PRINTED: 01/04/2024 FORM APPROVED

TATEMENT OF DEFICIENCIES	THE DICAID SERVICES			OMP NO	0. 0938-03
ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	(X3) DATE	(X3) DATE SURVEY COMPLETED	
NAME OF STREET	34G278	B. WING		1	C
NAME OF PROVIDER OR SUPPLIER AVENT FERRY HOME (X4) ID SUMMARY S'	TATEMENT OF DEFICIENCIES		STREET ADDRESS, CITY, STATE, ZIP CODE 904 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540		29/2023
PREFIX (EACH DEFICIENC	LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
The complaint allegat Condition of Participal cited. W 120 SERVICES PROVIDE SOURCES CFR(s): 483.410(d)(3) The facility must assumeet the needs of each This STANDARD is not Based on interviews a facility failed to ensure with outside programs settings were promptly of 5 audit clients (#2, # are: A. Interviews on 12/28 manager (RM) reveale attend a local vocation through Friday from 9: Interviews on 12/28/23 (PM) at the local vocation through Friday from 9: Interviews on lack of commit facility and the vocation stated that client #2 we products and that she if to pack several of these daily and at least 2 cha	survey was completed on for Intake #NC00211009. Itions were substantiated. A stion in Active Treatment was ED WITH OUTSIDE The that outside services chiclient. The program and issues across the two addressed. This affected 3 and issues across the two addressed. This affected 3 and #5. The findings 1/23 with the residential dictions #2, #4 and #5 all workshop Monday 100am-3:00pm. With the program manager ional program revealed all ongoing issues which unication between the neal program. The PM ars adult incontinence has asked the facility staff as incontinence products anges of clothing in case he incontinence products and the products are producted and the product and the p	W 120	The facility will ensure that any and all issue concerning both outside programs are discus addressed through ongoing monitoring, meeresolutions to address client needs and impreservice provision. For Clients #2, #4 and #5 who attend the vorworkshop and/or day program, the QP, Regin Director and QA will schedule a meeting with outside service staff to discuss issues and reconcerns that impact clients' day support needs. A. The program manager and the QP will addresse to ensure a supply of Client #2's incorproducts and an extra change of clothing will available to the workshop staff at all times. Facility staff will be in-service on Client #2's Instructed to follow the toileting protocol to inchecking the client before leaving and departiday program. Staff will always enter the vocal program with client #2 upon arrival and departiday program. Staff will always enter the vocal program with client #2 upon arrival and departidates toileting needs. B. The QP will establish routine phone contains the Vocational program to address lunch prefor client #5. An additional lunch will be prepatent will secure and provide this additional further member to vocational program staff. The QP will coordinate with the workshop program to ensure that Client #4 resumes attendance workshop. The Regional Director, QA and/ull coordinate with the workshop and conduct elekty to the program to ensure client attendance workshop. The Regional Director, QA and/ull coordinate with the workshop and conduct elekty to the program to ensure client attendance workshop. The Regional Director, QA and/ull coordinate with the workshop and conduct elekty to the program to ensure client attendance workshop. The Regional Director, QA and/ull coordinate with the workshop and conduct elekty to the program to ensure client attendance workshop. The Regional Director, QA and/ull coordinate with the workshop and conduct elekty to the program to ensure client attendance to the QP and/or Program Manager will provide in dongoing training to group home staff	ssed and drings, and ove cational onal onal onal other solve any eds. dress atinent be made 2/5 PP and clude ing for the dional ture to local ture to local onal one at local one at local one at local one one at local one one one of one one of one one one of one one of one	9/2024
involve a lack of comm facility and the vocation stated that client #2 we products and that she it to pack several of these daily and at least 2 chan needs to be changed. To checked every 1-2 hour	al ongoing issues which unication between the hal program. The PM hars adult incontinence has asked the facility staff e incontinence products has of clothing in case he he PM stated client #2 is to see if he needs hanged. Further interview	TI pr ou ar	he QP will monitor weekly onsite at both day regrams to address any needs or issues for tutside services- affecting all clients. The QP and/or Program Manager will provide in dengoing training to group home staff in an	he 2/9	<i>I</i>

Any deficiency statement ending with an asteriak (") 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 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 program participation.

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		34G278	B. WING		C 12/29/2023	
	ROVIDER OR SUPPLIER ERRY HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 904 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ON SHOULD BE E APPROPRIATE	
W 120	vocational program had and supplies of incontinuation with the vocational program procedure in place the of client #2's program come into the workshown morning and client #2 his incontinence produchanged before they of 12/28/23 and several facility staff dropped of coming into the vocation or checking to see in changed. Interview on 12/28/23 assigned to client #2's dates and times of the Review on 12/28/23 of program plan (IPP) daneeds assistance with indicate if he is wet or revealed he wears incondition to underclothic Review on 12/28/23 of facility staff were to check him for wetness departed. B. Interview with the Person of the supplies of the program of the facility in the process of the program of the facility in the process of the program of the facility in the process of the program of the facility staff were to go check him for wetness departed.	as extra changes of clothing tinence products for client 12/28/23 with the PM at m revealed there is a at was established as a part that facility staff would be once they arrive in the would be checked to see if act or clothing needed to be departed. The PM stated on times the week before, the ff clients #2 and #5 without onal center to check them if client #2 needed to be with a vocational staff classroom confirmed the se incidents. If client #2's individual ted 11/9/23 revealed he toileting as he will not dry. Further review ontinence products in ng. If client #2's record indicated eck client #2 before the mornings and then he vocational program, inside, check him in and a or dryness before they	W 120	The QP and Program Manager will rand coordinate with both outside set through onsite visits, phone calls, ar meetings to address client needs in effort to ensure continued compliance.	monitor vices id an	2/9/2024

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 120	has resulted in client: several occasions. The been contacted at lea 2 months and asked to client #5, however the additional lunch items supplemented client # Interview with a vocat #5's classroom at the confirmed she had ph 3-4 times in the past 2 send an additional lunch facility had not result the vocational prog #4 had not attended to over 3 months and the contacted them to let 10 The PM at the vocation contract work client #4 been discontinued how work related tasks he Interview on 12/28/23 manager (RM) reveals work client #4 was wo so the facility had not interview confirmed she had contacted the vocation of client #4 would be resulted to the resulted tasks he Interview on 12/29/23 revealed she was not involving client #2, #4	m the facility to the ng the past 2 months which #5 not having lunch on he PM stated the facility has st 3-4 times during the past to bring another lunch for a facility did not bring any and the vocational program 15's lunch. Idenal staff assigned to client vocational program oned facility staff at least 2 months to ask them to ch for client #5, however ponded. View on 12/28/23, the PM ram also stated that client he vocational program in at the facility staff have not them if he will be returning that setting stated the had been working on had wever, there were several could be involved in. With the residential ed she was told the contract riving on was discontinued sent him to work. Further he was unaware if anyone attorning to work. With the Regional Director	W1	20			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	A CONTRACTOR OF THE PARTY OF TH	(X3) DATE SURVEY COMPLETED	
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	The team failed to: en coordinated with outsi across the two settings (W120); ensure that e continuous active trea includes aggressive, c a program of specializ treatment directed tow behaviors necessary f as much self-determin possible (W196 and W multidisciplinary evaluadmission (W210); to comprehensive function completed in the area independent living skill an initial individual proadmitted client (W226) training to address self needs that were identificable to active treatment (W252). The cumulative effect of resulted in the facility's statutorily mandated at the clients.	re that specific active quirements are met. ot met as evidenced by: sure services were de programs and issues s were promptly addressed. ach client received a transt program, which onsistent implementation of ed and generic training and vards the acquisition of the for the client to function with ation and independence as v249); to complete ations as required after ensure that the onal assessment was of self care and is (W224); failed to develop gram plan for a newly; failed to develop formal for care, domestic living fied (W242) and failed to the data as prescribed. of these systemic practices is failure to provide ctive treatment services to		The facility will take the necessary act ensure that all clients receive active treservices through program review, asse IPP development, staff training, oversi QP, RN and program manager through observations and coordination of outside services. For all clients, the QP and Program Mawill provide staff training to ensure contimplement of active treatment services. A. The QP will coordinate with outside through phone contact, onsite visits, IP and updates; and meetings to address of services needs for all clients. B.QA and/or QP will coordinate with the treatment team and secure multidisciplicate evaluations for client #1. C.QP will schedule a team meeting, to evaluations, complete the adaptive behalinventory (ABI) as a tool to assess self-domestic care needs for Client #1.	atment ssment, ght by de mager nsistent e services P review utside he inary	2/9/2024 2/9/2024	
W 196	ACTIVE TREATMENT		W 19	8			

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W 196	CFR(s): 483.440(a)(1) Each client must rece treatment program, w consistent implements specialized and gener services and related s subpart, that is directe (i) The acquisition of the client to function w determination and inde (ii) The prevention or or loss of current optin This STANDARD is no Based on observation review the facility faile strategies, supports as 5 audit clients (#1, #4, treatment services as program plans (IPP) to abilities in the areas of and opportunities for classessed. The finding A. Cross reference W ensure that outside se clients served in the vo B. Cross Reference W complete multidisciplin after admission. This as C. Cross Reference W	ive a continuous active hich includes aggressive, ation of a program of ic training, treatment, health services described in this ed toward: the behaviors necessary for with as much self ependence as possible; and deceleration of regression and functional status. In the tas evidenced by: In interview and record do to implement consistent and programs to ensure 4 of #5 and #6) received active described in their individual of ensure their skills and for self care, domestic living elient choice were are: 120. The facility failed to envices met the needs of ocational setting. 1210. The facility failed to early evaluations as required effected 1 of 5 clients (#1).	W 18	For all clients, the facility will ensure the provactive treatment services to include but not listaff training, development and review of the development, and review of the initial and ar coordination of outside services, implementa services, supports, strategies, data collection interventions outlined in the IPP. A. The QP will coordinate with outside service through phone contact, onsite visits, IPP reviupdates; and meetings to address outside seneeds for all clients. B.QA and/or QP will coordinate with the treat team and secure evaluations for client #1. C. QP will schedule a team meeting, to review evaluations, complete the adaptive behavior (ABI) to assess self-care and domestic care in Client #1. D. The QP will develop the initial indiviprogram plan (IPP) for client #1 and inall staff accordingly. E. The QP will coordinate with the treat team and develop personal skill training Client #1 upon review of his CFA, ABI multidisciplinary evaluations.	mited to CFA, inual IPP, ition of and es ew and ervices ement ew inventory needs for idual service ement g for and	2/9/2024 2/9/2024 2/9/2024	

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W 210	D. Cross reference Warepare an initial individual newly admitted client: E. Cross Reference Warepare and domestic lividual for a care and domestic lividual for a ca	ridual program plan for a to the facility. V242. The facility failed to g for 1 of 5 clients (#1) to eds in the areas of basic selfing skills. 249. The facility also failed to set o implement training and services to address their ted in their IPP's. 252. The facility failed to bed for the formal written clients #4, #5 and #6. AM PLAN dmission, the must perform accurate essments as needed to inary evaluation conducted of the assessments for 1 of 1 (#1) were completed within on. The finding is: ecord revealed he was on 9/21/23. Further review ent's record did not reveal ans: Speech, Occupational	W 21	F. For clients #1, #4, #5 and #6 the manager and QP will provide in-service in training to all staff on implementation IPP interventions. G. All staff will be in-service on data collection for all clients. The QP will redata collection weekly and provide uportaining to staff as needed to ensure co-compliance. The facility will ensure for any newly acclient, appropriate assessments to include not limited to Speech Therapy, Occupat Therapy, Physical Therapy, Vocational Assessment, Adaptive Behavior Inventowithin 30 days of admission. For Client #1, the ABI document and of assessments will be completed and filed record. The QP will ensure a copy of the assessing available and is filed in the program recomposition and the program recomposition. QA and/or Reginal Director will monitor records monthly to ensure continued conwith initial team meetings and assessmented admissions.	nonitor late natinued le but ional lary her in the ments is ord for e date of r client inpliance	2/9/2024 2/9/2024 2/9/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		- Additional programmes described the self-described control described and described a			С
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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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Interview on 12/29/23 revealed she could not Occupational Therapy Vocational evaluation W 224 INDIVIDUAL PROGRACER(s): 483.440(c)(3) The comprehensive from the common this STANDARD is represented by the same of the function in the common this STANDARD is represented by the same of the functional assessment clients (#1) was not continued by the same of	with the Regional Director of locate Speech, y, Physical Therapy and s for client #1. M PLAN)(v) unctional assessment must eviors or independent living e client to be able to unity. not met as evidenced by: ew and confirmed by he comprehensive at (CFA) for 1 of 5 audit completed. The finding is: of client #1's record revealed to facility on 9/21/23. Further ecord revealed no fa that evaluated his g, bathing, grooming, dressing, self care and	W21		nents to nin 30 ddress de but le living sl and l in the on ion.	2/9/2024 2/9/2024
W 226 INDIVIDUAL PROGRA CFR(s): 483.440(c)(4 Within 30 days after a interdisciplinary team client, an individual pr	dmission, the must prepare, for each	W 22	6		

	OF DEFICIENCIES FCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			90	TREET ADDRESS, CITY, STATE, ZIP CODE 14 AVENT FERRY ROAD OLLY SPRINGS, NC 27540		
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W 242	This STANDARD is no Based on record revier failed to assure the indeveloped an individual for 1 of 1 newly admit admission into the factor of 1 newly admit admission into the factor of 1 newly admit admission into the factor of 12/28/23 of the was admitted to the review of client #1's remeeting date or IPP. Interview on 12/29/23 Director revealed the intellectual disabilities resigned in December revealed the Regiona an IPP document verified following client #INDIVIDUAL PROGR. CFR(s): 483.440(c)(6) The individual program those clients who lack skills essential for privice (including, but not limit personal hygiene, der bathing, dressing, group of basic needs), until inthat the client is development. This STANDARD is not Based on observation.	ew and interview, the facility terdisciplinary team reliable program plan (IPP) ted (#1) within 30 days of sility. The finding is: If client #1's record revealed refacility on 9/21/23. Further record revealed no IPP with the the Regional previous qualified professional (QIDP) had record revealed no IPP with the the Regional previous qualified professional (QIDP) had record revealed no IPP with the the Regional previous qualified professional (QIDP) had record revealed no IPP with the the Regional previous qualified professional (QIDP) had record revealed no IPP with the the Regional previous qualified professional (QIDP) had record revealed no IPP with the the Regional previous qualified professional (QIDP) had record revealed no IPP with the the Regional previous qualified professional (QIDP) had record not locate fying this meeting had been deen deen previous qualified previous qualified professional (QIDP) had record not locate fying this meeting had been deen deen deen previous qualified professional (QIDP) had record not locate fying this meeting had been deen deen deen deen deen deen dee		F tt tt tt	The facility will ensure for any admitted client, an initial team meeting is held, IPP is written, program objectives are developed and implemented within 30 day admission. The IPP document will be type place in the program record for Client #1's initial team meeting was previously held. For Client #1, the IPP document raining objectives will be place the program and home records the program and home records the program and compliance.	and ped ys of d and that and in s.	
	was developed for 1 of address self care, dail identified in the individ	f 5 audit clients (#1) to y living and dining needs					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ERRY HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 904 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540		
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	he was admitted to the review of client #1's readmission meeting the entity and facility staff implementing the folloprograms: to perform hand with assistance a beverage at mealtime appropriate clothing entity revealed perform hygiene care assistance from staff, beverage at mealtime appropriate clothing entity appropriate to the table. So beverages for him. Cliemeal, got up from the walked away. Staff D read into the kitchen in cameal later in the evening appropriate client #1 to plates, cups to the table items after he was finisher was not aware of any for that client #1 was work interview on 12/28/23 were working on client	f client #1's record revealed a facility on 9/21/23. Further accord revealed in a pre at the local mental health had recommended awing formal written training hygiene care hand over from staff, learn to prepare he, and select weather ach day. If client #1's program book the following programs: to hand over hand with learn to prepare a hand select weather ach day. If mealtime on 12/28/23 at red client #1's plate in the meat loaf before bringing staff C poured client #1's ent #1 did not finish his dining room table and took se he decided to finish his higher staff C and staff D did assist with bringing his le or removing his meal shed.	W 24	The facility will ensure for any admitted client, an initial team meeting is held, and program objectives are developed to ad personal skill training needs, w 30 days of admission. For Client #1, the QP and/or Qcoordinate and facilitate a team meeting to review the status of formal training objectives and provide updates as applicable. For Client #1, training objective be developed and filed in the client cord. The QP will in-service a staff on Client #1's training objectives. The QP, QA and/or program manager will monitor in the hon weekly to ensure implementation client #1's personal skills training objectives. QA and/or Reginal Director will monitor client records monthly the ensure continued compliance we development and implementation personal skills training for all client personal ski	dress vill lient's all	2/9/2024 2/9/2024

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W 242	W 242 Continued From page 9 Further interview revealed client #1 requires physical assistance in performing bathing, dressing, toothbrushing, grooming and home living tasks.		W 24	For all clients, the facility will ensure implementation of individual program (IPP) interventions to include but no to supports, services, strategies, and training objectives.	n plan t limited	
	was not aware of spe client #1 was working physical assistance i dressing, toothbrush	3 with staff D revealed he cific training programs that g on but that he required n performing bathing, ing, grooming and home		For clients'#1, #4, #5 and #6 the promanager and QP will provide in-serviraining to all staff on implementation IPP interventions.	rice 2/9/2024	
W 249	dressing, toothbrushing, grooming and home living tasks. Interview on 12/29/23 with the regional director confirmed a comprehensive functional assessment for client #1 could not be located and that training has not been developed in the areas of dining, bathing, toothbrushing, home living since his admission on 9/21/23. W 249 PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)		W 24	For Client #4, the IPP interventions cleaning his bedroom, oral hygiene, leisure will be implemented and interby staff throughout the home routine. Staff will receive training on Client # to address choices of leisure activition formal training, and implementation active treatment schedule.	and grated b's IPP	
	each client must rece treatment program or interventions and ser and frequency to sup objectives identified i plan. This STANDARD is a Based on observation	individual program plan, bive a continuous active consisting of needed vices in sufficient number port the achievement of the in the individual program not met as evidenced by: ins, interviews and record		Staff will receive training on Client # IPP guidelines, strategies, or training relative to mealtime needs and othe applicable training. The QP will consthe Nurse and Nutritionist concerning changes to the diet and monitoring of weights. The program manager, QA and/or Q provide weekly observations in the hensure implementation of the IPP for clients.	sult with 2/9/2024 g any of P will come to	
	reviews, the facility fa implement supports, programming to clien	ailed to consistently services and formal				

	NOF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 249	findings are: A. During observation from 1:45pm-2:45pm bedroom asleep. Stacheck on him, interactivities to him. During observations client #4 remained in 3:30pm-5:55pm. He of activities or prograworking. At 5:55pm, bedroom to wake him Observation on 12/2 revealed several boacould be offered for of a memorandum polient's active treatm 4:00pm until 6:00pm crafts activities. Review on 12/29/23 11/22/22 revealed he training programs the and 2nd shift: Cleani oral hygiene routine activity. Interview on 12/28/2: #4 likes to sleep in the opportunities were mis IPP objectives to program. Interview on 12/28/2: manager (RM) revealed in the opportunities were mis IPP objectives to program.	ons on 12/28/23 in the facility in client #4 remained in his off A was working and did not not with him or offer any at the facility on 12/28/23 in his bedroom asleep from was not offered any choices arms. Staff B and staff C were staff B walked in client #4's	W 249		

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		34G278	B. WNG		C 12/29/2023	
	ROVIDER OR SUPPLIER		904 A	ET ADDRESS, CITY, STATE, ZIP CODE LVENT FERRY ROAD LY SPRINGS, NC 27540		
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION		SE COMPLETION	
W 249	vocational contract hat they had discontinued vocational setting. Interview on 12/29/23 revealed direct care is clients in leisure activitraining on formal goat they return from work evenings B. During observation from 3:30pm-6:00pm bedroom or walked in talking with staff B an formal programs were client #5 if he would limeal preparation but kitchen and did not resupper was ready at 6 Review of client #5's revealed he has formoral hygiene tasks, co complete an exercise cleaning routine. Observation on 12/28 revealed several boar could be offered for le of a memorandum poclient's active treatme 4:00pm until 6:00pm vocafts activities. Interview on 12/29/23 revealed direct care is clients in leisure activities.	ad been discontinued and disending him to the with the Regional Director staff should be engaging lities of their choice and als in the afternoon when before supper in the as in the facility on 12/28/23 client #5 remained in his the hallway of the facility distaff C. No activities or e offered. Staff B asked ke to help in the kitchen for client #5 walked out of the turn to the dining room until	W 249			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ONSTRUCTION	(X3) DATE	SURVEY PLETED
		34G278	B. WING				C
NAME OF F	ROVIDER OR SUPPLIER	040210			EET ADDRESS, CITY, STATE, ZIP CODE	12/	29/2023
AVENT F	ERRY HOME			904 /	AVENT FERRY ROAD LY SPRINGS, NC 27540		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG	1000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E	(X5) COMPLETION DATE
W 249	they return from work evenings. C. During afternoon of 3:30pm-6:00pm client bedroom except for must be supported bedroom extended be supported bedroom until 6:00pm which can be supported bedroom except bedroom except for must be supported be supported by supported bedroom except for must be supported by suppo	before supper in the bservations from #6 remained in his nedication administration at offered any activities or ms. Client #6 declined housemates and stated he card he received for the st out the following day. /23 of the activity cabinet d games and activities that isure choice. Observation sted on the wall for the nt schedule indicated from vas leisure choice, arts and of client #6's IPP dated following active treatment andry routine, will iron a se bedroom. None of these ther leisure activities were actions on 12/28/23. with the Regional Director caff should be engaging ties of their choice and les in the afternoon when	W	249			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BUILDI	IIAG	-		C
		34G278	B. WING				29/2023
	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 904 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)		(X5) COMPLETION DATE
W 249	did not finish his mearoom table and walke his plate and took it in decided to finish his man Staff C and staff D did assist with bringing his removing his meal iter. No other snack items offered. Review of client #1's in revealed he has a region portion restrictions. Histed as 125-150 pour Review on 12/29/23 of his admission on 9/21/23 November: 124.6 (lost December: 120.8 pour since admission)	en staff did not respond, he I, got up from the dining d away. Staff D removed ito the kitchen in case he neal later in the evening. I not prompt client #1 to is plates, cups to the table or ims after he was finished. or meal substitutions were nutritional evaluation ular pre-cut diet without any is ideal weight range is inds. If client #1's weights since /23 revealed the following: : 132 pounds it 7.4 pounds) inds (has lost 12 pounds with the Regional Director	w	248			
W 252	confirmed the facility II #1 has lost 12 pounds 9/21/23 however, the contacted to discuss II his diet. PROGRAM DOCUME	Nurse had noted that client is since his admission on Dietician has not been his weight loss or revising	W2	252			
	specified in client indi-	nplishment of the criteria					

STATEMENT OF DEPICIENCES			(X2) MULTIPLE CONSTRUCTION			SURVEY LETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILD	A. BUILDING				
		34G278	B. WING	-		12/	29/2023
385 C.C. S.C. S.	ROVIDER OR SUPPLIER			9	TREET ADDRESS, CITY, STATE, ZIP CODE 04 AVENT FERRY ROAD IOLLY SPRINGS, NC 27540		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E TE	(X5) COMPLETION DATE
W 252	This STANDARD is a Based on record revifailed to assure data included in the indivition 3 of 5 clients in the documented adequate accomplishment of the are: A. Review on 12/28/2 book revealed he had to: Clean his bedroor for 12 consecutive rehygiene routine for 1 periods, and particip minutes. Review of the following: Cleaning bedroom: September: no data October: no data November: no data December: no data December: no data November: no data December: no data December: no data December: no data December: no data November: no data December: no data December: no data December: no data November: no data December: no data December: no data November: no data December: no data	not met as evidenced by: iew and interview, the facility for the objective training dual program plans (IPP's) ie home (#4,#5 and #6) was tely to determine he objectives. The findings 23 of client #4's program d written training programs m with 100% verbal prompts eview periods, follow oral 0 consecutive review ate in a leisure routine for 5 his data book revealed the	W		The facility will ensure that all complete documentation (data collection) relative to training objectives in accordance with client's IPP. For Clients #4, #5, and #6, the and program manager will insall staff on data collection related training objectives. The program manager will make in the home twice weekly to restatus of all clients' training objectives to ensure data collection data continued compliance. The QP and/or QA will monito the home weekly as well to end at a collection and/or documentation of all training objectives per each client's IP	each QP Service tive to nitor eview ection	2/9/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		100	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		34G278	B. WING		12	C 2/29/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 304 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540	DDE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	ACCOUNTED THE TOTAL TO THE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 252	complete oral hygien routine, complete an household cleaning is book revealed the following processing to book revealed the following processing to book revealed the following processing to book revealed the following complete laundry routine, William power ber: no data to be complete an exercise september: no data to complete an e	e tasks, complete a laundry exercise routine and routine. Review of his data flowing: ne tasks: utine: 23 of client #6's program flowing programs: Follow a iron a garment, and clean his his data book revealed the	W	252		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LECONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			
		34G278	B. WING		C 12/29/2023
*************	ROVIDER OR SUPPLIER	070210		STREET ADDRESS, CITY, STATE, ZIP CODE 904 AVENT FERRY ROAD HOLLY SPRINGS, NC 27640	,
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION
W 252	revealed she was un were not collecting d training programs. Fu had assumed the resmonitoring data colle additional training an in this area. DRUG ADMINISTRAT CFR(s): 483.460(k)(1) The system for drug that all drugs are adn the physician's order This STANDARD is a Based on observation interviews, the facility medications were adwith physician's order clients (#6). The find During observations from 3:30pm-6:00pm	3 with the Regional Director aware that direct care staff ata on client #4 ,#5 and #6's arther interview revealed she sidential manager may be ction, however admitted d monitoring may be needed TION 1) administration must assure ninistered in compliance with s. not met as evidenced by: ns, record reviews and y failed to ensure ministered in accordance rs. This affected 1 of 5 audit	W 36		

STATEMENT O	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION				(X3) DATE SURVEY COMPLETED	
AND PLAN OF	D PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING					
		34G278	B. WING				29/2023	
NAME OF B	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE			
NAMEOFF	CONDEN ON SON I ELEX			9	04 AVENT FERRY ROAD			
AVENT FE	RRY HOME			H	HOLLY SPRINGS, NC 27540			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETION DATE	
			-		The facility will ensure each	client's	2/9/2024	
W 368	afternoon medication	clients in the facilty received ns. Staff C stated he was not	w	368	medication(s) is administered accordance with physician's	ed in orders.		
	administration record had not given any af in the office looking				For clients #1, and all other the home, the QP will sched service training for all medic trained staff- assigned to the	lule in- cation	2/9/2024	
	administration record the following for clied (1) tablet by mouth to Benztropine Mesylat	of the paper medication d (MAR) at 5:15pm revealed ht #6: Clonidine 0.1mg. Give wice daily at 8am, 4pm and te 1 mg. Give (1) tablet by 8am, 4pm. Further review			The RN will be present to puthis in-service training on eaclient's medication regimen	ach	2/9/2024	
	revealed Metformin mouth twice daily wi Interview on 12/28/2 medication can be a	850mg. Give (1) tablet by th meals 8am, 5pm. 23 with staff C revealed administered one hour before			For Client #6 staff will be gir specific instructions by the administration of evening medications at 4PM and 5P	RN on PM	2/9/2024	
	administration time. was outside the me for client #6's Clonic thought staff A had	ter the prescribed medication Further interview revealed he dication administration time line and Benztropine as he administered these he left his shift at 3:30pm.			accordingly per physician's and the MAR. In addition, for #6, staff will be instructed to administer his Metformin at with his evening meals- in accordance with physician's	or Client 5 5PM		
	12/28/23 at 5:30pm residential managel Benztropine Mesylamg. Staff C asked owhen he returned fr 3:15pm and he ansalso administered Mat client #6 took what client #6 took what client #6 took what significant management with the significant management with	oservations in the facility on a staff C contacted the ref (RM) and then administered at 1 mg. and Clonidine 0.1 slient #6 if he had a snack from the vocational setting at wered he had crackers. Staff Metformin 850mg. (1) tablet with water. Staff C did not a client #6 had eaten, what			The program manager will twice a week in the home devening and morning medic pass to ensure compliance. The QP, QA and/or RN will the medication pass weekly	monitor luring the cation monitor	2/9/2024	
	time it was eaten no choices.	or did he offer additional snack	Annual control of the		home to ensure continued compliance.			

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
					C 12/29/2023		
	ROVIDER OR SUPPLIER	34G278	B. WING 12/29/2 STREET ADDRESS, CITY, STATE, ZIP CODE 904 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540				
(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	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 368	at 6:00pm, revealed supper with his hous any other meal items. Interview on 12/29/2 confirmed that direct communicated befor RM or with staff C rewere to be administed confirmed staff C sh	that client #6 declined eating semates and was not offered	W3	68			