STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G145	A. BUILDING _____ B. WING _____	03/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK AVENUE HOME	105 PARK AVENUE CREEDMOOR, NC 27522

(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 each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of meal preparation. The finding is: During morning observations in the home on 3/2/22 from 6:46am - 7:40am, Staff F completed various meal preparation tasks without any client participation. The staff prepared a pot of coffee, cooked biscuits, filled pitchers with milk, water and juice, placed butter on a dish, and boiled a pot of water on the stove. During this time, client #4 was prompted to set the table; however, no clients were assisted or encouraged to perform any cooking tasks. Interview on 3/2/22 with Staff F revealed he made the coffee because it was "hot". The staff acknowledged client #4 could have helped prepare the biscuits and the coffee. Review on 3/2/22 of client #4's Adaptive Behavior Inventory (ABI) dated 5/11/21 revealed between	W 249	W 249 -The QP will inservice all staff on proper mealtime prepartion interactions with people supported. The Habiliation Specalist will inservice staff on all people we support's previously accomplished habiliation goals, including clients # 4. The Clinical Team will monitor participation in meal preparation 2x weekly for 30 days, and then on a routine basis, throughout meal assessment. In the future, the QP will ensure that all people we support assist will meal preparation to the best of their ability. RECEIVED MAR 11 2022 DHSR-MH Licensure Sect	04/30/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 03.08.22

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 2013 and 2017 he completed objectives to identify fruits, vegetables, dairy products, meats, breads/cereals, prepare a sandwich, prepare meat dishes, prepare a lunch meal and bake muffins/cookies/bread. Additional review of the ABI indicated the client can prepare a breakfast meal with partial independence. Interview on 3/2/22 with the Qualified Intellectual Disabilities Professional (QIDP) indicated all clients in the home have specific days to assist staff with cooking tasks. The QIDP confirmed each client has skills to be implemented in the kitchen and should be assisted to do so.	W 249		
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 review and interviews, the facility failed to ensure all drugs were administered in accordance with physician's orders. This affected 1 of 3 clients (#5) observed receiving medications. The finding is: During observations of medication administration in the home on 3/2/22 from 8:35am - 9:10am, client #5 ingested eleven medications and four topicals were applied. During the observation, the Medication Technician (MT) administered a half capful of Miralax powder. The MT mixed the Miralax in a 4 oz cup of water which was not completely full. Review on 3/2/22 of client #5's physician's orders dated 1/11/22 revealed an order for Miralax	W 368	W 368- Nursing will in-service on Medication Adminstration to ensure staff are adminstrering medication prpoerly. Monitoring will take place through medication observation completed 2x per week for the next 30 days by Clinical Team to esure medications are adminstered properly. In the future, all medications are administered in accordance with physicians orders.	04/30/2022

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W 368	Continued From page 2 powder "17gms (one capful to the line) in 8 oz of water" at 8:00am. Interview on 3/2/22 with the facility's nurse confirmed the Miralax should have been mixed with the amount of water indicated on the physician's order.	W 368		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all drugs were administered without error. This affected 1 of 3 clients (#5) observed receiving medications. The finding is: During observations of medication administration in the home on 3/2/22 from 8:35am - 9:10am, client #5 ingested eleven medications and four topicals. During the observation, the Medication Technician (MT) administered a half capful of Miralax powder. Immediate interview with the MT revealed he always administers this amount of Miralax powder for client #5. Review on 3/2/22 of client #5's physician's orders dated 1/11/22 revealed an order for Miralax powder "17gms (one capful to the line) in 8 oz of water" at 8:00am. Interview on 3/2/22 with the facility's nurse confirmed client #5 should have received a capful	W 369	W 369: Nursing will in-service all staff on Medication Administration to ensure staff are administering medications properly. Monitoring will take place through medication observation completed 2x per week for the next 30 days by the Clinical Team to ensure medications are administrated properly. In the future, all medication are administered in accordance with physicans order.	04/30/2022

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W 369	Continued From page 3 of Miralax as indicated.	W 369		
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on review of fire drill reports and interviews, the facility failed to ensure fire evacuation drills were conducted at varied times/conditions. This potentially affected all clients residing in the home (#1, #2, #3, #4, and #5). The finding is: Review on 3/1/22 of fire drill reports from February '21 - February '22 revealed four fire drills were conducted on third shift (10:30pm - 8:00am) at 1:18am, 12:24am, 2:06am, and 1:21am. Interview on 3/2/22 with the Qualified Intellectual Disabilities Professional (QIDP) indicated staff are to follow a pre-determined time frame to conduct fire drills on each shift. The QIDP confirmed fire drills should be varied throughout the shift.	W 441	W 441- The Adminstrator will in-service all Residential Team Leader to ensure Fire Drills are conducted monthly and quarterly on each shift to include varied times and conditions. RTL will ensure Fire Drill are kept in a neat blinder in the home. In the future, the Adminstrator will review Fire Drill monthly to ensure they are completed and at varied times and conditions.	04/30/2022