

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

PRINTED: 06/12/2024
FORM APPROVED
OMB NO. 0998-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340151	(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 4308 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)	(X6) 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 adult 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	<p>We will meet this standard by ensuring to review and monitor client #4 and all consumers behavior plans and any recommended changes to the plans with the Human Rights Committee for each consumer.</p> <p>Before any recommendations are implemented the QP will ensure the recommendations were discussed and approved by the committee for every consumer.</p> <p>The QP will ensure to review the behavior plan at least quarterly or more frequently as needed to ensure this standard is met for each consumer.</p>	8/10/24
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
James Blum, B.S., Ed., QP 6/26/24

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.

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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 28308	
(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 263	Continued From page 1 programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 4 audlt clients (#4). The finding is: Observallon on 6/10/24 at approxlmately 4:00pm of an alarm device on the top the entry door to client #4 bedroom, that chlmmed 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 disabilillies professional (QIDP) confirmed there was no written informed consent for client #4's door alarms.	W 263	This standard will be met by the QP ensuring that client #4 and all consumer Behavior plans are reviewed and monitored by the Human Rights Committee and the legal guardian is informed of and gives us the written consent as well as the Human Rights Committee gives us consent for client #4 and all consumers. The QP will ensure to monitor client # 4 and all consumers behavior plans and agreements for the behavior plans at least quarterly, when changes are made and as needed to ensure to meet this standard for all consumers.	8/10/24
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: Observallon 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	This standard will be met by the QP and RN ensuring that the doctor writes any as needed medications with exact instructions and explanations for why that medication is to be given as needed. The RN will ensure to review and audit all consumers orders at least weekly and as needed to ensure this standard is met for each consumer.	8/10/24

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NAME OF PROVIDER OR SUPPLIER NO PLACE LIKE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4309 NC HWY 07 SOUTH FAYETTEVILLE, NC 28306	
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W 340	Continued From page 2 Inlalled twice a day 8am and 8pm dally June 1st-10th as the medication glven twice a day. Record review of physician orders dated 5/30/24 revealed Benztropine .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 adminlstered the medlcation 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 clarlfication 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 facillity failed to ensure medications were administered in accordance with physiclcan'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 adminlsterred 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	This standard will be met by the QP and RN reviewing the medications weekly for client #1 and for all clients as soon as client #1 any consumer has an appointment the doctor order will be reviewed immediately and implemented properly. The RN then will ensure to talk to all staff and retrain all staff on medication administration. The RN will also observe each staff administer all medications to ensure accuracy of administration to all consumers.	8/12/24

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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	The RN will also review the MARs weekly and as needed to ensure the medication instructions are the same as the doctors order for all consumers.		