

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

PRINTED: 07/11/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G274	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/06/2022
NAME OF PROVIDER OR SUPPLIER LOCKLEY ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 4617 LOCKLEY RD 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 382	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure medications were secured when the medication technician was not present. This potentially affected all clients in the home (#1, #2, #3, #4, #5 and #6). The finding is:</p> <p>During evening observations in the home on 7/5/22 at 6:30pm, after client #4 finished receiving his medications, Staff B followed him out of the medication room to get client #3. The doors to the medication closet inside of the medication room were closed, while the surveyor remained in the room. Staff B returned to the medication room with client #3 at 6:32pm. Staff B was observed opening the medication closet door and medications cabinet without using her key. The key was on a plastic stretch bracelet, securely worn on her right forearm.</p> <p>Interview on 7/6/22 with the house manager (HM) revealed that she participated with the nurse in training staff on medication administration practices. The HM stated that staff have been instructed to lock the medication cabinet between each client and to never leave it unlocked when unattended.</p> <p>Interview on 7/6/22 with the nurse revealed the medications should be secured at all times and staff should not leave the room unlocked.</p>	W 382			
W 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p>	W 460			

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.

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

PRINTED: 07/11/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G274	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/06/2022
NAME OF PROVIDER OR SUPPLIER LOCKLEY ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 4617 LOCKLEY RD 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 460	<p>Continued From page 1</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 2 of 4 audit clients (#1 and #3) received modified diets as ordered. The findings are:</p> <p>A. During dinner observation in the home on 7/5/22 at 5:10pm, client #3 received 3 soft diced chicken tacos. Client #3 was observed picking up the whole tortilla to take a bite of his food. The tortilla was not cut into small pieces during the meal.</p> <p>Review on 7/5/22 of client #3's quality professional (QP) monthly review dated June 2022, it revealed he was on a regular diet with 1" size pieces.</p> <p>Interview on 7/6/22 with the HM acknowledged that staff cut dinner on 7/5/22 and breakfast served on 7/6/22 into 1" pieces for client #3 but did not cut up the taco because he did not like to eat it that way.</p> <p>B. During meal observations in the home from 7/5/22 to 7/6/22, client #1 received all of her meals in whole consistency. On 7/5/22 at 12:08pm, client #1 received chicken salad on 2 slices of bread. The sandwich was served whole and not into smaller pieces. An additional observation on 7/5/22 at 5:05pm, revealed client #1 was served 2 soft diced chicken tacos and 1 crunchy diced chicken taco. Client #1 did not use her knife to cut up food contents. On 7/6/22 at</p>	W 460			

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

PRINTED: 07/11/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G274	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/06/2022
NAME OF PROVIDER OR SUPPLIER LOCKLEY ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 4617 LOCKLEY RD 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 460	<p>Continued From page 2</p> <p>8:27am, client #1 was served 2 whole waffles for breakfast. The waffles were not cut into bite pieces. Client #1 was observed tearing off 1" pieces of waffles with her fork or bringing the whole waffle to her mouth and biting off a large piece.</p> <p>Review on 7/6/22 of client #1's physician orders signed 4/5/22 revealed she was supposed to receive a regular bite size pieces diet.</p> <p>Interview on 7/6/22 with the home manager (HM) revealed the registered dietician (RD) sent updated dietary orders to the home on 6/6/22 and it indicated that client #1 was on a whole diet. The HM indicated there was no updated physician order to support the changes by the RD.</p> <p>Interview on 7/6/22 with the qualified intellectual disabilities professional (QIDP) revealed that the diet orders by the physician are the current orders for client #1.</p>	W 460			