

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

PRINTED: 05/11/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G097	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/10/2022
NAME OF PROVIDER OR SUPPLIER SOUTHERN AVENUE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2001 SOUTHERN AVENUE FAYETTEVILLE, NC 28301		
(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 126	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(4)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 3 audit clients (#3 and #4) were taught to manage their financial affairs to the extent of their capabilities. The findings are:</p> <p>A. Review on 5/9/22 of client #3's record revealed he was admitted to the facility on 2/10/22. Review on 5/9/22 of his adaptive behavior inventory (ABI), which was undated, revealed he can present money to a cashier independently, wait for change independently and that he can identify money independently. Further review of this assessment revealed he is not independent in the following areas: making change, saving or depositing money, writing checks or budgeting.</p> <p>Review on 5/9/22 of client #3's individual program plan (IPP) dated 3/8/22 revealed current formal training in clearing his placessetting after meals, operating a washing machine and multiplying single digit mathematical problems. There was not training identified in client #3's IPP in the area of money management.</p> <p>Interview on 5/9/22 with the habilitation specialist and the QIDP on 5/10/22 revealed client #3 did not have training identified in the area of money management.</p> <p>B. Review of client #4's ABI dated 2/22/22 revealed in all areas of money management that he has no independence. Review on 5/9/22 of</p>	W 126	<p>RECEIVED MAY 23 2022 DHSR-MH Licensure Sect</p>		

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 126	Continued From page 1 client #4's IPP dated 2/26/22 revealed he has formal programs of identifying numbers with distracters, selecting weather appropriate clothing and washing his face. There was not training identified in client #4's IPP in the area of money management. Interview on 5/10/22 with the habilitation specialist and the QIDP on 5/9/22 revealed client #4 did not have training identified in the area of money management. Additional interview revealed the interdisciplinary team has not discussed if client #4 has met his training potential in the area of money management or if additional training needs to be developed.	W 126		
W 210	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3) Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure the interdisciplinary team performed accurate assessments within 30 days after admission. This affected 1 of 1 newly admitted audit clients (#3). The finding is: Review on 5/9/22 of client #3's record revealed he was admitted to the facility on 2/10/22. Further review of client #3's individual program plan (IPP) dated 3/8/22 revealed client #3 takes Aripiprazole, Methylphenidate and Trazedone daily. Client #3 is also prescribed Ativan prior to physician appointments. Further review of the IPP revealed client #3 has a history of self-injurious behaviors	W 210		

SOUTHERN AVENUE HOME PLAN OF CORRECTIONS
OF
RECERTIFICATION SURVEY CONDUCTED MAY 10, 2022

W126 PROTECTION OF CLIENT RIGHTS

The facility will assure that all clients are taught to manage their financial affairs to the extent of their capabilities.

QP and Hab Spec will review Client #3 and Client #4 ABI and ensure assessments are accurate and complete. ABI will be revised to include abilities to manage money, PCP will also include money management skills. QP will ensure client # 3 &4 is trained in the area of money management.

The QP and Hab Spec will develop and implement a money management program for clients #3 and #4. The Hab Spec will conduct bi-weekly interaction assessments for two consecutive weeks.

Target Date: 07/09/2022

W210 INDIVIDUAL PROGRAM PLAN

The facility will ensure the IDT perform accurate assessments within 30 days after admission.

The QP will ensure the psychologist complete an initial psychological assessment for Client #3. The PCP and the psychological evaluation will include all Client#3 medications.

The QP and IDT will monitor conduct monthly chart reviews per RHA chart review schedule to ensure all medications are listed per physician orders.

Target Date: 07/09/2022

W262 PROGRAM MONITORING & CHANGE

The facility will ensure the Human Rights Committee will review, approve, and monitor all clients program that are designed to manage inappropriate behavior and other programs that involve risks to client protection and rights.

The QP will ensure that a behavior support program is implement and include all psychotropic medications.

The QP and IDT will monitor conduct monthly chart reviews per RHA chart review schedule to ensure all medications are listed per physician orders.

Target Date: 07/09/2022

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W263 PROGRAM MONITORING & CHANGE

The facility will ensure all restrictive programs have written consent of the legal guardian.

The QP will ensure that a written consent is obtained by the guardian for any medications per the physician orders for Client #3.

The QP and IDT will monitor conduct monthly chart reviews per RHA chart review schedule to ensure all medications are listed per physician orders.

Target Date: 07/09/2022

W312 DRUG USAGE

The facility will ensure that drugs to manage all clients behaviors are only used as an integral part of the clients PCP and a formal Behavioral Support Plan has been implemented.

The QP will ensure that a behavior support program is implement and include all psychotropic medications.

QP and Behavior Specialist will review client #3 and all other individuals' charts, who ingest medications for behavioral purposes, have a current BSP in place 1 time a month for the next 3 consecutive months.

Target Date: 07/09/2022

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Reg. Sec. 2-113-1010