

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

PRINTED: 09/20/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G065	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/19/2023
NAME OF PROVIDER OR SUPPLIER HUNTLEIGH			STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #1's medication was administered in accordance with physician's orders. This affected 1 of 3 audit clients. The finding is:</p> <p>During observation on 9/19/23 of breakfast at 6:43am client #1 was served toast, 2 pieces of sausage, oatmeal, juice and water. He consumed his breakfast independently and took his dishes to the kitchen sink at 6:50am.</p> <p>During observations on 9/19/23 of the medication administration pass at 7:02am client #1 was administered Vitamin E, 200 units (1), Lexapro 20 mg. (1), Vitamin D3 50 mcg. (1) and Levothyroxine 50 mcg. (1).</p> <p>Review on 9/19/23 of client #1's physician orders dated 7/20/23 revealed, "Vitamin E, 200 units (1), Lexapro 20 mg. (1), Vitamin D3 50 mcg. (1) and Levothyroxine 50mcg. Take (1) tablet every morning on empty stomach for Thyroid disorder."</p> <p>Interview on 9/19/23 with the residential manager (RM) revealed client #1's physician orders were current and should be followed to ensure he receives Levothyroxine before meals.</p>	W 368			
W 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and</p>	W 460			

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 460	<p>Continued From page 1 specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client's prescribed diets were followed as written. This affected 2 of 3 audit clients (#2 and #3). The finding is:</p> <p>During observations on 9/18/23 of supper preparation at 5:55pm, the residential manager (RM) used the food processor to chop lasagna, salad and bread for clients #2, #3 and one non audit client. Observation of the lasagna revealed a ground texture with lumps. No fluids were added to the lasagna mixture in the food processor. Observation of the lettuce revealed it was also a more liquid texture, however the RM used bottled water while the lettuce was being chopped. The bread texture was a dry pureed consistency.</p> <p>Interview on 9/18/23 with the RM revealed he was not certain whether the lasagna was completely pureed.</p> <p>During observations on 9/18/23 of the supper meal at 6:04pm, both clients #2 and #3 were served lasagna that appeared to be a ground texture and mechanically processed lettuce and dry processed bread crumbs.</p> <p>During observations on 9/19/23 of breakfast at 6:43am, staff D assisted clients #2 and #3 to serve oatmeal, ground sausage and bread that was observed to be a dry pureed mixture.</p> <p>Review on 9/18/23 of client #2's individual</p>	W 460			

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W 460	Continued From page 2 program plan (IPP) dated 10/18/22 revealed he is to receive a regular pureed diet. Review on 9/18/23 of client #2's nutritional evaluation dated 8/15/22 revealed he is to receive a regular pureed diet. Review on 9/18/23 of client #3's IPP dated 11/8/22 revealed he is to receive, "A regular pureed diet consistency. Please remove pits from fruits and vegetables. Ensure (1) can twice daily." Interview on 9/18/23 with the qualified intellectual disability professional (QIDP) confirmed clients #2 and #3 are to receive regular pureed diets.	W 460			
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all appropriate utensils were provided to 1 of 3 clients (#1) for 2 of 2 meals. The finding is: During observations on 9/18/23 of meal preparation for supper at 5:50pm, the residential manager (RM) placed a spoon next to client #1's placesetting. No other utensils were made available to client #1. Immediate interview on 9/18/23 with the RM revealed three of the six clients receive pureed diets and one client has a cut up texture. When asked if client #1 was going to receive a fork and knife, the RM stated, "He may not need it. We will get them, if he asks for them."	W 475			

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W 475	<p>Continued From page 3</p> <p>During observations on 9/18/23 of supper at 6:04pm, client #1 used his spoon to pick up lasagna, however he had spillage because he did not have a knife to cut up his serving or a fork to pierce his food. The lasagna portion continued to slide off his spoon. He used his hand to keep the lasagna on the spoon.</p> <p>During observations on 9/19/23 of breakfast preparation at 6:35am, the RM set client #1's placesetting and only placed a spoon beside his plate.</p> <p>During observations on 9/19/23 of breakfast at 6:43am client #1 served oatmeal, toast and sausage on his plate. Client #1 picked up 2 pieces of sausage with his hands and ate pieces from both patties as he had no silverware to pierce or cut up his sausage.</p> <p>Review on 9/19/23 of client #1's community home life assessment dated 6/5/23 revealed he independently uses all utensils during dining which include: spoon, knife and fork. Further review confirmed client #1 uses a napkin with a verbal cue.</p> <p>Interview on 9/19/23 with the qualified intellectual disabilities professional (QIDP) confirmed client #1 is independent with all dining utensils and should be provided appropriate utensils at all meals.</p>	W 475			