CENTERS FOR NEDICARE & MEDICALS SERVICES         OMB NO. 0984-0391           SATURMENT OP DEVICENCINGS AND FLAN OF CORRECTION         (D) PROFINE PROFILE RULE UPHTIFICATION NUMBER:         (D) MULTIPLE CONTINUED CONTINUE CO	DEPARTI	MENT OF HEALTH AN	ID HUMAN SERVICES					RM APPROVED			
AND PLAN OF CORRECTION     DEBATIFICATION NUMBER:     A BUILDING     COMPLETED       346221     a. WWG     Od42772023       INMAGE OF PROVIDER OR SUPPLET     STREET ADDRESS, CITY, STATE, 2P CODE       HICKORY AVENUE HOME       DIMINION OF DEPICIENCY DUST BE PRECEDED BY FULL       OPERATION OF DEPICIENCY DUST BE PRECEDED BY FULL       PROVIDER TWO TO STREET ADDRESS, CITY, STATE, 2P CODE       UNIT OF DEPICIENCY ON USE TO PRECEDED BY FULL       OPERATION OF DEPICIENCY DUST BE PRECEDED BY FULL       OPERATION DUST BE PRECEDED BY FULL       OPERATION OF DEPICIENCY DUST BE PRECEDED BY FULL       OPERATION OF DEPICIENCY DUST BE PRECEDED BY FULL       OPERATION DUST BE PRECEDED BY FUL	CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB N	O. 0938-0391			
INMAG OF PROVIDER OR SUPPLIER     Interview and the provider of the				` '				. ,			
112 MCKORY VERUE NOLLY SPRINGS, NO. 22740       (24) D PREFIX TAC     SUMMARY STATEMENT OF DEFICIENCIES INCOMPTONES NO. 02 CORRECTION (EACH CORRECTIVE ACTIONS SIDE AND CORRECTION (EACH CORRECTIVE ACTIONS SIDE ACTIONS (EACH CORRECTIVE ACTIONS SIDE AND CORRECTION (EACH CORRECTIVE ACTIONS SIDE AND CORRECTION (EACH CORRECTIVE ACTIONS SIDE AND CORRECTIONS (EACH CORRECTIVE ACTIONS SIDE AND CORRECTIONS (EACH CORRECTIVE ACTIONS SIDE AND CORRECTIONS (EACH CORRECTIVE ACTIONS SIDE AND CORRECTIVE ACTIONS (EA	34G221		B. WING			04/27/2023					
HICKOW VERUE HOME     HOLLY SPRINGS, NC 27540       (PA)10 PHETRX NQ     ISAMMARY STATEMENT OF DEFICIENCIES ISAM DEFICIENCY MAST BE REPORTED BY FULL SEGULATION OR LISC DESTIFYING MECRAPHICS SEGULATION OR LISC DESTIFYING MECRAPHICS SEGULATION OR LISC DESTIFYING MECRAPHICS SEGULATION OR LISC DESTIFYING MECRAPHICS INC. 1000 PHECRAPHICS SEGULATION OR LISC DESTIFYING MECRAPHICS INC. 1000 PHECRAPHICS INC. 1000 PHECRA	NAME OF P	ROVIDER OR SUPPLIER									
DALI'S PRINDS, NC 27240           OPAID PREFX TAG         SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE OF LSC DENTIFYING INFORMATION)         D TAG         PREFX TAG         D (EACH CORRECTIVE OF LSC DENTIFYING INFORMATION)         D D D D D D D D D D D D D D D D D D D	HICKORY										
Printing TAG         IEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR US (DENTIFINIG INFORMATION)         PREFX TAG         CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE DTO THE APPROPRIATE         COMMITTEE DEFICIENCY)           W 242         INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(0)(0)         W 242         W 242         W 243         W 243         W 244         W 244 <t< td=""><td>monon</td><td></td><td></td><td></td><td colspan="7">HOLLY SPRINGS, NC 27540</td></t<>	monon				HOLLY SPRINGS, NC 27540						
CFR(s): 483.440(c)(6)(iii)         The individual program plan must include, for         those elients who lack them, training in personal         skills essential for privacy and independence         (including, but not limited to, toilet training,         personal hygiene, dental hygiene, self-feeding,         batting, dressing, grooming, and communication         of basic needs), until thas been demonstrated         that the client is developmentally incapable of         acquiring them.         This STANDARD is not met as evidenced by:         Based on observations, record review and         interviews, the facility failed to ensure for 2 of 5         audit clients (#1 and #3) individual program plan         (IPP)'s included training in personal         independence specifically, nall care. The findings         are:         A. During evening observations on 4/28/23 at         4:38pm client #3 was walking in and out of the         dining room with his headset which was         connected to his table. Client #3's fingernalis         fingers.         Review on 4/27/23 of client #3's daily appearance         checklist for April 2023 revealed:         April 1-31st, 2023: Fingernalis trimmed: No         March 1-31st, 2023: Fingernalis trimmed: No         Interview on 4/27/23 with the residence manager	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL				(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR	ULD BE COMPLETION				
Review on 4/27/23 revealed no community home		INDIVIDUAL PROGR CFR(s): 483.440(c)(6 The individual program those clients who lack skills essential for priv (including, but not lim personal hygiene, der bathing, dressing, grc of basic needs), until that the client is deve acquiring them. This STANDARD is r Based on observatio interviews, the facility audit clients (#1 and # (IPP)'s included traini independence specifi are: A. During evening ob 4:38pm client #3 was dining room with his r connected to his table were observed to be fingers. Review on 4/27/23 of checklist for April 202 April 1-27, 2023: finge March 1-31st, 2023: F Interview on 4/27/23 of (RM) revealed client # hands touched. Furth revealed direct care s	AM PLAN )(iii) m plan must include, for (them, training in personal /acy and independence ited to, toilet training, ntal hygiene, self-feeding, boming, and communication it has been demonstrated lopmentally incapable of not met as evidenced by: ns, record review and failed to ensure for 2 of 5 #3) individual program plan ng in personal cally, nail care. The findings servations on 4/26/23 at walking in and out of the headset which was et. Client #3's fingernails long and over the tips of his client #3's daily appearance 3 revealed: ernails trimmed: No Fingernails trimmed: No with the residence manager #3 does not like to have his er interview with the RM taff scheduled on weekends			DEFICIENCY)					
			vealed no community home								
			-			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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	-					FORM	: 04/28/2023 APPROVED
CENTERS FOR MEDICARE & MEDICAID SERVICES         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:			CONSTRUCTION		OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
		34G221	B. WING			04/2	27/2023
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STA	TE, ZIP CODE		
			1'	12 HICKORY AVENUE			
HICKORT	AVENUE HOME		н	OLLY SPRINGS, NC 27	540		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIA EFICIENCY)		(X5) COMPLETION DATE
W 242	life assessment for cli independence in the a Interview on 4/27/23 of disabilities profession was no community ho assess client #3's indi- nail care, bathing, too dressing and toileting B. During evening obs 3:20pm-6:15pm and co on 4/27/23 from 6:00a fingernails were obse- top of his fingertips. A manager (RM) attemp dining room to trim his became very non-con The RM stopped atter fingernails and told th Review on 4/27/23 of checklist revealed the April 4-26: a checkma March 14-15: a check March 21-29: NA March 30-31st: N (No Interview on 4/27/23 of client #1's daily appea direct care staff schect second shift during th fingernails and toenai Review on 4/27/23 re community home life	<ul> <li>ient #3 to assess his level of area of nail care.</li> <li>with the qualified intellectual al (QIDP) revealed there one life assessment to ependence in the area of of thbrushing, handwashing, .</li> <li>servations on 4/26/23 from during morning observations am-9:15am, client #1's rved to be long and near the at 9:15am, the residence of the bring him in the sfingernails, however he npliant and started yelling. mpting to trim client #1's em, "We will try again later."</li> <li>his daily appearance of following: ark smark</li> <li>with the RM revealed she the checkmark indicated on arance checklist, however duled on weekends on e weekends trim client's ls.</li> <li>vealed there was no assessment for client #1 to</li> </ul>	W 242				
	dressing, handwashin	ence in nail care, bathing, ng and toothbrushing.					

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	): 04/28/2023 / APPROVED ) 0938-0391		
STATEMENT OF DEFICIENCIES (X1) PF		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED			
		34G221	B. WING _			04/:	27/2023		
NAME OF PF	ROVIDER OR SUPPLIER			ST	IREET ADDRESS, CITY, STATE, ZIP CODE				
HICKORY	AVENUE HOME		112 HICKORY AVENUE HOLLY SPRINGS, NC 27540						
(X4) ID PREFIX TAG	SUMMARY ST/ (EACH DEFICIENC' REGULATORY OR L	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE			
W 242	Continued From page	>2	W 2	242					
W 249	was no community ho assess client #1's ind nail care, bathing, too dressing and toileting PROGRAM IMPLEMI CFR(s): 483.440(d)(1 As soon as the interdi formulated a client's in each client must rece treatment program co interventions and serv and frequency to supp	ENTATION ) isciplinary team has ndividual program plan, ive a continuous active	W 2	249					
	Based on observatio reviews, the facility fa sampled clients (#1) r treatment program co interventions as ident program plans (IPP's) support program (BSF During observations of supper client #1 beca yelling at direct care s manager (RM). The F the dining room table five times. Client #1 y room table which cau yell back and vocalize	received a continuous active onsisting of needed ified in their individual ) relative to his behavior							

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## FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING \_\_\_\_ 34G221 B. WING 04/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **112 HICKORY AVENUE** HICKORY AVENUE HOME HOLLY SPRINGS, NC 27540 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 249 Continued From page 3 W 249 would need to leave the table. Staff B was in the kitchen modifying client #1's food texture which is mechanically ground. Client #1 continued to yell, bang on the table and growl at staff for 20 minutes while his food was being prepared and after the RM brought his plate to the dining room table. During observations on 4/27/23 at breakfast at 7:05am, client #1 came into the dining room and began yelling at the RM was assisting him to serve oatmeal, bananas and muffins onto his plate and bowl. Clients #2, #4 and #5 were also sitting at the table in the dining room. Client #1 banged on the table and yelled several times. The RM told client #1 if he did not calm down, he would need to leave the dining room until he was calm. Client #1 continued to yell, growl at staff and bang on the table. The RM assisted client #1 to get up from the dining table and walked him to his bedroom. Clients #2, #4 and #5 finished their breakfast and when client #1 came out of his bedroom, client #1 told the RM he did not want to eat breakfast. Review on 4/26/23 of client #1's BSP dated 6/7/21 revealed he has target behaviors of physical aggression, inappropriate verbalizations, self injurious behavior and property destruction. The interventions include: ignore inappropriate verbalizations for about 1 minute. Try to determine what is bothering him, engineer the environment to determine if there are factors irritating him and redirect him to another area to calm down as needed. Interview on 4/27/23 with the gualified intellectual disabilities professional (QIDP) revealed direct care staff should try to ignore client #1's

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## FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING \_\_\_\_ 34G221 B. WING 04/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **112 HICKORY AVENUE** HICKORY AVENUE HOME HOLLY SPRINGS, NC 27540 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Continued From page 4 W 249 W 249 inappropriate verbalizations if possible but redirect him to another area, per his BSP, if he is disrupting mealtimes with the other individuals in the home until he is calm. W 254 PROGRAM DOCUMENTATION W 254 CFR(s): 483.440(e)(2) The facility must document significant events that contribute to an overall understanding of the client's ongoing level and quality of functioning. This STANDARD is not met as evidenced by: Based on record review and interview the qualified intellectual disabilities professional (QIDP) failed to review the written training programs for 3 of 5 audit clients (#4, #5 and #6). The findings are: A. Review on 4/26/23 of client #4's individual program plan (IPP) dated 5/11/22 that he had formal goals to perform exercise with 70% independence, administer medications with 60% verbal assistance and identify dollar amounts with 100% independence. Review on 4/27/23 of client #4's last review by the QIDP dated 4/11/22 listed client #4 had formal programs in handwashing, medication administration, exercise and oral hygiene. Further review revealed no further information indicating if the handwashing program was discontinued. There is no information whether client #4 was reaching criteria for completion for his objectives or whether these programs were in need of revision. Interview on 4/27/23 with the current QIDP revealed she had just assumed responsibilities for client #4. Further interview confirmed there

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	-	ID HUMAN SERVICES				FORM	): 04/28/2023 MAPPROVED		
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
		34G221	B. WING			04/27/2023			
NAME OF PI	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE				
HICKORY	AVENUE HOME				12 HICKORY AVENUE IOLLY SPRINGS, NC 27540				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	:	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE		
W 254	<ul> <li>was no review of clier since April 2022.</li> <li>B. Review on 4/26/23 8/24/22 revealed he h brush his teeth with 4 table with 50% independen medication administra</li> <li>Review of client #5's n review of his of his for 2022 to determine wh criteria for completion were in need of revisi</li> <li>Interview on 4/27/23 n revealed she had just for client #5. Further i was no review of clier since August 2022.</li> <li>C. Review on 4/26/23 3/3/2023 revealed he toothbrushing, self me bathing and money m</li> <li>Further review of clier revealed no QIDP not the facility from anoth whether these progra</li> <li>Interview on 4/27/23 n revealed she had just for client #6. Further i was no review of clier</li> </ul>	<ul> <li>and #4's formal objectives</li> <li>a of client #5's IPP dated had formal objectives to 0% independence, set the endence, purchase snacks ice and participate in the ation pass.</li> <li>record did not revealed any rmal programs since August hether client #5 was reaching or whether these programs on.</li> <li>with the current QIDP assumed responsibilities interview confirmed there in #5's formal objectives</li> <li>a of client #6's IPP dated had formal objectives for edication training, toileting, nanagement.</li> <li>ant #6's record on 4/26/23 tes regarding his transfer to er facility on 11/30/22 and ms had been continued.</li> </ul>	W 2	54					

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