

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G221</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/14/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>HICKORY AVENUE HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>112 HICKORY AVENUE HOLLY SPRINGS, NC 27540</b>		
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W 249	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active 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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 6 of 6 audit clients (#1, #2, #3, #4, #5 and #6) received a continuous active treatment program consisting of needed interventions and services identified in the Individual Program Plan (IPP) in the areas of family style dining, adaptive dining equipment, and fluid intake. The findings are:</p> <p>A. During dinner observations in the home on 5/13/24, clients #1, #2 and #3 were not given the opportunity to participate in family style dining. Further observations revealed the food for clients #1, #2 and #3 were placed on their plates by the Home Manager. Additional observations revealed client #2 was standing in the kitchen behind the Home Manager as his food was being placed on his plate. Further observations revealed the plates for clients #1, #2 and #3 were bought to the table by Home Manager.</p> <p>During breakfast observations in the home on 5/14/24, clients #1 and #2 were not given the opportunity to participate in family style dining. Further observations revealed the food for clients</p>	W 249			

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 249	<p>Continued From page 1</p> <p>#1 and #2 plates were placed on their plates by Staff A. Additional observations revealed client #2 was standing in the kitchen behind Staff A as his food was being placed on his plate. Further observations revealed the plates for clients #1 and #2 were bought to the table by Staff A.</p> <p>During an interview on 5/14/24, Staff A stated family style dining does not occur do to the fact all the clients residing in the home are suppose to have their food prepared by staff prior to it being bought to the table.</p> <p>Review on 5/13/24 of client #1's Community/Home Life Assessment dated 9/11/23 stated he participates independently in family style dining.</p> <p>Review on 5/13/24 of client #2's Community/Home Life Assessment dated 9/5/23 stated he participates independently in family style dining.</p> <p>Review on 5/13/24 of client #3's Community/Home Life Assessment dated 8/21/23 stated he needs to be given a verbal cue to participate in family style dining.</p> <p>During an interview on 5/14/24, the Qualified Intellectual Disabilities Professional (QIDP) stated clients #1, #2 and #3 should have been given the opportunity to participate in family style dining.</p> <p>B. During mealtime observations in the home during the survey on 5/13 - 14/24, client #1 was not given the opportunity to use the food processor. Further observations revealed the Home Manager (HM) used the food processor during dinner. Staff A used the food processor</p>	W 249			

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W 249	<p>Continued From page 2 during breakfast.</p> <p>During an interview on 5/14/24, the QIDP stated client #1 should have been given the opportunity to use the food processor to modify his food.</p> <p>C. During mealtime observations in the home during the survey on 5/13 - 14/24, client #2 was not given the opportunity to cut his own food. During dinner observations the HM cut client #2's food. Staff A cut client #2's food. Further observations during both dinner and breakfast, client #2 was observed standing behind both the HM and Staff A with his arms crossed, while his food was being cut.</p> <p>During an interview on 5/14/24, Staff A stated client #2 does not know how to use a knife.</p> <p>Review on 5/13/24 of client #2's Community/Home Life Assessment dated 9/5/23 stated he can use "all utensils as needed, regular or adaptive knife" independently.</p> <p>During an interview on 5/14/24, the QIDP confirmed client #2 can use a knife and should have been given the opportunity to use one to cut his own food.</p> <p>D. During dinner observations in the home on 5/13/24, client #6 did not use his dycem mat. At no time was client #6 given the opportunity to use his dycem mat.</p> <p>Review on 5/13/24 of the adaptive dining equipment sheet dated 11/2023 indicated he uses a dycem mat during meals.</p> <p>During an interview on 5/14/24, the QIDP</p>	W 249			

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W 249	Continued From page 3 confirmed client #6 should have used his dycem mat.  E. During mealtime observations in the home during the survey on 5/13 - 14/24, client #4's fluid intake was not recorded.  Review on 5/13/24 of the facility's diet list dated 2/2/24 revealed client #4 is suppose to have three liters of water per day.  Review on 5/14/24 of client #4's Nutritional Evaluation dated 2/19/24 revealed, "...Fluid goal also in place...."	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 restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 2 of 6 audit clients (#3 and #5). The finding is:  A. Review on 5/13/24 of client #3's record revealed there was no signed consent by his legal guardian, for the door alarms.  B. Review on 5/13/24 of client #5's record revealed there was no signed consent by his legal guardian, for the door alarms.	W 263			

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W 263	Continued From page 4  During an interview on 5/14/24, the Home Manager (HM) revealed there are alarms on the front door and both side doors. Further interview revealed client #5 has the behavior of eloping from the home.  During an interview on 5/14/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients #3 and #5 do not have a signed consents by their legal guardians, for the door alarms.	W 263			
W 383	<b>DRUG STORAGE AND RECORDKEEPING</b> CFR(s): 483.460(l)(2)  Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure only authorized persons have access to keys to the drug storage area. The finding is:  During observations in the home on 5/14/24 from 7:20am until 7:26am, the keys to the medication cabinet were observed to be in an unlocked key box which is located on a wall in the medication room.  During an interview on 5/14/24, Staff B revealed the keys to the medication cabinet should be locked in the key box when they are not in use.  During an interview on 5/14/24, the facility's nurse stated the keys to the medication cabinet should be locked inside of the key box when not in use.  During an interview on 5/14/24, the Qualified	W 383			

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W 383	Continued From page 5 Intellectual Disabilities Professional (QIDP) revealed the keys to the medication cabinet should be locked in the key box when not in use.	W 383			
W 460	During an interview on 5/14/24, management staff stated the keys to the medication cabinet should be locked in the key box when not in use.  FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a nourishing, well balanced diet including modified specially prescribed diet as prescribed. This affected 1 of 6 audit clients (#1). The finding is:  During breakfast observations in the home on 5/14/24, client #1 was observed eating toast which was modified in a food processor. Further observations revealed the toast was dry and no liquids where added.  Review on 5/14/24 of client #1's Individual Program Plan (IPP) dated 5/18/23 stated, "Diet: Mechanical Soft".  Review on 5/14/24 of the facility's diet list dated 2/2/24 revealed client #1 diet is mechanical soft.  During an interview on 5/14/24, management staff stated dry toast is not considered part of a	W 460			

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W 460	Continued From page 6 mechanical soft diet.	W 460			