

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

PRINTED: 08/23/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G269	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/22/2023
NAME OF PROVIDER OR SUPPLIER HICKORY II GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 322 HICKORY AVE SANFORD, NC 27330		
(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 revisit was conducted on 8/22/23 for all previous deficiencies cited on 6/21/23. Several deficiencies were corrected and W288 was recited.</p> <p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR 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 observation, record review and interview, the facility failed to ensure a technique to manage 1 of 4 audit clients (#2) behavior was included in a formal active treatment plan. The finding is:</p> <p>Observation on 6/20/23 of the doors leading to the outside of the facility (4 doors) revealed they were all equipped with door alarms. Observation of client #2's bedroom window outside revealed there is a motion sensor above his window which buzzes inside if his window is opened.</p> <p>Interview on 6/20/23 with the residential manager (RM) and the qualified intellectual disabilities professional (QIDP) revealed the doors and client client #2's window are alarmed as client #2 has a history of elopement since his placement at the facility on 4/20/22.</p> <p>Review on 6/20/23 of client #2's individual program plan (IPP) dated 10/25/22 revealed he has a history of elopement but did not list any restrictions such as door alarms or window alarms/sensors.</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.

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{W 288}	Continued From page 1 Review on 6/21/23 of client #2's behavior support program (BSP) dated 10/26/22 revealed no information about door alarms or window alarms or sensors. Interview on 6/21/23 with the qualified intellectual disabilities professional (QIDP) revealed the door and window alarms that are used to detect movements by client #2 are not included in his IPP or his BSP. Review on 8/22/23 of the facility's Plan of Correction (POC) dated 6/27/23 revealed, "Client #2's ISP/BSP will be updated to include the use of window and door alarms. All staff will be reinserviced on the use of alarms and the supervisors measures to be used with the alarms. The Program Manager will monitor necessary revisions through monthly chart reviews for 90 days. In the future, the Program Manager or designee will monitor to ensure all aspects of each individual's treatment plan is included in their ISP/BSP through quarterly chart reviews." Review on 8/22/23 of client #2's Individual program plan (IPP) dated 10/25/22 revealed no information regarding the use of door and window alarms to detect his movements in his bedroom or throughout the home. Review on 8/22/23 of client #2's behavior support program (BSP) dated 10/26/22 revealed no information regarding the use of door and window alarms to detect his movements in his bedroom or throughout the home. There were no monitoring sheets available to confirm management had monitored the door	{W 288}			

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{W 288}	Continued From page 2 alarms and window alarm outside of client #2's window or that management was monitoring to ensure the batteries in these alarms were operational. Interview on 8/22/23 with the RM revealed no additional information in the IPP or BSP regarding client #2's window and door alarms. Further interview confirmed she could not locate any management monitoring of the door and window alarms for client #2.	{W 288}			