TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DMTE W 227 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) W 227 W 227 The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: The facility failed to assure the individual support plan (ISP) for 1 of 3 sampled clients (#6) included objective training to meet the client's dining needs as evidenced by observation, interview, and record verification. The finding is: Afternoon observations in the group home on 9/10/24 at 5:33 PM revealed client #6 to sit down at the table for supper along tith a peer while the other clients in the home were made to wait. The client was observed to use a regular spoon, high-sided divided plate and a cloth shirt protector while eating his pureed diet textured meal. The client was observed to scop bites quickly into his mouth with large amounts of spillage on his shirt protector and his chin while eating. Further observations during client #75 meal revealed staff to stand beside the client for some of the meal and verbally prompt the client to slow down. Continued observations revealed the client to have food on his chin unth the finished eating and staff prompted him to wipe his mouth which he was able to do independently after the prompt. Morning observations in the group home on prepared plate of pureed food. The client was again observet to eat at a rapid pace using a prepared plate of pureed food. The client was again observet to eat at a rapid pace using a	DEPART		APPROVED				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING COMPLETED AND OF PROVIDER OR SUPPLIER 34G065 B. WING 09/11/2024 HUNTLEIGH SIMMARY STATEMENT OF DEFICIENCIES STREET ADDRESS, CITY, STATE, 2/P CODE 09/11/2024 IVAIL OF PROVIDER OR SUPPLIER SIMMARY STATEMENT OF DEFICIENCIES STREET ADDRESS PLM OF CORRECTION 00/01/11/2024 IVAIL OF TAG SUMMARY STATEMENT OF DEFICIENCIES PROVIDER OR SUPPLIER STREET ADDRESS PLM OF CORRECTION 00/01/11/2024 IVAIL OF TAG SUMMARY STATEMENT OF DEFICIENCIES PROVIDER SPLM OF CORRECTION SHOULD BE 00/01/11/2024 IVAIL OF TAG SUMMARY STATEMENT OF DEFICIENCIES PROVIDER OR SUPPLIER CROSS-REFERENCE TO THE APROPRIATE 00/01/11/2024 IVAIL OF TAG REGULATORY OR LSC. DENTIFIVING INFORMATION) PROVIDER OR SUPPLIER CROSS-REFERENCE TO THE APROPRIATE 00/01/11/2024 IVA 227 INDIVIDUAL PROGRAM PLAN V227 V227 INDIVIDUAL PROGRAM PLAN V210/21/21/21/21/21/21/21/21/21	CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			<u>MB NO.</u>	0938-0391
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE HUNTLEIGH SUMMARY STATEMENT OF DEFICIENCIES PREFIX REGULATORY OR LSC DENTIFYING INFORMATION) W 227 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. The facility failed to assure the individual support plan (ISP) for 1 of 3 sampled clients (#6) included objective training to meet the client's finding needs as evidenced by observations. The facility failed to assure the individual support plan (ISP) for 1 of 3 sampled clients (#6) included objective training to meet the client's finding needs as evidenced to use regular spoon, high-sided divided plate and a cloth shirt protector while the able for supper along with a peer while the client was observed to use a regular spoon, high-sided divided plate and a cloth shirt protector while reating the pureed dire textured meal. The client was observed to scoop bites quickly into his mouth with large amounts of splilage on his shirt protector and his chin while eating. Further observations during client #6's meal revealed the client to have food on his chin will eating. Further observations during client #6's meal gravelad the client to have food on his chin will be finished the to have sold the client to solw down. Continued observations rule the gravelad client #6's meal and a staff prompteh him to weeh is mouth which he was able to do independently after the prompt. Morning observations in the group home on g/11/124 at 6:30 AM revealed client #6's meal revealed the client to a solw down. Continue observations rule fails and the gravelant and the meal and verbally prompt the client to slo				l`´´			
HUNTLEIGH 3300 HUNTLEIGH DRVE RALEIGH, NC 27600 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL FAG Improvide State			34G065	B. WING _		09/	11/2024
HUNTLEIGH RALEIGH, NC 27604 [04] ID TAG SUMMARY STATEMENT OF DEFICIENCIES IEACH DEFICIENCY MUST BE PRECEDED BY FUL RECULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDERS PLAN OF CORRECTIVE ACCHO RECONSTOULD DE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY 099, CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY 000000000000000000000000000000000000	NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
Mail Summery statement of derivatives Mail Derivatives Mail Derivatives Mail Derivatives	HUNTLE	IGH					
Pričejiv TAG (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) PRÉPIX TAG CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLÉTIO DUTE W 227 INDIVIDUAL PROGRAM PLAN CFR(5): 483 440(c)(4) W 227 W 227 The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: The facility failed to assure the individual support plan (ISP) for 1 of 3 asmpted clients (#6) included objective training to meet the client's dining needs as evidenced by observation, interview, and record verification. The finding is: Afternoon observations in the group home on 9/10/24 at 5:33 PM revealed client #6 to sit down at the table for supper along with a peer while the other clients in the home were made to wait. The client was observed to use a regular spoon, high-sided divided plate and a cloth shirt protector and his chin while eating. Further observations cuing client #76's meal revealed staff to stand beside the client for some of the meal and verbally promyt the client to slow down. Continued observations revealed the client to have food on his chin until he finished eating and staff prompted him to wipe his mouth which he was able to do independently after the prompt. Morning observations in the group home on 9/11/24 at 6:30 AM revealed client #6 to sit down to breakfast and immediately start eating a prepared plate of purceed food. The client was again observations to the at any depace using a							
CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: The facility failed to assure the individual support plan (ISP) for 1 of 3 sampled clients (#6) included objective training to meet the client's dining needs as evidenced by observation, interview, and record verification. The finding is: Afternoon observations in the group home on 9/10/24 at 5:33 PM revealed client #6 to sit down at the table for supper along with a peer while the other clients in the home were made to wait. The client was observed to use a regular spoon, high-sided divided plate and a cloth shirt protector while eating his purced diet textured meal. The client was observed to sopplie quickly into his mouth with large amounts of spillage on his shirt protector and his chin while eating. Further observations during client #6's meal revealed staff to stand beside the client for some of the meal and verbally prompt the client to slow down. Continued observations revealed the client to have food on his chin until he finished eating and staff prompted him to wipe his mouth which he was able to do independently after the prompt. Morning observations in the group home on 9/11/24 at 6:30 AM revealed client #6 to sit down to breakfast and immediately start eating a prepared plate of purced food. The client was again observed to et at a rapid pace using a	PRÉFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	COMPLETION
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9/11/24 at 6:30 AM revealed client #6 to sit down to breakfast and immediately start eating a prepared plate of pureed food. The client was again observed to eat at a rapid pace using a		staff prompted him	to wipe his mouth which he				
spoon, high-sided sectioned plate and a shirt protector. Staff were again noted to verbally prompt the client to slow down and were Image: transmission of the client to slow down and were LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		Morning observatio 9/11/24 at 6:30 AM to breakfast and im prepared plate of pr again observed to e spoon, high-sided s protector. Staff wer prompt the client to	ns in the group home on revealed client #6 to sit down mediately start eating a ureed food. The client was eat at a rapid pace using a sectioned plate and a shirt re again noted to verbally slow down and were				

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

(X6) DATE

PRINTED: 09/13/2024

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.

FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 34G065 B. WING 09/11/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3300 HUNTLEIGH DRIVE HUNTLEIGH RALEIGH, NC 27604 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PRÉFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 227 Continued From page 1 W 227 occasionally noted to stand beside the client while he ate to assist the client with serving himself or to prompt him to slow down. Subsequent observations revealed the client to sit by himself to eat while the other clients waited 15 minutes longer to come to the table. The client was observed to demand more food as the other clients ate and was given multiple servings. Additional observations of the client after he finished breakfast revealed the client to again have a large amount of spillage on his chin and on his shirt protector to the point that it soaked through and wet his shirt. Interview with the site supervisor (SS) revealed client #6 eats earlier that the other clients as he will grab their food which is a choking hazard as it is not his diet consistency. Review of client #6's ISP dated 12/14/23 revealed the client to be edentulous and on a 1500 calorie pureed diet. Further review of the ISP, substaniated by interview with the qualified intellectual disabilities professional (QIDP), revealed client #6 to have a new behavior support plan addendum dated 9/10/24 to address client #6's grabbing others food. However, continued review of the ISP revealed no objective training is currently included to increase the client's dining skills to meet his many needs. W 247 INDIVIDUAL PROGRAM PLAN W 247 CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: The facility failed to assure the individual support plans (ISPs) for 5 of 6 client in the group home

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Facility ID: 970227

If continuation sheet Page 2 of 6

PRINTED: 09/13/2024

		AND HUMAN SERVICES				FORM	09/13/2024 APPROVED 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l` í		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		34G065	B. WING			09/ [.]	11/2024		
NAME OF I	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE				
HUNTLE	IGH		3300 HUNTLEIGH DRIVE RALEIGH, NC 27604						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE		
W 247	(#1, #2, #3, #4 and choice and self-ma times as evidenced record verification. A. The facility failed self-management re example: Afternoon observat 9/10/24 at 5:33 PM at the table for sup the other clients in the Client #6 was observed meal. Further observed meal. Further observed meal. Further observed two clients ate their observed to have to their bedrooms unti- prompted to go was clients #1, #2, #4 at hands they were se serving themselves Morning observatio 9/11/24 at 6:30 AM to breakfast and im prepared plate of pr again observed to c observations revea to eat while again the minutes longer to c	 #5) included opportunities for nagement regarding meal by observation, interview and The findings are: d to allow for client choice and egarding eating times. For ions in the group home on revealed client #6 to sit down ber along with client #3 while the home were made to wait. rved to eat at fast pace while iet textured meal. Client #3 to eat a pureed consistency ervations revealed while the meal, the other clients were b wait in the the living room or il 5:45 PM when they were sh their hands for supper. As nd #5 finished washing their eated at the table to begin a supper. ns in the group home on revealed client #6 to sit down mediately start eating a ureed food. The client was eat at a rapid pace. Continued led the client to sit by himself ne other clients waited 15 	W	247					

If continuation sheet Page 3 of 6

		AND HUMAN SERVICES				FORM	09/13/2024 APPROVED 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		E CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
		34G065	B. WING	i		09/11/2024	
NAME OF I	PROVIDER OR SUPPLIER		·	S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u>. </u>	
HUNTLE	IGH				300 HUNTLEIGH DRIVE		
				R	RALEIGH, NC 27604		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
W 247	this behavior by sta everyone else even and they are not giv immediately. Revie 12/14/23 revealed a program dated 9/10 client's food grabbin further review of the active treatment int for client #6 to eat self-management re limited. B. The facility failer self-management re he prepared. For e Morning observatio 9/11/24 at 6:10 AM kitchen with Staff A A and client #3 wer and toast before us blend each food ite The cereal and toas high-sided sectione Client #3 was obse him and start to car AM. Continued obs staff to take the clie his shirt protector a room. Staff were th #3's prepared plate table and started ea the SS revealed clie medication that is re and he had just finis Interview with Staff client #3, revealed started ea	The provided states of the sta	W 2	247			

Facility ID: 970227

If continuation sheet Page 4 of 6

		AND HUMAN SERVICES				FORM	09/13/2024 APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE	E SURVEY IPLETED
		34G065	B. WING			09/	11/2024
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
HUNTLE	IGH				300 HUNTLEIGH DRIVE RALEIGH, NC 27604		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 247	could go ahead and handing the plate to are both on the sam not afforded choice regarding his break eat the breakfast th was made to wait to his other peers whe his pureed breakfast MGMT OF INAPPR BEHAVIOR CFR(s): 483.450(b) Techniques to man behavior must neve an active treatment This STANDARD is The facility failed to manage the behavio was not used as a st treatment program interview and record Afternoon observati 9/10/24 at 5:33 PM at the table for supp the other clients in t Client #6 was obser rapidly and the other made to wait until th minutes later before their hands and sit of Morning observatio 9/11/24 at 6:30 AM to breakfast and im prepared plate of pu	d start eating instead of o client #6 even though they ne pureed diet. Client #3 was and self-management fast as he was not allowed to hat he prepared for himself and o eat until 15 minutes later with en he had to go and remake st again. ROPRIATE CLIENT 0(3) age inappropriate client er be used as a substitute for	W 2				

If continuation sheet Page 5 of 6

		AND HUMAN SERVICES				FORM	09/13/2024 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		34G065	B. WING			09/11/2024	
NAME OF F	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
HUNTLE	IGH				800 HUNTLEIGH DRIVE ALEIGH, NC 27604		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 288	to eat while the othe longer to come to the observed to demand clients ate and was Interview with the solution for client #6 eats earlied for client #6 eats earlied for client #6 will grab at they are getting and Further interview with disabilities profession review of client #6's 12/14/23, revealed behavior addendum client's food snatch further interview and revealed no objective program is tied to the isolating client #6's	er clients waited 15 minutes ne table. The client was ad more food as the other given multiple servings. ite supervisor (SS) revealed er than the other clients except y are both on a pureed diet and t others food when he realizes ifferent consistency than he is. ith the qualified intellectual onal (QIDP), substantiated by s individual support plan dated the client to have a new n dated 9/10/24 to address the ing behaviors. However, d review of the client's ISP ve training or active treatment he group homes technique of meals by making the other o address the client's	W 2	288			

Facility ID: 970227

If continuation sheet Page 6 of 6