

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2023
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NAME OF PROVIDER OR SUPPLIER AVENT FERRY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 904 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540
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W 192	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2)</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. This STANDARD is not met as evidenced by: Based on observation, record review and interview with staff, the facility failed to assure staff training to address the health needs for 3 of 4 clients (#1, #2 and #6) observed receiving medications. The findings are:</p> <p>A. During observations of medication administration on 5/22/23 at 3:50pm, staff A assisted client #6 in using his glucometer to take his blood sugar. His blood sugar was measured and the reading was recorded on a piece of paper. The electronic medication administration record (MAR) was not on.</p> <p>During continued observations on 5/22/23 at 4pm, client #1 came into the medication administration room, staff A got a medication packet out of the medication cabinet and assisted client #1 in taking Risperidone 2 mg. (3 pills) and Tegretol XR 100 mg. (1 pill). After client #1 left the medication room, staff A turned on the electronic MAR and recorded both client #6's blood sugar reading and client #1's medications.</p> <p>B. During observations on 5/23/23 at 7:35am, client #2 came into the medication room. Staff assisted him by tearing the medication packet and dropping Cetirizine 10mg. pill (1) into a medication cup. Client #2 tipped the cup to his mouth and accidentally dropped the pill onto the floor. Staff E looked for the pill, located it on the floor near a table and gave it to client #2 to consume with a cup of water. When asked if he</p>	W 192	<p>The Standardized Medication administration Policy will be revised to reflect the Medication Administration Record (eMAR) being accessed at the time of administration.</p> <p>The Standardized Medication administration policy will be revised to include procedures in the event a medication is dropped on the floor or is contaminated during administration,</p> <p>To ensure understanding of revised policy, staff will retake medication administration training by 7/23/23.</p> <p>The Clinical Supervisor will monitor a random medication administration pass monthly.</p> <p style="text-align: right;">DHSR - Mental Health JUN 07 2023 Lic. & Cert. Section</p> <p style="text-align: right;"><i>[Signature]</i> Roger L. Giles 6/5/23 Am Director</p>	7/23/23
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 192	<p>Continued From page 1</p> <p>was to notify the Nurse about the dropped pill, he stated he would if he had not located the pill.</p> <p>Review on 5/23/23 of the facility's medication administration policy dated 11/11/13 did not include any information regarding having the medication administration record available during medication administration to minimize possible medication errors and also did not include information about dropped pills and how that should be handled during the medication administration process.</p> <p>Interview on 5/23/23 with the facility nurse and the qualified intellectual disabilities professional (QIDP revealed when direct care staff are trained in medication administration, they are trained to always have the medication administration record open to review during medication administration to ensure all medications are current and no changes have occurred. Further interview revealed staff E should have removed the pill located on the floor, placed it on a sealed bag with a label and contacted the Nurse. Additional interview revealed staff E could have replaced a pill from the last day of the month and another pill could have been reordered from the pharmacy.</p>	W 192		
W 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, record review and confirmed by interviews with staff, the individual program plan (IPP) for 1 of 4 clients (#5) failed to</p>	W 227	<p>The Clinical Supervisor will evaluate Client #5's tendency to open doors without consideration of privacy and update the ABI to identify training needs regarding observing the privacy of others (or similar terminology based on assessment).</p>	7/23/23

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W 227	<p>Continued From page 2</p> <p>include objective training to address behavioral needs relative to respecting the privacy of others. The finding is:</p> <p>During observations on 5/23/23 at 6:15am, client #2 was dressing in his bedroom with the door shut when client #5 opened his bedroom door exposing him undressed. Client #5 put the vacuum in client #2's bedroom. Staff D passed by in the hallway and client #1 walked by client #2's doorway. Client #2 told client #5 to close his bedroom door.</p> <p>During observations of the medication administration pass on 5/23/23 at 7:05am, the medication room door was shut and client #6 was preparing to take his blood sugar, when client #5 opened the medication room door to ask if it was his turn to get his blood sugar checked. Staff E instructed client #5 to shut the medication room door.</p> <p>Review on 5/23/23 of client #5's IPP dated 11/17/22 revealed the following needs: budget money, follow mealtime guidelines, Understand blood sugar levels, follow mealtime routine. His needs are addressed with formal objectives which included: cleaning his bedroom, following laundry routine, purchasing items for \$20 or less, walking and exercising daily, following personal hygiene routine daily, ironing his garments and a behavior support program to exhibit 4 or fewer challenging behaviors. There are no needs or objectives to address client #5 observing the privacy of others.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) revealed client #5 often has difficulty waiting on his peers and will open closed doors without warning compromising their</p>	W 227	<p>The Clinical Supervisor will inservice staff on the updated ABI by 7/23/23. The Clinical Supervisor will monitor implementation every two weeks.</p>	
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W 227	Continued From page 3 privacy. Further interview confirmed client #5 currently does not have any training to address observing the privacy of others.	W 227			
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 training was developed for 1 of 4 sampled clients (#1) to address his toileting needs. The finding is:</p> <p>During observations on 5/22/23 in the home at 4:48pm, client #1 came into the home from the backyard holding onto his soiled diaper as he entered the dining room. Staff A immediately took client #1 into his bedroom to change him. A few minutes later, staff A and client #1 went to the bathroom so client #1 could be assisted with a shower. Staff C began cleaning the dining room with antiseptic products, retracing client #1's steps, where client #1 had walked holding his soiled diaper.</p> <p>Interview on 5/22/23 with staff B revealed client #1 is dependent on staff to assist with bathing, dressing and grooming. When asked if client #1 is assisted with toileting before he leaves his vocational setting in the afternoons, staff B stated</p>	W 242	<p>Client #1 is incontinent. The Clinical Supervisor will update the Individual Habilitation Plan to include written guidelines that address toileting needs involving transition to and from the day program.</p> <p>Avent Ferry Staff will be inserviced on the updated guidelines by the Clinical Supervisor. The Clinical Supervisor will monitor implementation every two weeks.</p>		

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W 242	<p>Continued From page 4</p> <p>she was not certain. She stated client #1 wears adult incontinent products during the day and at night. Staff B stated we check (client #1's name) periodically during the day at night to ensure he is dry. When asked if client #1 will consistently let you know if he is dry, she stated, "No."</p> <p>Interview on 5/23/23 with staff E revealed client #1 wears incontinent products at night and during the day. Staff E stated client #1 will not consistently let you know if he is soiled or if he needs to be toileted. When asked if client #1 should be checked after being transported from the vocational program, he stated, "Yes, it is about 50 minutes, or an hour."</p> <p>Review on 5/22/23 of client #1's individual program plan (IPP) dated 11/1/22 did not reveal any information about how often client #1 should be checked for toileting needs. The IPP also did not indicate any information about when client #1 is transported back and forth from the vocational program, which is approximately 55 minutes to an hour in traffic, how soon he should be offered to be toileted after he returns home.</p> <p>Review on 5/22/23 of client #1's adaptive behavior inventory (ABI) dated 5/25/22 revealed he has no independence with being trip trained for toileting, no independence in going to the toilet alone, no independence in closing the bathroom door, no independence in wiping after toileting as well as no independence in washing his hands after toileting. There was a note on the ABI indicating staff will provide assistance in changing (client #1) diaper and provide assistance as needed.</p> <p>Interview on 5/23/23 with the qualified intellectual</p>	W 242			

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W 242	Continued From page 5	W 242			
W 322	<p>disabilities professional (QIDP) confirmed there has not been formal training developed for client #1 to address his toileting needs,</p> <p>PHYSICIAN SERVICES CFR(s): 483.460(a)(3)</p> <p>The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 1 of 4 audit clients (#1) was referred to a physician as recommended for laboratory tests. The finding is:</p> <p>Review on 5/22/23 of client #1's record revealed he is 48 years of age.</p> <p>Additional review on 5/22/23 of client #1's medical notes revealed he had a physical exam dated 2/13/2023 and several laboratory tests were ordered which included: A comprehensive blood count (CBC), a metabolic panel and a hemoglobin A1C. Further review revealed there was not a physician order for the Prostatic Specific Antigen test (PSA). Further review revealed there was no record of any previous PSA screening for client #1.</p> <p>Interview on 5/23/23 with the facility Nurse revealed given client #1's age, a PSA test is recommended for Prostate cancer screening. Further interview confirmed this PSA screening has not been completed as of 5/23/23.</p>	W 322	<p>The team will consult with client #1's physician to determine if PSA screening is appropriate and coordinate based on physician's determination.</p> <p>The physical evaluation form will be updated to prompt for best practice screening needs.</p> <p>The Nursing Department will monitor physical examination forms upon completion to ensure all ordered screenings are coordinated.</p>	7/23/23	