

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

PRINTED: 01/18/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G074	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/17/2024
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NAME OF PROVIDER OR SUPPLIER ASHLEY HEIGHTS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2990 RESERVATION ROAD ABERDEEN, NC 28315
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(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
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W 249	<p>PROGRAM IMPLEMENTATION 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, interviews and record reviews, the facility failed to consistently implement supports, services and formal programming to clients in the facility as it relates to promoting independence during mobility. This affected 1 of 4 audit clients (#5). The finding is:</p> <p>During observation at the facility on 1/16/24 at 5:25pm, staff A pushed client #5's wheelchair into the kitchen to get her placesetting for the dining room table. Staff A did not encourage client #5 to assist with propelling her wheelchair.</p> <p>During observation in the facility on 1/17/24 at 6:22am, Staff G pushed client #5's wheelchair to the dining room table and locked the wheelchair brakes.</p> <p>Interview on 1/17/24 with Staff G revealed client #5 is not able to propel her own wheelchair.</p> <p>Review on 1/17/24 of client #5's physical therapy evaluation dated 9/22/23 revealed, "She is able to propel her wheelchair independently using the left upper extremity." Recommendations included:</p>	W 249	<p>RECEIVED JAN 30 2024 DHSR-MH Licensure Sect</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Samantha Scott Administrator TITLE: Administrator (X6) DATE: 1/26/24

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.

Ashley Heights

W 249 PROGRAM IMPLEMENTATION

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.

The Nursing Support Staff will re-in-service staff on client #5 physical therapy evaluation to include self-propelling. Nursing Support staff will also ensure all DSA's are Inservice on the proper technique of locking and putting brakes on client #5 wheelchair.

Nursing Support Staff will conduct wheelchair assessments 3 times per month for 2 consecutive months.

W 340 NURSING SERVICES

The Facility will ensure staff are sufficiently trained to implement appropriate health and hygiene methods.

The LPN will implement a schedule for client #4 to include pressure relief and repositioning to ensure chronic pressure ulcer does not resurface. The LPN will Inservice of pressure relief schedule.

The LPN will conduct biweekly nursing assessments for 2 consecutive months.

W 368 DRUG ADMINISTRATION

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

The LPN will rein-service staff on client #5 physician orders to include boost, Activia yogurt, and thickened liquids.

The LPN will conduct medication assessments three times per month for two consecutive months to ensure medications are being administered properly.

W 460 FOOD AND NUTRITION SERVICES

The Facility will ensure each client receive a nourishing, well-balanced diet including modified and specially prescribed diets.

The LPN will rein-service staff on client #5 physician orders to include diet.

The Home Manager, Hab Spec., and LPN will conduct meal assessments 3X per months for 2 consecutive months.

Completion Date: March 17, 2024