DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED									
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO	. 0938-0391			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		CON	(X3) DATE SURVEY COMPLETED			
		34G065	B. WING		R 01/31/2023				
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE					
HUNTLE	IGH			3300 HUNTLEIGH DRIVE RALEIGH, NC 27604					
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ON SHOULD BE COMPLETION TE APPROPRIATE DATE				
W 000	INITIAL COMMEN	rs	W 00	00					
W 247	INITIAL COMMENTS A revisit was conducted on 1/31/23 for all previous deficiencies cited on 10/25/22. All deficiencies were not corrected and new non-compliance was found. The facility is not in compliance with all regulations surveyed. INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 2 audit clients (#3) was provided the opportunity of choice. The finding is: During morning observations in the home on 1/31/23 at 8:51am, client #3 stood up from off the couch in the living room where he was sitting. At 8:52am, Staff C verbally told client #3 to sit down. Further observations revealed client #3 just stood up and was not walking anywhere. Additional observations revealed at 8:53am, client #3 stood up again from the couch and when he did Staff C verbally told him to sit down when he took a couple of steps away from the couch. Staff C first took hold of client #3's right wrist and then his left wrist, as client #3 attempted to take a couple of more steps. Staff C let go of client #3's wrist and then put his hand on the right should of client #3 and pushed him towards the couch and told him to sit back down. During an immediate interview on 1/31/23, when asked why he was verbally and physically having		W 24	47					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 02/02/2023

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.

		AND HUMAN SERVICES			FORM	02/02/2023 APPROVED 0938-0391		
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W 247 {W 249}	stated he did it bec walk up to the surve asked if it was writt physically have him not. Again when as #3 sit down wheney repeated how client touch anyone who C was being intervi client stood up from where the surveyor raised both of this h shoulders of the oth towards the chair a down. During an interview Intellectual Disabilit revealed client #3 c his own home. The not be any time wh directing a client to PROGRAM IMPLE CFR(s): 483.440(d) As soon as the inter formulated a client each client must re treatment program interventions and s and frequency to su	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 stated he did it because client #3 was going to walk up to the surveyor and grab at them. When asked if it was written in client #3's plan to physically have him sit down, Staff C stated it was not. Again when asked why he was having client #3 sit down whenever he stood up, Staff C repeated how client #3 will just come over and touch anyone who enters into the home. As Staff C was being interviewed by the surveyor, another client stood up from their chair and walked over to where the surveyor and Staff C where at. Staff C raised both of this hands and placed them on the shoulders of the other client and pushed his back towards the chair and verbally told him to sit down. During an interview on 1/31/23, the Qualified Intellectual Disabilities Professional (QIDP) revealed client #3 can move around freely within his own home. The QIDP reported there should not be any time when a staff should be physically directing a client to sit down. 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.		Image: state of the state o				

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		AND HUMAN SERVICES				FORM	: 02/02/2023 APPROVED	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>		
HUNTLE	IGH				3300 HUNTLEIGH DRIVE RALEIGH, NC 27604			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
{W 249}	GH SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 interviews, the facility failed to ensure 1 of 2 audit clients (#6) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of personal care. The finding is: During morning observations in the home on 1/31/23 at 7:31am, client #6 walked over to the surveyor asking for a cigarette. Further observations revealed the surveyor backed up from client #6 as he reached out for the surveyors' wrists. Client #6 reached out and grabbed the surveyors' left wrist and squeezed with his right hand. As client #6 was squeezing the surveyors' left wrist his nails began to dig into their skin. Staff A then walked over and verbally redirected client #6 to let go of the surveyor's wrist. After client #6 left go of the surveyor's wrist, they noticed that their skin was torn where client #6 had grabbed them. Additional observations revealed the skin was broken and bleeding. During an interview on 1/31/23, Staff B stated staff are responsible for filing down client #6's nails. Review on 1/31/23 of client #6's Community/Home Life Assessment dated 12/16/22 revealed there was no information about how or who does the nail care for client #6. During an interview on 1/31/23, management staff reported nail care should be part of daily grooming for client #6.		{W 2	49}				

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{W 249}	clients (#6) received treatment program interventions and se Individual Program medication adminis During morning me home on 10/25/22 a client #6 his medica revealed Staff A did fed himself his own During an interview spoon fed client #6 will spit them out. F client #6 spits out h have to fill out a for spit out. Review on 10/24/22 12/17/21 indicated 1 During an interview Manager stated sta #6 his medications. During an interview nurse revealed clien medications. Furth should be giving client as possible during r	d a continuous active consisting of needed ervices as identified in the Plan (IPP) in the area of stration. The finding is: edication administration in the at 7:22am, Staff A spoon fed ations. Additional observations I not prompt client #6 to spoon medications. on 10/25/22, Staff A stated he his medications because he Further interview revealed if his medications the staff will m indicating a pill or pills were 2 of client #6's IPP dated he can feed himself. on 10/25/22, the Site off should not be feeding client of 10/25/22, the facility's nt #6 can feed himself his own her interview revealed staff ent #6 as much independence medication administration. on 10/25/22, the Qualified ties Professional (QIDP) should not have been spoon	{W 24	49}			

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