

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

PRINTED: 01/25/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G074		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/24/2023	
NAME OF PROVIDER OR SUPPLIER ASHLEY HEIGHTS HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 2990 RESERVATION ROAD ABERDEEN, NC 28315			
(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	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 4 audit clients (#2) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of program implementation regarding the use of protective gloves. The finding is:</p> <p>During observations in the home throughout the survey on 1/23/23 through 1/24/23, client #2 did not wear gloves. At no time during the observations did staff encourage the client to put the gloves on.</p> <p>Review on 1/23/23 of client #2's IPP dated 1/3/23 revealed due to self injurious behaviors client #2 wears protective sleeves, hand mitts during transportation and gloves that are to be worn during waking hours for 1 hour and 50 minutes then taken off for 10 minutes.</p> <p>Interview on 1/24/23 with Staff B revealed client #2 is supposed to wear protective gloves due to skin picking and self injurious behavior for 1 hour</p>			W 249			

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 249	Continued From page 1 and 50 minutes during the day with 10 minute breaks. Interview on 1/24/23 with the qualified intellectual disabilities professional (QIDP) confirmed staff have been trained on the use of the protective sleeves, hand mitts and gloves. The QIDP confirmed client #2 should have been wearing the gloves throughout the day with 10 minute breaks after every 1 hour and 50 minutes.	W 249			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained to implement appropriate health and hygiene methods. This affected 3 of 4 audit clients (#2, #3 and #4). The findings are: A. During observations in the home on 1/23/23 of the medication administration at 4:05pm staff A put on gloves and client #4 came into the medication room. Staff A assisted client #4 in punching his medications from the bubble pack. Client #4 took his medications and exited the medication room. At 4:10pm client #2 came into the medication room and staff A assisted client #4 with punching medications from the bubble pack. Client #2 took medication and exited the medication room. At 4:18pm client # 3 entered the medication room and staff A assisted client #2	W 340			

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W 340	<p>Continued From page 2</p> <p>with punching medications from the bubble pack. At no time did staff A change gloves between assisting client's during medication pass nor have clients sanitize their hands before handling medications.</p> <p>Interview on 1/24/23 with the facility nurse confirmed staff should change gloves in between clients during medication administration and have client's sanitize their hands prior to handling medication packs.</p> <p>B. During observations of meal preparation in the home on 1/23/23 at 5:15pm, client #2 came into the kitchen to assist with processing her food. At 5:18pm client #4 came into the kitchen to assist with processing his food. At no time were client #2 or client #4 asked to wash or sanitize their hands.</p> <p>Interview on 1/24/23 with the qualified intellectual disabilities professional clients should always wash or sanitize their hands prior to performing any tasks in the kitchen area.</p>			W 340			
W 369	<p>DRUG ADMINISTRATION</p> <p>CFR(s): 483.460(k)(2)</p> <p>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 medications were administered without error. This affected 3 of 4 audit clients (#2, #3 and #4) observed receiving medications. The findings are:</p> <p>During observations of the medication</p>			W 369			

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W 369	<p>Continued From page 3</p> <p>administration pass in the home on 1/23/23 at 4:05pm staff A administered the following medications to client #4: Oxybutynin 5mg and Boost supplement.</p> <p>Review on 1/24/23 of client #4's physician's orders dated 1/11/23 reveal an order for Protein Powder 80% use 1 scoopful daily at 4pm.</p> <p>During observations of the medication administration pass in the home on 1/23/23 at 4:10pm staff A administered the following medication to client #2: Klonopin 1mg, Baclofen 10mg, Oxybutynin 5mg and a Boost supplement. Client #2 took medications whole with water and then consumed the Boost supplement.</p> <p>Review on 1/24/23 of client #2's physician's orders revealed an order dated 12/6/22 to change client #2's diet to ground and crush medications and administer with yogurt, applesauce or pudding.</p> <p>Further observations of the medication administration pass in the home on 1/23/23 at 4:18pm staff A administered the following medication to client #3: Metformin 500mg and Levothyroxin 25mcg.</p> <p>Review on 1/24/23 of client #3's physician's orders dated 10/7/22 revealed an order for Levothyroxin 25mcg 1 tablet by mouth at 8:00am.</p> <p>Interview on 1/24/23 with the facility nurse confirmed client #4 should have received protein powder at 4pm and client #2 should have all medications crushed and mixed in applesauce, yogurt or pudding. The nurse also confirmed client #3 should receive Levothyroxin 25mcg at</p>	W 369			

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W 369	Continued From page 4 8am.	W 369			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) 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 observations and interview, the facility failed to ensure all medications were kept locked except when being administered. The finding is: During observations in the home on 1/23/23 at 3:30pm, the keys to the medication closet were observed hanging from the lock. At 4:33pm, quality assurance staff was observed to walk to the door and remove the keys. Interview on 1/24/23 with the facility nurse confirmed the medication closet door should remained locked at all times unless staff are in the room administering medications.	W 382			
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure only authorized persons have access to the keys to the drug storage area. The finding is: During observations in the home on 1/23/23 at 3:30pm, the keys to the medication closet were observed hanging from the lock. At 4:33pm the quality assurance staff was observed to walk to the door and remove the keys.	W 383			

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W 383	Continued From page 5 Interview on 1/24/23 with the facility nurse confirmed that staff are to keep the keys to the medication closet on their person at all times.	W 383			