

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

PRINTED: 05/31/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G097	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/23/2023
NAME OF PROVIDER OR SUPPLIER SOUTHERN AVENUE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2001 SOUTHERN AVENUE FAYETTEVILLE, NC 28301		
(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	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) <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 observation, record review and staff interviews, the facility failed to ensure all medications were administered without error for 1 of 6 audit clients (#6). The finding is:</p> <p>During morning observations in the home on 5/23/23 at 7:35 am, Staff B administered a nasal spray, Calcitonin- Salmon, into each nostril of client #6.</p> <p>Review on 5/23/23 of client #6's Physician's Orders signed on 4/11/23 revealed instructions to instill 1 spray in 1 nostril once every day, alternating nostrils.</p> <p>Interview on 5/23/23 with Staff B revealed an acknowledgment that she instilled the spray into both nostrils of client #6.</p> <p>Interview on 5/23/23 with the Nurse Manager revealed upon reviewing the electronic medication administration record (MAR) for 5/23/23, she determined Staff B did not follow the Physician's Orders for client #6. The Nurse Manager revealed Staff B documented the nostril was not alternated from the previous day.</p>	W 368			
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) <p>Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to ensure foods were</p>	W 473			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Shakita McLeod BS, QP

6/28/23

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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NAME OF PROVIDER OR SUPPLIER

SOUTHERN AVENUE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

**2001 SOUTHERN AVENUE
FAYETTEVILLE, NC 28301**

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W 473	<p>Continued From page 1</p> <p>served at appropriate temperature. This had the potential to affect all clients (#1, #2, #3, #4, #5 and #6). The finding is:</p> <p>During dinner observation in the home on 5/22/23 from 4:15 pm to 5:30 pm, cooked carrots, beans and baked chicken sat in bowls on top of the stove top. The heating elements were observed turned off. Staff A removed plastic wrap from the bowls when the food was ready to be served at 5:30 pm, there was no condensation on the wrap or steam coming from any of the bowls. All clients consumed the food.</p> <p>During record review on 5/23/23 of an in-service conducted by the home manager on 3/14/23, it revealed staff were instructed to reheat food if it sits out longer than 15 minutes. Heat food to 140-165 degrees. The attendance sheet revealed Staff A was in attendance at the inservice.</p> <p>Interview on 5/23/23 with the home manager revealed the food was supposed to be served at proper food temperature and reheated if needed.</p> <p>Interview on 5/23/23 with the administrator revealed the dinner was prepared too early to hold food temperature.</p>	W 473		

**SOUTHERN AVENUES PLAN OF CORRECTION
OF
RECERTIFICATION CONDUCTED ON MAY 23, 2023**

W368 DRUG ADMINISTRATION

The facility will assure that all drugs are administered in compliance with the physician's orders.

Nursing will re-Inservice staff A and all other staff on Client #5 Nasal Spray administration.

Nursing will observe staff A and other staff to ensure client #4 and other Individuals' medications are given as prescribed during increased Nursing Assessments 3x's (times) a month for the next 2 months.

JULY 22, 2023

W473 MEAL SERVICE

The facility must ensure food is served at an appropriate temperature.

QP/Home Manager/Habilitation Specialist will re-Inservice staff on the foods correct temperature at/for mealtime.

QP/Home Manager/Habilitation Specialist will conduct meal assessments 2x's a week for the next 2 months.

JULY 22, 2023