

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G274</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/11/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>LOCKLEY ROAD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4617 LOCKLEY RD</b> <b>HOLLY SPRINGS, NC 27540</b>		
(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 000	INITIAL COMMENTS	W 000			
W 288	<p>A complaint survey was conducted during the recertification survey on 7/10 - 7/11/23 for intake #NC00203190. The complaint was not substantiated and did not result in any deficiencies.</p> <p><b>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</b> CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure a technique to manage inappropriate behaviors was included in a formal active treatment plan. This affected 1 of 3 audit clients (#1). The finding is:</p> <p>During morning observations in the home on 7/11/23 at 8:25am, Staff A retrieved a small tablet from a cabinet in the office area and gave it to client #1 as she sat on the couch.</p> <p>Immediate interview with Staff A revealed the tablet belongs to client #1 and her tablet is kept in a file cabinet in the office to keep it from getting damaged.</p> <p>Additional interview on 7/11/23 with the Site Supervisor (SS) and Qualified Intellectual Disabilities Professional (QIDP) indicated a client who used to live at the home would take client's tablets and break them. Further interview revealed client's tablets were kept in the cabinet to keep the former client from damaging them.</p>	W 288			

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.

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

PRINTED: 07/12/2023  
FORM APPROVED  
OMB NO. 0938-0391

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W 288	Continued From page 1 Review on 7/10/23 of client #1's record did not indicate her tablet should be kept out of her room due to the behaviors of other clients in the home.	W 288			
W 369	<b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(2)  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 1 of 3 clients (#1) observed receiving medications. The finding is:  During morning observations of medication administration in the home on 7/11/23 at 7:00am, client #1 ingested Miralax powder, Vitafusion, Nortrel, Atarax, Latuda, Zyprexa, Lithium, Synthroid, Inderal, Depakote, Cogentin and Saphris. The client was also assisted to use Periguard mouth rinse. No other medications or treatments were administered.  Review on 7/11/23 of client #1's most current physician's orders revealed an order for Flonase 50mcg spray, use 2 sprays in each nostril once daily at 7am.  Interview on 7/11/23 with the facility's nurse confirmed client #1 should have received Flonase spray during the 7:00am medication pass as indicated.	W 369			