STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G269	A. BUILDING _____ B. WING _____	06/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY II GROUP HOME	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 104	GOVERNING BODY CFR(s): 483.410(a)(1) The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to ensure 1 of 4 audit clients (#3) was provided seatbelts for his wheelchair in the van as required by state law. The finding is: During observations of van loading on 6/21/23 at 8:05am, staff B assisted client #3 with his electric wheelchair up the ramp onto the van and began to secure the four Sure Lock tie downs onto the frame of his wheelchair from the floor of the van. After each tie down was secured onto the frame of the wheelchair, staff B stated, " Okay, he is secured." When staff B and staff A were asked if client #3 had a seatbelt to secure him in the van, staff A stated this van is relatively new and did not come with a seatbelt. Interview on 6/21/23 with the residential manager (RM) revealed the van is relatively new and did not come with seatbelts. When asked who was responsible for checking the van to make certain that all of the equipment needed is on the van, she stated, " I am not certain." Review on 6/21/23 of the North Carolina General Statutes (NCGS) revealed the following: G.S. 20-135.2A Requires the driver, front seat passengers, back seat passengers ages 16 and older must wear their seatbelts. Review on 6/21/23 of the facility's transportation	W 104	Transportation for client #3 was suspended until installation of a seatbelt strap in the van. A shoulder strap will be installed in the van as soon as possible. The site supervisor will monitor installation of the required shoulder strap seatbelt. The area supervisor will ensure all staff are inserviced on correct use of the safety belts. The area supervisor will ensure the correct use of safety belts through observations twice monthly at the home. In the future, the QP will ensure all necessary safety equipment is available and used properly through monthly observations.	8/19/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Sherry S. Chappell, BA/QP, Program Manager — 6/27/2023

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 104	Continued From page 1 policy (C2.14) regarding seatbelts revealed, "Staff/contractors are to ensure that everyone in the vehicle has proper safety restraint in place before moving the vehicle. This includes the proper tie downs and seatbelt straps for individuals in wheelchairs." Interview on 6/21/23 with the Program Manager revealed the qualified intellectual disabilities professional (QIDP) and RM should check the vehicle frequently to ensure all tie downs and seatbelts are available and in good working order.	W 104	The site supervisor will establish an appropriate contact person and initiate email correspondence with the day program. The site supervisor will copy the area supervisor, Qualified Professional, and Program Manager on the email correspondence. The site supervisor will make contact with the day program at least twice weekly to provide information regarding appointments and issues at the home that needs to be shared with the day program. The site supervisor will respond appropriately to requests/concerns from the day program. This email correspondence will be monitored weekly by the QP. In the future, QP will ensure appropriate communication with the day program through monthly discussion at Core Team Meetings.	8/19/2023
W 120	SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3) The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure an outside service provider met the needs of 3 of 4 audit clients (#3, #4 and #5) by maintaining proactive communication and providing supplies as needed as described in client #3's individual program plan (IPP). The findings are: A. An on-site visit was completed on 6/20/23 to the vocational program which clients #3, #4 and #5 attend Monday through Friday. A vocational staff member working in their classroom was interviewed. The vocational staff person reported often she is not contacted if the clients from the facility are out of work for illness or if they have appointments for the day. The vocational staff reported she only knows the clients are back at the vocational program, when the facility staff	W 120		

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W 120	Continued From page 2 drops them off to work. B. An on-site visit was completed on 6/20/23 to the vocational program attended by client #3. The vocational staff stated client #3 wears incontinent briefs and several times in the past 2-3 weeks she has contacted the facility that she needs more incontinent briefs for client #3. She stated she needs a supply of incontinent products for client #3 to be kept at the vocational program. The vocational staff reported often when she calls the facility, she gets no answer from the facility phone and no follow up from the staff at the facility. Interview on 6/21/23 with the residential manager (RM) revealed at one time the facility sent a notebook to be completed by the workshop so the vocational workshop and the facility could communicate, however this was not successful and was discontinued.	W 120		
W 210	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3) Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure the interdisciplinary team completed preliminary accurate assessments within 30 days after admission. This affected 1 of 4 audited clients (#5). The finding is: Review on 6/20/23 of client #5's individual program plan (IPP) dated 12/15/22 revealed he	W 210	SLP and OT evaluations will be completed for client #5. upon completion, the QP will review recommendations and implement necessary programming. The QP will inservice staff on the recommendations from completed assessments and any new programming. The Program Manager or designee will monitor completion of the assessments through monthly chart reviews for 90 days. In the future, the Program Manager will monitor completion of necessary assessments/ evaluations through quarterly chart reviews.	8/19/2023

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W 210	Continued From page 3 was admitted to the facility 12/15/22. Further review of client #5's record revealed no speech (SLP) or occupational therapy (OT) evaluations. A note dated 1/9/23 revealed "At this time the interdisciplinary Team has decided that [Client #5] does not need Speech Therapy (SLP). If and when the team finds it necessary SLP will be contacted on a PRN basis." Interview on 6/20/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed that the SLP and the OT evaluations had not been completed within 30 days of admission.	W 210		
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) 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 record review and confirmed by interviews with staff, the facility failed to develop training to address 2 of 4 audit clients (#2 and #4) priority training need which included shaving and money management. The findings are: A. Review on 6/20/23 of client #2's individual program plan (IPP) dated 10/25/22 revealed he has priority training needs to: improve money management skills, improve hygiene skills, increase exercise opportunities and improve meal preparation skills. Review on 6/21/23 of client #2's formal training goals revealed the following: Will load dryer with 60% independence for 4 consecutive months, will brush teeth according to task analysis with 90%	W 227	The team will review the training needs for clients #2 and #4. The identified needs will be addressed through formal programming or a team note to justify the reason for not implementing a formal training. All staff will be inserviced on any new programming implemented as a result of the completed review. The QP will monitor training progress and the necessity for revisions and/or new training monthly during Core Team Meetings. In the future, the Program Manager or designee will Monitor training progress and appropriate revisions/ new training through quarterly chart reviews.	8/19/2023

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W 227	Continued From page 4 independence for 3 consecutive months, Will participate in self administration of medication with 80% accuracy for 3 consecutive months and knock on door / privacy with 80% independence. There are not goals listed to address his money management or improve meal preparation needs. Interview on 6/21/23 with the qualified intellectual disabilities professional (QIDP) confirmed client #2 does not have training to address money management or meal preparation needs listed on his IPP. B. Review on 6/20/23 of client #4's IPP dated 2/13/23 revealed he has priority needs for self care, money management and medication administration. Review on 6/20/23 revealed client #4 has formal training identified to brush his teeth with 65% independence, punch out medication with 75% independence, money management goal and shower with 95% accuracy. Review of client #4's community home life assessment dated 2/13/23 revealed the team had discussed developing a shaving goal to improve client #4's independence. Interview on 6/21/23 with the QIDP revealed client #4 does not currently have a formal shaving goal to improve his independence in this area.	W 227		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active	W 249		

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W 249	Continued From page 5 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. This STANDARD is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure consistent implementation of client #2's behavior support program (BSP) and failed to consistently provide client #3's adaptive equipment at mealtime as per his individual program plan (IPP). This affected 2 of 4 audit clients (#2 and #3). The findings are: Review on 6/20/23 of client #2's individual program plan (IPP) dated 10/25/22 revealed he has a diagnosis of Mild Intellectual Disabilities, Schizophrenia and a Disruptive Mood Disorder. Further review revealed client #2 has a history of physical aggression, property destruction and elopement. The IPP indicated these target behaviors are addressed by a BSP dated 10/26/22. Review on 6/20/23 of client #2's BSP dated 10/26/22 revealed his target behaviors as: physical aggression, property destruction and elopement. Further review of this program revealed it incorporates the use of Oxcarbazepine, Invega Sustenna injections every 30 days and Melatonin 10mg. (to aid in sleep). There is no information in this BSP regarding the level of supervision that client #2 requires in the home setting when he is awake or asleep. There is also no information in the BSP about the use of door and window alarms to detect client #2's	W 249	All staff will be re-inserviced on client #2's BSP. The site supervisor will monitor to ensure all motion sensors are working through weekly observations. In the future, The QP will monitor all required adaptive equipment monthly.	8/19/2023

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W 249	Continued From page 6 movements. Interview on 6/20/23 with the residential manager (RM) revealed the inside door alarms on each door and the window alarm over client #2's bedroom window outside are to alert direct care staff to any attempts by client #2 to elope out his bedroom window. Further interview with the RM revealed client #2 had eloped out his bedroom window in 12/22 and law enforcement was called to help locate him. Additional interview revealed there had been no further elopements by client #2 since December 2022. During observations in the home on 6/20/23 from 3:15pm until 6:00pm, client #2 was noted to walk inside and outside of the home without staff having visual supervision of him. When the side door opened and he exited into the drive way, the door buzzer chimed. During continued observations on 6/20/23 however, client #2's bedroom window was observed to be open at 3:15pm and the motion sensor was not chiming. All other door alarms were observed to be working. Interview on 6/20/23 with the RM and the qualified intellectual disabilities professional (QIDP) revealed they were not aware the window alarm over client #2's bedroom outside window was not working. The QIDP stated, "Sometimes he dismantles it, that is why we had installed it outside." When asked who was responsible for maintaining the alarms and sensors to ensure they were in good working order, the QIDP stated, "I guess, maintenance." When asked how the facility was going to repair client #2's window alarm, the area Program Manager stated she	W 249		

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W 249	Continued From page 7 would leave immediately to go purchase another window alarm. During continued observations on 6/20/23 at 5:15pm, client #2 was noted to be on a step ladder outside looking at the window sensor for his bedroom window while the RM observed. The RM did not redirect client #2 until the area Program Manager stepped outside and told client #2 she was leaving to purchase another window sensor. The RM stated the window sensor looked like it had been moved away from the window and this may be why it was not chiming when the window was opened. Interview on 6/21/23 with the Program Manager revealed she was unaware client #2's level of supervision in varied settings was not included in his BSP. Further interview revealed staff should be keeping client #2 in their visual supervision at all times or be checking on him at least every 10-15 minutes. Additional interview confirmed the door and window alarms are techniques to detect client #2's movements due to his history of elopement behaviors. The Program Manager stated client #2 should not be outside trying to repair his window alarm. The Program Manager also acknowledged the use of these alarms should be closely monitored daily by direct care staff to ensure they are working properly. B. Review on 6/21/23 of client #3's individual program plan (IPP) dated 4/29/23 revealed he has diagnoses of Anxiety, Schizophrenia, Severe Intellectual Disabilities, Cerebral Palsy, Epilepsy Controlled, Osteomyelitis, Right Hip wound. The IPP indicated adaptive equipment of a Plate Riser- for ease of scooping. Small buildup bendable spoon- improve grasp and decrease	W 249	Recommended adaptive equipment will be purchased and implemented. All staff will be inserviced on using recommended adaptive equipment appropriately. QP will monitor appropriate use of adaptive equipment through weekly observations for a 90 day period. In the future, the QP will monitor the use of all adaptive equipment through a monthly observation in the home.	8/19/2023

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W 249	Continued From page 8 spillage. Further review of client #5's occupational therapy (OT) annual update dated 3/18/23 revealed client #5 drinks with a straw, per the recommendations from the swallow study. Observation on 6/20/23 at dinner 5:00pm client #5 did not use a plate riser during mealtime. Further observation on 6/21/23 at breakfast 7:08am client #5 did not use a plate riser and was not drinking from a straw during mealtime. Interview on 6/20/23 with staff C revealed he was not aware of client #3 having or using a plate riser. Interview on 6/21/23 with the QIDP revealed client #3 should drink from a straw and does have a plate riser if it was listed on the IPP and OT evaluation.	W 249		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure written informed consent was obtained for client #5's behavior support plan (BSP). This affected 1 of 4 audited clients. The finding is: Review on 6/20/23 of client #5's BSP dated 4/24/23 revealed an objective that client #5 will reduce episodes or target behaviors to 0 per month for 12 consecutive months. Further review revealed target behaviors-verbal aggression,	W 263	Consent will be obtained for client #5's BSP. Program Manager will monitor for completion of the BSP consent through monthly chart reviews for 90 days. In the future, the Program Manager or designee will monitor for completion of all necessary consents through quarterly chart reviews.	8/19/2023

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W 263	Continued From page 9 agitation, noncompliance, self injurious behavior. Review on 6/20/23 of client #5's physician's order dated 1/28/23 revealed Jornay 40mg. and Clonidine 2mg. for behaviors. Interview on 6/21/23 with the Qualified Intellectual Disability Professional (QIDP) revealed the mother/legal guardian mailed the consent back with no date or initials and the consent is incomplete.	W 263		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) 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)'s behavior was included in a formal active treatment plan. The finding is: 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. 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.	W 288	Client #2's ISP/BSP will be updated to include the use of window and door alarms. All staff will be inserviced on the use of the 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.	8/19/2023

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W 288	Continued From page 10 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. 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.	W 288		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview the facility failed to furnish, maintain in good repair eye glasses for 1 of 4 audit clients (#4). The finding is: During observations in the facility on 6/20/23 from 3:15pm-6:00pm, client #4 was not observed to be wearing his glasses. At 4:10pm, client #4 was at the dining room table with clients #1 and #3 painting on a canvas with paint.	W 436	A new goal will be developed and implemented for client #4 to tolerate and care for his glasses. All staff will be inserviced on the new program and how to correctly implement the program. The QP will monitor to ensure adaptive equipment is available and used appropriately through monthly observations in the home. The Program Manager or designee will ensure adaptive equipment is available and used appropriately through quarterly observations.	8/19/2023

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W 436	Continued From page 11 During morning observations on 6/21/23 from 6:15am-8:30am, client #4 was not observed to be wearing his glasses during mealtime or grooming, packing lunch activities. When the residential manager (RM) was asked about his glasses, she unlocked the medication closet and took a glass case out that contained client #4's glasses. Immediate interview on 6/21/23 with the RM revealed staff lock up client #4's glasses because he will take them off and leave them in different locations in the home and has attempted to break them. Review on 6/21/23 of client #4's visual exam dated 2/3/23 revealed he has Myopia and Astigmatism and contained a prescription for eyeglasses that read, "OD Sphere-1.50, Cyl +1.00, Axis 120, OS +1.25, Cyl +1.75, Axis 080". Review on 6/21/23 of client #4's individual program plan (IPP) dated 2/13/23 revealed he currently does not have a goal to care for his eyeglasses. Interview on 6/21/23 with the qualified intellectual disabilities professional (QIDP) revealed client #4's glasses are kept locked in the medication closet because he will leave them in different locations in the home. Additional interview confirmed he does not have any current training to teach him to care for his eyeglasses.	W 436		