

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

PRINTED: 12/08/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G074</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/07/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ASHLEY HEIGHTS HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2990 RESERVATION ROAD ABERDEEN, NC 28315</b>		
(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 436	<p><b>SPACE AND EQUIPMENT</b> CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure recommended equipment, specifically eyeglasses, were furnished for 1 of 3 audit clients (#4). The finding is:</p> <p>During observations throughout the survey on 12/6/21 and 12/7/21, client #4 was not observed wearing his eyeglasses in the home and the day program. Client #4 was observed drawing a variety of pictures at the day program and in the home. Client #4 was also observed looking towards the television set while sitting in the living in the home. Further observations revealed at no time was client #4 prompted to wear his eyeglasses.</p> <p>During a review on 12/6/21 of client #4's individual program plan (IPP) dated 3/7/21 stated, "Vision:...[Client #4] wears eye glasses. DX: Hyperopic Astigmatism. OU."</p> <p>During a review on 12/7/21 of client #4's nursing assessment dated 3/21 - 5/21 revealed he wears eyeglasses.</p> <p>During an interview on 12/7/21, the qualified intellectual disabilities professional (QIDP) revealed she does not remember the last time she saw client #4 wearing his eyeglasses.</p>	W 436			

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

TITLE

(X6) DATE

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 436	Continued From page 1 Further interview revealed client #4's eyeglasses could not be located in his bedroom.	W 436			