

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

PRINTED: 11/30/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/30/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>HUNTLEIGH</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3300 HUNTLEIGH DRIVE RALEIGH, NC 27604</b>		
(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 000	INITIAL COMMENTS	W 000			
W 130	<p>A revisit was conducted on 11/30/23 for all previous deficiencies cited on 9/19/23. However, one deficiency was recited and new non-compliance was found.</p> <p><b>PROTECTION OF CLIENTS RIGHTS</b> 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 and interviews, the facility failed to ensure 3 of 6 audit clients (#1, #2 and #6) were afforded the right to privacy during care of their personal needs. The finding is:</p> <p>During observations on 11/30/23 at 6:30am, staff took client #1 to the bathroom and told him to get ready for his shower. Staff A turned on the shower and left the hallway bathroom door open while client #1 took a shower. After finishing his shower, client #1 walked naked back to his bedroom across the hallway past client #4. Client #1 dressed with the bathroom door open while staff A walked in and out of his bedroom.</p> <p>During observations on 11/30/23 at 6:35am, staff B assisted client #6 to the laundry room wearing pants and no shirt to the laundry room. She walked in and out of the laundry room without directing him to put on his robe or a shirt.</p> <p>During observations on 11/30/23 at 6:48am, staff A assisted client #2, who is visually impaired, into the hallway bathroom wearing only a towel and started the shower. Client #2 showered with the door open. Staff A walked in and out of the</p>	W 130	<p>This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> <li>A. All community / home life assessment will be reviewed/update and revised as needed.</li> <li>B. Consumers will be provided/afforded privacy.</li> <li>C. Consumer will be in-service on privacy</li> <li>D. Staff will be in serviced on providing, encouraging and affording privacy to all consumers.</li> <li>E. Site Manager will monitor one time a week.</li> <li>F. Qualified Professional will monitor one time a week</li> </ul>	01.29.2024	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Kimberly Williams Aik*

*Executive Director*

*12/3/2024*

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.



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G066	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R 11/30/2023
NAME OF PROVIDER OR SUPPLIER  HUNTLEIGH			STREET ADDRESS, CITY, STATE, ZIP CODE 3300 HUNTLEIGH DRIVE RALEIGH, NC 27604		
(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	Continued From page 1 bathroom and did not shut the bathroom door.	W 130			
{W 460}	<p>Interview with staff A on 11/30/23 revealed he has worked in the facility about 4 months and is still in training.</p> <p>Interviews on 11/30/23 with the Program Manager revealed clients #1, #2 and #6 need verbal reminders to put on robes and/or clothing well as shutting the bathroom and bedroom doors when completing self care tasks.</p> <p><b>FOOD AND NUTRITION SERVICES</b> CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client's prescribed diets were followed as written. This affected 2 of 3 audit clients (#2 and #3). The finding is:</p> <p>During observations on 9/18/23 of supper preparation at 5:55pm, the residential manager (RM) used the food processor to chop lasagna, salad and bread for clients #2, #3 and one non audit client. Observation of the lasagna revealed a ground texture with lumps. No fluids were added to the lasagna mixture in the food processor. Observation of the lettuce revealed it was also a more liquid texture, however the RM used bottled water while the lettuce was being chopped. The bread texture was a dry pureed consistency.</p>	{W 460}	<p>This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> <li>A. Nutritionist will complete and assessment on consumers</li> <li>B. Recommendations will be added based upon assessment</li> <li>C. Nutritional assessments will be conducted to ensure proper food consistency</li> <li>D. All people served will receive a nourishing, well-balanced diet including modified and specially prescribed diets.</li> <li>E. All staff will be in service on Food consistency orders</li> <li>F. Site Supervisor will monitor one time a week.</li> <li>G. Clinical Manager will monitor one time a week</li> </ul>	12.30.2023	

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

PRINTED: 11/30/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/30/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>HUNTLEIGH</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3300 HUNTLEIGH DRIVE RALEIGH, NC 27604</b>		
(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 460}	<p>Continued From page 2</p> <p>Interview on 9/18/23 with the RM revealed he was not certain whether the lasagna was completely pureed.</p> <p>During observations on 9/18/23 of the supper meal at 6:04pm, both clients #2 and #3 were served lasagna that appeared to be a ground texture and mechanically processed lettuce and dry processed bread crumbs.</p> <p>During observations on 9/19/23 of breakfast at 6:43am, staff D assisted clients #2 and #3 to serve oatmeal, ground sausage and bread that was observed to be a dry pureed mixture.</p> <p>Review on 9/18/23 of client #2's individual program plan (IPP) dated 10/18/22 revealed he is to receive a regular pureed diet.</p> <p>Review on 9/18/23 of client #2's nutritional evaluation dated 8/15/22 revealed he is to receive a regular pureed diet.</p> <p>Review on 9/18/23 of client #3's IPP dated 11/8/22 revealed he is to receive, "A regular pureed diet consistency. Please remove pits from fruits and vegetables. Ensure (1) can twice daily."</p> <p>Interview on 9/18/23 with the qualified intellectual disability professional (QIDP) confirmed clients #2 and #3 are to receive regular pureed diets.</p> <p>Review on 11/30/23 of the facility's plan of correction dated 9/23/23 revealed, "This deficiency will be corrected by the following actions: A. Nutritionist will complete and assessment on consumers.</p>	{W 460}			



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

PRINTED: 11/30/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/30/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>HUNTLEIGH</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3300 HUNTLEIGH DRIVE RALEIGH, NC 27604</b>		
(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 460}	<p>Continued From page 3</p> <p>B. Recommendations will be added based upon assessment.</p> <p>C. Nutritional assessments will be conducted to ensure proper food consistency.</p> <p>D. All people served will receive a nourishing, well-balanced diet including modified and specially prescribed diets.</p> <p>E. All staff will be inservice on food consistency orders.</p> <p>F. Site Supervisor will monitor once a week.G. Clinical Manager will monitor one time a week."</p> <p>During observations on 11/30/23 at 7:45am, staff B served client #2 a pancake and sausage that was cut into 5 pieces and a bowl of oatmeal.</p> <p>Interview on 11/30/23 with the Program Manager revealed client #2's most recent nutritional assessment was dated 11/29/23 and that client #2's diet had been changed to mechanically chopped which required that all of his foods be modified in the food processor. Further interview revealed client #2's breakfast consistency on 11/30/23 was not in compliance with the most recent diet modification.</p>	{W 460}			