

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

PRINTED: 07/25/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G274	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER LOCKLEY ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 4617 LOCKLEY RD 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 1 of 4 audit clients (#1) were afforded privacy during personal care and toileting. The finding are:</p> <p>During observations in the home on 7/24/24 at 6:30am, client #1 was in the hallway and kitchen area with a night shirt above her waistline and her pull up was visible. Staff A assisted her to her bedroom. Further observation at 6:45am, client #1 was told by staff A to go to the bathroom. Client #1 was in the bathroom with her pants down and sitting on the toilet with the bathroom open.</p> <p>Review on 7/24/24 of client #1's Community/Home Life assessment (dated 10/28/23) revealed client #1 requires verbal cues for closing doors to bedroom/bathroom before dressing, undressing or toileting.</p> <p>Interview on 7/24/24 with staff A confirmed client #1 needed verbal cues to close the door when using the bathroom. Staff A also confirmed client #1 requires verbal cues to be fully dressed before leaving privacy of bedroom/bathroom.</p>	W 130			
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</p>	W 262			

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 262	Continued From page 1 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 techniques for 1 of 4 audit clients (#4) was reviewed and monitored by the human rights committee (HRC). The finding is: Review on 7/23/24 of client #4's record revealed no Behavior Support Plan (BSP). The Annual Medication Consent revealed the client was prescribed behavior medications as followed: Strattera, Catapres, Mirtazapine, Risperdal and Sertraline. Further review on 7/23/24 of client #4's Medication Consent revealed no written consent by the HRC. Interview on 7/24/24 with the program manager confirmed that a BSP for client #4 could not be located and client #4 did not have written consent by HRC.	W 262			
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 observations, 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 1 of 4 audit clients (#4). The finding is: Record review on 7/23/24 of client #4's Individual	W 263			

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W 263	Continued From page 2 Program Plan (IPP) dated 2/23/24 revealed diagnosis of autism, anxiety disorder and ADHD. Record review on 7/23/24 of client #4's physician's orders signed 6/13/24 revealed orders for behavior medications as followed: Clonidine, Strattera, Focalin, Hydroxyzine, Mirtazapine, Risperidone, Sertraline and Topiramate . Further record review on 7/23/24 of client #4's consents revealed no written informed consent by the legal guardian for the medications Focalin, Hydroxyzine and Topiramate. Interview on 7/24/24 with the program manager revealed no written informed consent could be located for client #4's medications.	W 263			
W 312	DRUG USAGE CFR(s): 483.450(e)(2) be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the interdisciplinary team (IDT) developed active treatment programs to use in conjunction with client's psychotropic medications for the reduction and/or elimination of restrictive behavior medications. This affected 1 of 3 audit clients (#4). The finding is: Review on 7/23/24 of client #4's individual program plan (IPP) dated 2/23/24 revealed he was admitted to the facility 1/25/24.	W 312			

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W 312	<p>Continued From page 3</p> <p>Review on 3/4/24 of client #4's physician orders dated 6/13/24 revealed he receives Sertraline, Strattera, Clonidine, Focalin, Hydroxyzine, Mirtazapine, Risperidone, Sertraline and Topiramate to manage anxiety and mood disorder.</p> <p>Review on 7/23/24 of client #4's record did not include a formal active treatment program to use in conjunction with his psychotropic medications.</p> <p>Interview on 7/24/24 with the program manager confirmed no Behavior Support Plan could be located for client #4.</p>	W 312			