03-21-<sup>3</sup> 22 02:12 FR0M- T-103 P0003/0011 F-872

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

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. SUILDING			(X3) DA	TE SURVEY MPLETED
		`34G221	B. WING	v	·····	03	/15/2022
	NAME OF PROVIDER OR SUPPLIER HICKORY AVENUE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE  112 HICKORY AVENUE  HOLLY SPRINGS, NC 27540			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L  INITIAL COMMEN'  A complaint invest the recertification s #NC00185822. The as a result of the co- deficiencies were of recertification surve PROGRAM IMPLE CFR(s): 483.440(d)  As soon as the inte- formulated a client each client must re- treatment program interventions and s and frequency to s	igation was conducted during urvey for intake are were no deficiencies cited complaint survey. However, sited as a result of the approximation.	ID PREFI TAG	) 000	PROVIDER'S PLAN OF CORRE /EACH CORRECTION OF CORRECTION  W.249  This deficiency will be corrected following actions:  A. All ISP'S will be review revise as needed to er objectives are met.  B. Community & Home to Assessments will be remodified and updated accuracy.	ed by the ed and asure life viewed, if for areas ats ively aration anted after bonsumer, if	
	Based on observation interviews, the faction of the clients (#3) receive treatment program interventions and of Individual Program preparation. The standard of the control of the clients to participal placed turkey burg in the oven, toaste vegetable soup, pheated the soup of the clients of the coup of the coup of the coup of the coup of the clients of the clien	is not met as evidenced by: titions, record review and lity failed to ensure 1 of 4 audit at a continuous active consisting of needed services as identified in the Plan (IPP) in the area of food finding is: servations in the home on om - 5:52pm, Staff A completed in tasks without prompting te. For example, the staff gers on a pan and cooked them ad buns, opened cans of oured the soup into a pot, in the stove, and placed			G. All people served will afforded the opporturas independent while continuous active treatment. Staff will be in-service trained on priority neconsumers.  I. All staff will be in servindividual Support Play. Opportunities to active K. Site Supervisor will metime a week-per shift completing Observation. Qualified Professional monitor one time a weshift completing Observation.	be nity to be receiving atment d and eds of the ice on all ins ely train. onitor one will reek. Per	

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.

03-21-'22 02:13 FROM-

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

T-103 P0004/0011 F-872

FORM APPROVED OMB NO. 0938-0391

				E CONSTRUCTION	(X3) DATE SURVEY . COMPLETED		
		34G221	8. WING			03/1	5/2022
	AG221  NAME OF PROVIDER OR SUPPLIER  HICKORY AVENUE HOME  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 249  Continued From page 1 crackers on a plate. During this time, client #3 walked in and around the kitchen and dining roarea unengaged but was not encouraged to complete any food preparation tasks.  During morning observations in the home on 3/15/22 from 6:20am - 7:03am, Staff D completal food preparation tasks without prompting clients to participate. For example, the staff retrieved packaged muffins and oatmeal from hall pantry, obtained a pot of water and heated on the stove, retrieved yogurt cups and placed them on a plate, and prepared five individual bowls of instant oatmeal. During this time, clie #3 frequently walked in and around the kitcher and dining room area unengaged but was not encouraged to complete in food preparation tasks.  Interview on 3/15/22 with Staff A revealed clier #3 can assist with some kitchen tasks like stim and table setting. Additional interview with Staff and table setting.			1	STREET ADDRESS, CITY, STATE, ZIP CODE 12 HICKORY AVENUE HOLLY SPRINGS, NC 27540		
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
W 249	Continued From page 1 crackers on a plate. During this time, client #3 walked in and around the kitchen and dining room area unengaged but was not encouraged to complete any food preparation tasks.  During morning observations in the home on 3/15/22 from 6:20am - 7:03am, Staff D completed all food preparation tasks without prompting clients to participate. For example, the staff retrieved packaged muffins and oatmeal from a hall pantry, obtained a pot of water and heated it on the stove, retrieved yogurt cups and placed them on a plate, and prepared five individual bowls of instant oatmeal. During this time, client #3 frequently walked in and around the kitchen and dining room area unengaged but was not encouraged to complete in food preparation						
	a toaster, microwa and measuring/mi Interview on 3/15/ Disabilities Profes #3 "will help" with	ave, stove/oven, coffee maker ixing spoons or devices. 22 with the Qualified Intellectua isional (QIDP) confirmed client cooking tasks depending on his					,
During morning 3/15/22 from 6:: all food prepara clients to partici retrieved packa hall pantry, obta on the stove, rethem on a plate bowls of instant #3 frequently wand dining roomencouraged to tasks.  Interview on 3/#3 can assist wand table settin D indicated shapouring hot wa oatmeal.  Review on 3/15 Home Life Ass revealed he net foods with/with the CHLA indicated a toaster, micrand measuring interview on 3/15 Disabilities Pro							-

03-21-'22 02:13 FROM-DEPARTMENT OF HEALTH AND HUMAN SERVICES

T-103 P0005/0011 F-872

FORM APPROVED OMB NO. 0938-0391

INDEPENDENCE OF CORRECTION  346221  346221  STREET ADDRESS, CITY, STATE, ZIP CODE 112 HICKORY AVENUE HICKORY AVENUE HICKORY AVENUE HICKORY AVENUE HICKORY AVENUE HOLLY SPRINGS, NC 27540  SUMMANY STATESHED DEPTICIPACIES REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  W 288  Continued From page 2  W 288  MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Techniques to manage inappropriate client behavior must never be used as a substitute for an active freatment program. This STANDARD: is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure a technique to manage inappropriate behaviors for 2 of 4 audit clients (%3 and #5) was included in an active treatment program. The finding is:  During observations in the home on 3/14/22 at 3:31pm, client #6 exited his bedroom and indicated to Staff A he wanted to watch television in his room. Staff A indicated they would need to go to the office in the home and retrieve the remote for his television. During observations in the home on 3/14/22 at 3:31pm, client #6 exited his bedroom and indicated to Staff A he wanted to watch television in his room. Staff A indicated they would need to go to the office in the home and retrieve the remote for his television. During morning observations in the home on 3/14/22 at 3:31pm, client #6 exited his bedroom and indicated to Staff A he wanted to watch television in his room. Staff A indicated they would need to go to the office in the home to determine what was wrong with his television. The OIDP told the client they would need to obtain his remote from the office in the home to determine what was wrong with his television ment to determine what was wrong with his television ment to determine what was wrong with the television in the office because "he likes to play with it a tol." Additional inferview with Staff C indicated all remotes are kept in the office because the clients will "break" them.  HICK approval and the proper consents will be obtaine	CENTERS FOR MEDICARE & MEDICAID SERVICES				OMB NO. 0938-0391					
NAME OF PROVIDER OR SUPPLIER  HICKORY AVENUE HOME  SUMMARY STATEMENT OF DESIGNATION  SUMMARY STATEMENT OF DESIGNATION  EXECUTE STRINGS, NC 27540  PROVIDER'S PROVIDER'S PLAN OF CRESCEDION  EXECUTE STRINGS, NC 27540  PROVIDER'S PROVIDER'S PLAN OF CRESCEDION  EXCEPTION OF USE OF PROSCRIPTOR SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE DEPTION  CFR(s): 483.450(b)(3)  Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.  This STANDARD is not met as evidenced by. Based on observations, record reviews and interviews, the facility failed to ensure a technique to manage inappropriate behaviors for 2 of 4 audit clients (#3 and #5) was included in an active treatment program. The finding is:  During observations in the home on 3/14/22 at 3:31pm, client #5 exited his bedroom and indicated to Staff A he wanded to watch television in his room, Staff A indicated they would need to go to the office in the home and 15/5/22 at 7:35sm, client #3 approached the Qualified Intellectual Disabilities Professional (QIDP) and stated something was wrong with the television needed for safety reasons it will be documented in her ISP and behavioral support plan.  E. HRC approval and the proper consents will be documented in her ISP and behavioral support plan.  E. HRC approval and the proper consents will be obtained for all BSP's  F. The Qualified Professional will monitor and document this monthly.  H. Qualified Professional will				•						
STREET ADDRESS, CITY, STATE, ZIP CODE  112 HICKORY AVENUE HOME  SIMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 286 W 288 W 288 W 288 W 288 MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure a technique to manage inappropriate behaviors for 2 of 4 audit clients (%3 and #6) was included in an active treatment program. The finding is:  During observations in the home on 3/14/22 at 3:31pm, client #5 exited his bedroom and indicated to Staff A netwarded to watch television in his room. Staff A indicated they would need to go to the office in the home on 4/5/22 at 7.35am, client #5 approached the Qualified Intellectual Disabilities Professional (QIDP) and stated something was wrong with this television. The QIDP told the client they would need to obtain his remote from the office.  Interview on 3/14/22 with Staff A revealed client #6's television remote is keep in the office because "he likes to play with it a lot." Additional interview with Staff C indicated all remotes are kept in the office because the clients will "break" them.			34G221	8. WING			03/1	15/2022		
W 288 W 288 Continued From page 2 W 288 MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)  Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure a technique to manage inappropriate behaviors for 2 of 4 audit clients (#3 and #5) was included in an active treatment program. The finding is:  During observations in the home on 3/14/22 at 3.31pm, client #6 exited his bedroom and indicated to Staff A he wanted to watch television in his room. Staff A indicated they would need to go to the office in the home and retrieve the remote for his television. During morning observations in the home and 71/5/22 at 7.35am, client #3 approached the Qualified Intellectual Disabilities Professional (QIDP) and stated something was wrong with his television. The QIDP total the client they would need to obtain his remote from the office in the home to determine what was wrong with the television. At 7.37am, the QIDP obtained client #3's television remote from the office.  Interview on 3/14/22 with Staff A revealed client #8's television remote is kept in the office because "he likes to play with it a lot." Additional interview with Staff C indicated all remotes are kept in the office because the clients will "break" them.			<u> </u>		1	12 HICKORY AVENUE				
W 288 MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)  Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure a technique to manage inappropriate behaviors for 2 of 4 audit clients (#3 and #5) was included in an active treatment program. The finding is:  During observations in the home on 3/14/22 at 3:31pm, client #6 exited his bedroom and indicated to Staff A he wanted to watch television in his room. Staff A indicated they would need to go to the office in the home and retrieve the remote for his television. During morning observations in the home on 3/15/22 at 7:35am, client #3 approached the Qualified Intellectual Disabilities Professional (QIDP) and stated something was wrong with his television. The QIDP told the client they would need to obtain his remote from the office in the home to determine what was wrong with his television remote from the office.  Interview on 3/14/22 with Staff A revealed client #5's television remote is kept in the office because the clients will "break" them.  W 288 This deficiency will be corrected by the following actions:  A. The Qualified Professional will review all BSP plans with staff.  B. All Staff will be in-served on the current BSP's and documenting incidents in the behavioral log.  C. BSP will be reviewed and revised as need to address all target behaviors.  D. All ISP will be review to assess current needs and if there are any restriction needed for safety reasons it will be documented in ner ISP and behavioral support plan.  E. HRC approval and the proper consents will be obtained for all BSP's  F. The Qualified Professional will review and obtain guardian consent.  G. The Site Supervisor will monitor and document this monthly.  H. Qualified Professional will	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI	E ATE			
Review on 3/14/22 of client #3's Behavior Support monitor and document this Plan (BSP) dated 6/11/21 revealed an objective to monthly.		MGMT OF INAPPE BEHAVIOR CFR(s): 483.450(b) Techniques to man behavior must neveral an active treatment This STANDARD Based on observation interviews, the facility to manage inappropriate audit clients (#3 and treatment programs) During observations 3:31pm, client #5 indicated to Staff A in his room. Staff A go to the office in the remote for his tele observations in the client #3 approach Disabilities Professomething was wro QIDP told the client remote from the own was wrong with the QIDP obtained from the office.  Interview on 3/14/4/5's television remote cause "he likes interview with Starkept in the office them.  Review on 3/14/2:	ROPRIATE CLIENT  (3)  (3)  (age inappropriate client er be used as a substitute for t program. is not met as evidenced by: (itions, record reviews and (ity failed to ensure a technique opriate behaviors for 2 of 4 and #5) was included in an active at The finding is:  (as in the home on 3/14/22 at exited his bedroom and a he wanted to watch television (andicated they would need to the home and retrieve the evision. During morning (a) home on 3/15/22 at 7:35am, (a) the Qualified Intellectual (a) sional (QIDP) and stated (a) ong with his television. The ant they would need to obtain his ffice in the home to determine (a) the television. At 7:37am, (b) dient #3's television remote  (2) with Staff A revealed client (a) to play with it a lot." Additional (b) of client #3's Behavior Support	W	288	the following actions:  A. The Qualified Professional will review all BSP plans will review all BSP plans will review all BSP plans with the current BSP's and documenting incidents in behavioral log.  C. BSP will be reviewed and revised as need to address target behaviors.  D. All ISP will be review to a current needs and if there are any restriction needed safety reasons it will be documented in her ISP and behavioral support plans.  E. HRC approval and the proconsents will be obtained all BSP's  F. The Qualified Profession will review and obtain guardian consent.  G. The Site Supervisor will monitor and document monthly.  H. Qualified Professional will monitor and document monthly.	vith on the ss all sssess e d for nd this			

03-21-32 02:14 FROM-

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES T-103 P0006/0011 F-872

OMB NO. 0938-0391

(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING \_ 8. WING 03/15/2022 34G221 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 112 HICKORY AVENUE HICKORY AVENUE HOME HOLLY SPRINGS, NC 27540 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES 10 (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 288 W 288 Continued From page 3 exhibit 0 episodes of inappropriate verbalizations per month for 12 consecutive months. Additional review of the plan did not include a technique of removing client #3's television remote from his bedroom to address his inappropriate behaviors. Review on 3/14/22 of client #5's BSP dated 05.13.2022 W.312 9/13/21 addresses target behaviors of non-compliance, physical aggression, property This deficiency will be corrected by aggression, elopement and inappropriate the following actions: toileting. Additional review of the plan did not A. All physicians orders will be include a technique of removing client #5's reviewed. television remote from his bedroom to address B. There will be current orders his inappropriate behaviors. for all medication in the person serve records. Interview on 3/15/22 with QIDP indicated the remotes are kept in the office because the clients C. The team will ensure that all lose the remotes regularly. QIDP confirmed that orders are implemented keeping the clients remotes in the office should D. All the orders will be be included in their BSP. reviewed and discussed at W 312 W 312 DRUG USAGE the monthly core CFR(s): 483.450(e)(2) team/quarterlies/annual ISP. be used only as an integral part of the client's E. All medication used to individual program plan that is directed manage consumers specifically towards the reduction of and eventual inappropriate behavior will elimination of the behaviors for which the drugs be added to formal behavior are employed. support plan This STANDARD is not met as evidenced by: F. There will be supporting Based on record review and interview, the facility documentation for all Orders failed to ensure a drug used to manage client #5's inappropriate behaviors was used only as an G. RN will review monthly integral part of her Individual Program Plan. This H. Site Supervisor will monitor affected 1 of 4 audit clients. The finding is: one time a week. Clinical Manager will monitor Review on 3/14/22 of client #5's physician's one time a week

03-21-122 02:14 FROM-

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

T-103 P0007/0011 F-872 FORMAPPROVED

OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION  3	(X3) DATE SURVEY COMPLETED	
	_	34G221	B. WING		03/15/2022
NAME OF PROVIDER OR SUPPLIER HICKORY AVENUE HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	TO BE COMPLETION
	"Klonopin 1mg by r 1600." Additional re Support Plan (BSP behaviors of, "nonaggression, proper inappropriate toilet identified the use of Lorazepam, Serop behaviors; however use of Klonopin.  Interview on 3/15/2 Disabilities Profess #5 ingests Klonopidrug is not include plan. PHYSICIAN SER\CFR(s): 483.460(a) The facility must pexaminations of eincludes an evaluation of the includes and includes an evaluation of the includes an evaluation of the includes and includes an evaluation of the includes a	21 revealed an order for mouth twice daily at 0700 and eview of the client's Behavior of dated 9/13/21 revealed target compliance, physical ty aggression, elopement and ing." Further review of the plan of Clonidine, Lexapro, uel and Melatonin to address or, the plan did not include the 22 with the Qualified Intellectual sional (QIDP) confirmed client in for behaviors; however, the d in a formal active treatment of (ICES a)(3)(i)  Invovide or obtain annual physical act client that at a minimum action of vision and hearing, is not met as evidenced by: reviews and interviews, the sure 2 of 4 audit clients (#3 and valuation of their vision and mended. The findings are:  4/22 of client #3's record examination had been 1/20. Additional review of the	W 32	W.323 This deficiency will be correct the following actions:  A. All medical appointm be reviewed.  B. The team will ensure appointments are schand follow up.	neduled will be sed at nual ISP. nents be ided to ting all vere ason why

03-21-122 02:14 FROM-

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

T-103 P0008/0011 F-872

FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		34G221	B. WING	N	03/15/2022
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZII 112 HICKORY AVENUE HOLLY SPRINGS, NC 27540	P CODE
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	** ,	ON SHOULD BE COMPLETION DATE
W 323	Interview on 3/15/2 indicated client #3 examination since would not pay for it	2 with the facility's nurse had not returned for a vision 7/31/20 after the insurance . The nurse acknowledged the lible for payment for services	W 3	123	
W 340	revealed an audiol 11/23/20. Addition "Recommendation Further review of ca follow up audiolo completed.  Interview on 3/15/2 confirmed client #4 follow up; however been scheduled as NURSING SERVICER(s): 483.460(c) Nursing services rother members of appropriate protect measures that incomplete training clients and health and hygien. This STANDARD Based on observinterviews, the facuse of client #1's	nust include implementing with the interdisciplinary team, tive and preventive health lude, but are not limited to distaff as needed in appropriate e methods. is not met as evidenced by: ations, record reviews and dility failed to provide training for continuous positive airway (CPAP). This affected 1 of 4	V	W 340 This deficiency will be a the following actions:  A. The nurse will be for in-serving/to on the proper of document when administering in the nurse will be adaptive equip available via Ph.  C. All adaptive equip available via Ph.  C. All adaptive equip available via Ph.  C. All adaptive equip available via Ph.  D. The Site Superomonitor and doweekly.  E. The Qualified F. will document.  F. The nurse will a monthly.	pe responsible raining staff way to en medications. ensure that all ment is hysician orders uipment will elean and visor will ocument this professional this monthly.

03-21-'22 02:15 FROM-

DEPARTMENT OF HEALTH AND HUMAN SERVICES

T-103 P0009/0011 F-872 FORM APPROVED

OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A, BUILDING 03/15/2022 34G221 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 112 HICKORY AVENUE HICKORY AVENUE HOME HOLLY SPRINGS, NC 27540 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES íĐ (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) W 340 W 340 | Continued From page 6 Record review on 3/14/22 of client #1's pulmonology report (dated 6/30/21) revealed diagnosis of "obstructive sleep apnea and history of recurrent pneumonia" as well as recommendations to "continue CPAP as tolerated; maintain aspiration precautions." Interview on 3/14/22 with Qualified Intellectual Disabilities Professional (QIDP) confirmed that client #1 is supposed to use a CPAP machine while sleeping. However, QIDP revealed that client #1 refuses the CPAP machine and there is no training in place for staff or client. Interview on 3/15/22 with facility nurse confirmed 05.13.2022 the recommendation for use of CPAP while W.382 sleeping and that client #1 refuses. Facility nurse This deficiency will be corrected by also confirmed there is no training in place for the following actions: staff or client to encourage use. W 382 W 382 DRUG STORAGE AND RECORDKEEPING A. All staff will be in service on CFR(s): 483.460(l)(2) medication procedure and following the guidelines for The facility must keep all drugs and biologicals measuring and dispensing all locked except when being prepared for medications administration. B. Staff will be in service on the This STANDARD is not met as evidenced by: Based on observations, record review and importance of not leaving interviews, the facility failed to ensure all drugs medication unsupervised. and biologicals were kept locked except when C. Staff-will-be-in-service-onbeing prepared for administration. The finding is: Medication Administration During observations of medication administration procedures in the home on 3/14/22 at 3:59pm, 4:04pm. D. RN will monitor monthly 4:22pm and 4:27pm staff A exited the medication E. Site Supervisor will monitor administration area to retrieve a client, leaving the one time a week. door to the medication closet wide open. F. Qualified Professional will

monitor monthly

03-21-'22 02:15 FROM-T-103 P0010/0011 F-872 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING \_ 8. WING 03/15/2022 34G221 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 112 HICKORY AVENUE HICKORY AVENUE HOME HOLLY SPRINGS, NC 27540 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) W 382 W 382 Continued From page 7 Interview on 3/14/22 with the staff A revealed she received training on locking the medication closet when leaving the area. Interview on 3/15/22 with facility nurse revealed all staff receive medication training when hired and are instructed not to leave medication W 460 unlocked or unattended. This deficiency will be corrected by 05.13.2022 W 460 FOOD AND NUTRITION SERVICES W 460 the following actions: CFR(s): 483.480(a)(1) A. The Qualified Professional Each client must receive a nourishing, will be responsible for well-balanced diet including modified and reviewing all ISPs to reflect specially-prescribed diets. the current needs of the consumers to include each This STANDARD is not met as evidenced by: consumer diet. Based on observations, record review and interviews, the facility failed to ensure client #6 B. consumer will obtain received his specially modified diet as indicated. updated s nutritional This affected 1 of 4 audit clients. The finding is: assessments to determine whether a change in diet is During dinner observations in the home on 3/14/22 at 6:01pm. Staff A assisted client #6 to needed. serve himself four whole crackers and which he

FORM CMS-2567(02-99) Previous Versions Obsolute

food items without difficulty.

consumed uncut. During snack observations in

which were approximately the length of a pinky

finger and two chocolate wafers approximately

the length of an index finger. The snack items were not cut up. During further observations of

the breakfast meal on 3/15/22 at 7:08am, client

#6 retrieved a whole muffin from a platter on the

table and consumed 3/4 of it before a staff broke

it into smaller pieces. Client #6 consumed all

the home on 3/14/22 at 4:08pm and 4:44pm, client #6 consumed a small bag of cheese puffs

Event ID: E27F11

Facility (D: 921970

C. The Qualified Professional

changes.

\_\_\_ all.ISP's\_\_\_

weekly.

this monthly.

will update ISP to reflect any

D. All staff will be in-serviced on

monitor and document this

will monitor and document

E. The Site Supervisor will

F. The Qualified Professional

if continuation sheet Page 8 of 9

03-21-122 02:16 FROM-DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

T-103 P0011/0011 F-872 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G221	B. WING	·		03/	15/2022
NAME OF PROVIDER OR SUPPLIER HICKORY AVENUE HOME				11	REET ADDRESS, CITY, STATE, ZIP CODE 2 HICKORY AVENUE OLLY SPRINGS, NC 27540		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X8) COMPLETION DATE
W 460	Observation of a d revealed client #6 into "dime-size pie Interview on 3/15/2 #6's food should b diet list.  Review on 3/15/22 Program Plan (IPI should follow dieta chopped diet."  Interview on 3/15/Disabilities Profes	iet list posted in the kitchen consumes his food chopped ces".  22 with Staff D revealed client e cut up as indicated on the cof client #6's Individual by dated 9/3/21 revealed, "Staffary requirements: dime-sized with the Qualified Intellecture sional (QIDP) confirmed client be chopped into dime-size	F al	460			
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