

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

PRINTED: 04/28/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HICKORY AVENUE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 112 HICKORY AVENUE 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 242	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)</p> <p>The individual program plan must include, for those clients 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, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>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, nail care. The findings are:</p> <p>A. During evening observations on 4/26/23 at 4:38pm client #3 was walking in and out of the dining room with his headset which was connected to his tablet. Client #3's fingernails were observed to be long and over the tips of his fingers.</p> <p>Review on 4/27/23 of client #3's daily appearance checklist for April 2023 revealed: April 1-27, 2023: fingernails trimmed: No March 1-31st, 2023: Fingernails trimmed: No</p> <p>Interview on 4/27/23 with the residence manager (RM) revealed client #3 does not like to have his hands touched. Further interview with the RM revealed direct care staff scheduled on weekends on second shift trim client's fingernails and toenails.</p> <p>Review on 4/27/23 revealed no community home</p>	W 242			

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 242	<p>Continued From page 1</p> <p>life assessment for client #3 to assess his level of independence in the area of nail care.</p> <p>Interview on 4/27/23 with the qualified intellectual disabilities professional (QIDP) revealed there was no community home life assessment to assess client #3's independence in the area of nail care, bathing, toothbrushing, handwashing, dressing and toileting.</p> <p>B. During evening observations on 4/26/23 from 3:20pm-6:15pm and during morning observations on 4/27/23 from 6:00am-9:15am, client #1's fingernails were observed to be long and near the top of his fingertips. At 9:15am, the residence manager (RM) attempted to bring him in the dining room to trim his fingernails, however he became very non-compliant and started yelling. The RM stopped attempting to trim client #1's fingernails and told them, "We will try again later."</p> <p>Review on 4/27/23 of his daily appearance checklist revealed the following: April 4-26: a checkmark March 14-15: a checkmark March 21-29: NA March 30-31st: N (No)</p> <p>Interview on 4/27/23 with the RM revealed she was not certain what the checkmark indicated on client #1's daily appearance checklist, however direct care staff scheduled on weekends on second shift during the weekends trim client's fingernails and toenails.</p> <p>Review on 4/27/23 revealed there was no community home life assessment for client #1 to assess his independence in nail care, bathing, dressing, handwashing and toothbrushing.</p>	W 242			

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W 242	Continued From page 2	W 242			
W 249	<p>Interview on 4/27/23 with the QIDP revealed there was no community home life assessment to assess client #1's independence in the area of nail care, bathing, toothbrushing, handwashing, dressing and toileting</p> <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, interviews and record reviews, the facility failed to ensure 1 of 5 sampled clients (#1) received a continuous active treatment program consisting of needed interventions as identified in their individual program plans (IPP's) relative to his behavior support program (BSP). The finding is:</p> <p>During observations on 4/26/23 at 5:20pm, at supper client #1 became agitated, growling and yelling at direct care staff F and the residence manager (RM). The RM stood next to client #1 at the dining room table asking him to calm down five times. Client #1 yelled, banged on the dining room table which caused clients #2, #5 and #4 to yell back and vocalize at client #1. The RM repeatedly reminded client #1 to calm down or he</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Interview on 4/27/23 with the qualified intellectual disabilities professional (QIDP) revealed direct care staff should try to ignore client #1's</p>	W 249			

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W 249	Continued From page 4 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 249			
W 254	PROGRAM DOCUMENTATION 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	W 254			

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W 254	<p>Continued From page 5</p> <p>was no review of client #4's formal objectives since April 2022.</p> <p>B. Review on 4/26/23 of client #5's IPP dated 8/24/22 revealed he had formal objectives to brush his teeth with 40% independence, set the table with 50% independence, purchase snacks with 60% independence and participate in the medication administration pass.</p> <p>Review of client #5's record did not revealed any review of his of his formal programs since August 2022 to determine whether client #5 was reaching criteria for completion or whether these programs were in need of revision.</p> <p>Interview on 4/27/23 with the current QIDP revealed she had just assumed responsibilities for client #5. Further interview confirmed there was no review of client #5's formal objectives since August 2022.</p> <p>C. Review on 4/26/23 of client #6's IPP dated 3/3/2023 revealed he had formal objectives for toothbrushing, self medication training, toileting, bathing and money management.</p> <p>Further review of client #6's record on 4/26/23 revealed no QIDP notes regarding his transfer to the facility from another facility on 11/30/22 and whether these programs had been continued.</p> <p>Interview on 4/27/23 with the current QIDP revealed she had just assumed responsibilities for client #6. Further interview confirmed there was no review of client #6's formal objectives since his transfer to the facility on 11/30/22.</p>	W 254			