

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

PRINTED: 06/12/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/11/2024
NAME OF PROVIDER OR SUPPLIER NO PLACE LIKE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4309 NC HWY 87 SOUTH FAYETTEVILLE, NC 28306		
(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 262	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i)</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the restrictive behavior technique for 1 of 4 audit clients (#4) was reviewed and monitored by the human rights committee (HRC). The finding is:</p> <p>Review on 6/10/24 of client #4's Behavior Support Plan (BSP) dated 1/5/24 revealed target behaviors consisting of property destruction, noncompliance, and self-injurious behaviors. Additional review on 6/10/24 of qualified professional note dated 1/5/24 alarm has been placed on bedroom door due to sneaking in other rooms and tearing up their clothes, another alarm also placed on closet door in client's bedroom. Further review on 6/11/24 of client #4's BSP revealed no written consent by the HRC.</p> <p>Interview on 6/11/24 with the qualified intellectual disabilities professional (QIDP) confirmed that client #4 did not have written consent by HRC.</p>	W 262			
W 263	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>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 observations, record review and interview, the facility failed to ensure restrictive</p>	W 263			

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 263	Continued From page 1 programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 4 audit clients (#4). The finding is: Observation on 6/10/24 at approximately 4:00pm of an alarm device on the top the entry door to client #4 bedroom, that chimed when you walked inside the bedroom. Record review on 6/10/24 of client #4's behavior support plan (BSP) dated 1/5/24 revealed no documentation or mention of the door alarms for client #4 bedroom door or closet door. Interview on 6/11/24 with the qualified intellectual disabilities professional (QIDP) confirmed there was no written informed consent for client #4's door alarms.	W 263			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure nursing staff were sufficiently trained in medication administration. This affected 1 or 4 audit clients (#5). The finding is: Observation of medication administration in the home on 6/11/24 at 8:15am, the home manager administered Benztropine .5mg. The medication administration record for the month of June was	W 340			

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W 340	Continued From page 2 initialled twice a day 8am and 8pm daily June 1st-10th as the medication given twice a day. Record review of physician orders dated 5/30/24 revealed Benzotropine .5mg take 1 tablet by mouth twice a day as needed for extra pyramidal side effects. Interview on 6/11/24 with home manager revealed he administered the medication twice a day the way he was told to do. He revealed he doesn't understand why as needed was written on the medication administration record. Interview on 6/11/24 with the nurse confirmed there should be some clarification on the order if the medication should be administered twice a day or as needed.	W 340			
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 1 of 4 audit clients (#1). The finding is: Morning observation in the home on 6/11/24 at 8:00am revealed, the home manager observed administerrd GenTeal tears to client #1 two drops in each eye. Record review on 6/11/24 of client #1's physician orders signed 5/30/24 revealed an order for	W 368			

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W 368	Continued From page 3 GenTeal tears revealed an order to instill one drop in each eye twice daily. Interview on 6/11/24 with the home manager revealed that client #1 has always gotten 2 drops in each eye and was unaware of the change. Interview on 6/11/24 with the nurse confirmed the order should be administered as written with one eye drop in each eye. The nurse also revealed she was unaware of the order being changed.	W 368			