August 24, 2021

Joy Alford
Facility Consultant 1
Mental Health Licensure & Certification Section
2718 Mail Service Center
Raleigh, NC 27699-2718
919.605.4336 M
919.715.8078 F

Re: Survey Completed August 13, 2021
Hickory Avenue Group Home
112 Hickory Avenue
Holly Springs, NC 27540
Provider Number 34G2221
MHL# -092-097

Dear Mrs. Alford

We appreciate the courtesy extended by you while surveying the Hickory Avenue Group Home, North Carolina.

As Indicated the Plan of Correction, we have will have the deficiencies corrected for the Follow-up Survey Conducted on **August 13, 2021** it will be completed by **October 11, 2021.**

We are committed to providing the highest possible care for the people we serve at Hickory Avenue Group Home.

If you have any questions, please contact Cynthia Bradford, Associate Executive Director at 984.205.2630 ext. 238.

Kind Regards,

Juanita Jefferson, Program Manager
Community Alternatives North Carolina- Raleigh Region
1001 Navaho Drive, suite 101
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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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G221	A. BUILDING _____ B. WING _____	R 08/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY AVENUE HOME	112 HICKORY AVENUE 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 000	INITIAL COMMENTS A follow up survey was conducted and all deficiencies were corrected. However, a new deficiency was cited.	W 000	W 249 This deficiency will be corrected by the following actions: A. An investigation will be conducted to address the issue of failure to report on the dates mentioned in this report B. Clinical will review all community home and life assessments C. Clinical will review all ISP and updated as needed D. All BSP will be reviewed and updated as needed E. A team meeting will be held to address the increase issues of elopement F. ISP and BSP will be reviewed during said meeting and identify areas of enhancement in ISP and BSP that need to be update in order to ensure the safety of the individuals G. Clinical Supervisor will update the ISP and contact the psychologist in order to make updates to the current BSP H. Staff will be in-serviced on the update ISP and BSP I. RN will review monthly J. Site Supervisor will monitor and document on this one time a week K. Area Supervisor will review and document on this monthly L. Clinical Supervisor will monitor and document on this one time	10.11.2021
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 assure a continuous active treatment program provided necessary supports for 1 of 1 audit client (#1). The finding is: Review on 8/13/21 of the police reports from the local law enforcement agency for the dates 6/3/21-8/7/21 for the address of the facility law enforcement officers responded to the following calls: A) 6/3/21: (1:29)Other call- Address: Local Park B) 6/4/21 (4:44) Check on Welfare- Address: Local Park C) 6/15/21 (12:25) Missing Person-Adult- Address: Local Park D) 7/5/21 (12:35) Check on Welfare- Address:	W 249		

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

Program Manager 8/24/2021

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 249	Continued From page 2 plan (IPP) dated 8/15/2020 revealed that there is a program to address the behavior of elopement. Review on 8/12/2021 of the behavior support plan (BSP) dated June 27, 2019 revealed that client #1 has "elopement (attempts)." It noted that these attempts are controlled through the use of alarms. It did not specify where the alarms would be located. Elopement was defined as "Leaving or attempting to leave designated area without escort." The plan indicated elopements attempts should be reported to the on call manager. It noted that if client #1 does not return with staff within 10 minutes the staff should call 911. Additionally, a client incident report should be completed for each attempt as well as documented on the behavior data record. The record of data indicated the following elopement behaviors had been documented: 7/13/2021, 5/28/2021, 3/21/2021, 4/20/2021, 4/19/2021 Interview with staff A revealed client #1 has gone out of the home to the park with staff following several times. She did not know how many times. She stated staff "always follow behind him keeping him in sight." Interview with staff B indicated client #1 has gone out of the home to the park with staff following several times. She indicated she has been the staff to follow him on occasions. Interview with staff C who worked at this home for 15 years indicated client #1 has run out of the home but to their knowledge never without staff following him. She stated she followed him for most of the July incidents. She indicated she called the non-emergency number for the police and waited for the police to come get him. She	W 249		

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W 249	Continued From page 4	W 249		

local law enforcement entity revealed that client #1 has eloped from the facility numerous times in the past several months. Further interview revealed staff from the facility have contacted the police department repeatedly to assist with client #1 in transporting him back to the facility. Additional interview revealed during several of these calls, client #1 has been located alone in a local park or on a nearby street and facility staff arrived at the time law enforcement arrived or sometimes after law enforcement had already located client #1. The Sergeant indicated law enforcement has expressed concern to facility staff that a major traffic intersection is within a half a mile of the facility and they are concerned for client #1's safety, given his lack of safety skills.

During an interview on 8/12/2021, the qualified intellectual disability professional (QIDP) revealed that he was not been notified of any additional times of client #1 eloping. He also presented an addendum "Clinical Supervisory Note." This note indicated there had been an increase in elopements in the past quarter. The team noted that they had met to discuss this increase and had discussed the elopements and found that he "always goes to the park. Staff keeps their eyes on him, but [Client#1] behavior is elevated and he refuses to return with staff and he states that he wants the police to come pick him up. When the police arrive to pick [client #1] up, his mood often deescalates and he will return....To address [Client #1's] elopement behavior, the first strategy is to increase the time [he] is able to spend appropriately at the park."Another suggestion was made to work with the local police department to give [him] an opportunity to ride along with a police officer."