Review on 7/27/21 of client #5's behavior data sheet revealed the last written documentation was on 5/29/21 at 9am.</p>	W 252		
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W 252	Continued From page 7 During an interview on 7/27/21, the home supervisor (HS) revealed staff have been trained to ensure documentation is completed prior to their shift ending.  During an interview on 7/27/21, the qualified intellectual disabilities professional (QIDP) stated client #5's target behaviors are to be documented and all staff have been trained in doing so.	W 252			
W 287	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)  Techniques to manage inappropriate client behavior must never be used for the convenience of staff.  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure 1 of 4 audit clients (#5) received a technique to manage inappropriate behavior was not used for the convenience of staff. The finding is:  During morning observations in the home on 7/27/21 at 6:23am, client #5 walked over to the surveyor and grabbed their left wrist, pulling their arm and asking for a cigarette. Staff A began telling client #5 "No, [Client #5], stop". Further observations revealed Staff A pulling on client #5's arm, which had surveyor lose their balance, without them falling. Client #5 then grabbed the surveyors right wrist with his free hand. Additional observations revealed Staff A continued to pull on client #5 while he still had a firm grip of both of the surveyors arms. Staff B who was in the same area giving medications to	W 287	W287  This deficiency will be corrected by the following actions: D. The Clinical Supervisor will in-service staff on the BSP of all clients and proper documentation. To ensure they are using the proper techniques is dealing with client behaviors. E. The Site Supervisor will monitor and document on this weekly. F. The Clinical Supervisor will monitor and document on this monthly.	9/24/21	



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W 287	<p>Continued From page 8</p> <p>another client, stepped in and told client #5 to let go of the surveyor's arm, which he did, Staff A then led client #5 out of the area. The surveyor then noticed a superficial scratch on their inner left forearm. At 6:42am, Staff A was observed giving client #5 a soda.</p> <p>During an immediate interview on 7/27/21, Staff A stated giving client #5 was not part of his behavior support plan (BSP). Further interview revealed Staff A gave client #5 the soda "to calm him down".</p> <p>During an interview on 7/27/21, Staff B confirmed giving a soda to client #5 was not part of his BSP.</p> <p>During an interview on 7/27/21, Staff C revealed giving client #5 a soda was not part of his BSP.</p> <p>Review on 7/27/21 of client #5's BSP dated 12/21/20 did not state giving client #5 a soda for physical aggression.</p> <p>During an interview on 7/27/21, the home supervisor (HS) revealed client #5 is not to be given a soda for aggressive his behavior.</p> <p>During an interview on 7/27/21, the qualified intellectual disabilities professional (QIDP) revealed giving client #5 a soda after his been aggressive is not part of his BSP.</p>	W 287		
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W 340	<p><b>NURSING SERVICES</b>                  CFR(s): 483.460(c)(5)(i)</p> <p>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</p>	W 340		
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W 340	<p>Continued From page 9</p> <p>training clients and staff as needed in appropriate health and hygiene methods.</p> <p>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 in regards to COVID-19 protocol. This potentially effected all clients residing in the home (#1, #2, #3, #4 and #5). The finding is:</p> <p>During morning observations in the home on 7/26/21 at 9:03am, Staff D opened the door and let the surveyor in. Staff D then picked up a digital thermometer, pushed the on/off button, looked at it and then put it down. When the surveyor asked about the thermometer and taking their temperature, Staff D said, "Don't worry about it." Further observations revealed the surveyor was allowed to enter the home without their temperature being taken.</p> <p>Review on 7/26/21 of the form The Visitor Screening Tool, updated 4/23/2021 stated, "Today's Temperature: if unknown or not taken, temperature must be taken and documented...prior to admission".</p> <p>During an interview on 7/27/21, the home supervisor (HS) revealed the surveyors temperature should have been taken and documented, prior to her entering the home.</p> <p>During an interview on 7/27/21, the qualified intellectual disabilities professional (QIDP) stated the temperature of the surveyor should have been taken.</p>	W 340	<p>W 340</p> <p>This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> <li>A. The nurse will be responsible for providing staff with a competency training regarding the prevention of cross-contamination while providing services.</li> <li>B. The Site Supervisor will ensure this training is completed, monitor and document on this weekly.</li> <li>C. The Area Supervisor will monitor and document on this monthly.</li> <li>D. The Clinical Supervisor will monitor and document on this monthly.</li> </ul>	9/24/21
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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 455 W 455	<p>Continued From page 10</p> <p><b>INFECTION CONTROL</b> CFR(s): 483.470(l)(1)</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a sanitary environment was provided to avoid transmission of possible infection and prevent possible cross-contamination. This potentially affected all clients (#1, #2, #3, #4 and #5) residing in the home. The finding is:</p> <p>During lunch observations in the home on 7/26/21 at 11:28am, client #4 picked up a sandwich, put it up to his nose, pull back an edge, smelled it and held it up to a staff person. Further observations revealed the staff person put it back on the serving plate. At 11:45am, client #5 was served the sandwich that client #4 had previously touched. At no time was client #5 prevented from eating the sandwich; nor was the sandwich disposed of.</p> <p>During an interview on 7/27/21, the home supervisor (HS) revealed the sandwich should have been disposed of before client #5 ate it.</p> <p>During an interview on 7/27/21, the qualifies intellectual disabilities professional (QIDP) stated not one should have eaten the sandwich and it should have been discarded.</p>	W 455 W 455	<p>W 455</p> <p>This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> <li>A. The nurse will be responsible for providing staff with a competency training regarding the prevention, control, and investigation of infection and communicable disease while providing services.</li> <li>B. The Site Supervisor will ensure this training is completed, monitor and document on this weekly.</li> <li>C. The Area Supervisor will monitor and document on this monthly.</li> <li>D. The Clinical Supervisor will monitor and document on this monthly.</li> <li>E. Administration will monitor this monthly during Site Reviews</li> </ul>	9/24/21
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