STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G221	A. BUILDING _____ B. WING _____	05/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY AVENUE HOME	112 HICKORY AVENUE 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 348	DENTAL SERVICES CFR(s): 483.460(e)(1) The facility must provide or make arrangements for comprehensive diagnostic and treatment services for each client from qualified personnel, including licensed dentists and dental hygienists either through organized dental services in-house or through arrangement. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that dental treatment was arranged for 1 of 5 audit clients (#6). The finding is: Record review on 5/20/25 of client #6's Consultation Report on 8/21/24, it revealed he was "non-cooperative and unable to see him. He needs to go to [University] special needs department for dental work. Referred out." There were no additional records for dental treatment for client #6. Interview on 5/20/25 with the new Home Manager (HM) revealed she was unaware of the need for client #6 to have dental surgery by a specialty clinic and was only trying to schedule for him to receive a dental exam. The HM revealed she took him to his previous dentist in March 2025 and was told they have not serviced him in 4 years and were no longer available to treat him. The HM said she made an appointment for him to see the same dentist that the rest of the clients in the home see for next month. The HM acknowledged the new dentist cannot do sedation services. Interview on 5/20/25 with the Qualified Intellectual	W 348		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 348	Continued From page 1 Disabilities Professional revealed client #6 has not been seen by a dentist yet due to the transition of him moving from their children's home to current location on 3/1/25. Interview on 5/20/25 with the Nurse revealed that client #6 never went to the specialized dental clinic because of a series of missed dental appointment and him transferring to the current location.	W 348		
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 facility failed to ensure medication was given as prescribed for 1 of 5 audit clients (#2). The finding is: During morning observation of medication administration on 5/20/25 at 6:32am, Staff D assisted client #2 to take Metformin 500mg ER. The instructions on the Metformin package said to "take before breakfast". Record review on 5/20/25 of client #2's Physician's Orders signed on 3/29/25 revealed to take 1 tablet of Metformin 500mg ER before breakfast. Interview on 5/20/25 with Staff D confirmed the clients ate breakfast earlier today and client #2 took Metformin after eating. Interview on 5/20/25 with Staff C revealed she	W 368		

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W 368	Continued From page 2 served breakfast early today between 5:30-6:00am and it was not the usual time that client #2 ate. Interview on 5/20/25 with the Nurse confirmed if client #2 took Metformin after eating breakfast, it was a medication error.	W 368		
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to conduct a fire drill, on each shift, per quarter. This had the potential to effect 5 of 5 audit clients (#2,#3, #4 and #5). The finding is: Record review on 5/20/25 of fire drills conducted in the past year revealed the following: Fire drills during the last quarter, October-December, 2024 were conducted on 10/21/24 at 10:00am, 12/4/24 at 1:30pm, 12/25/24 at 11:46pm and 12/31/24 at 1:40pm. There were no fire drills on 2nd shift between 3:00-11:00pm. Fire drills during the first quarter, January-March, 2025 were conducted on 1/22/25 at 7:30pm, 2/12/25 at 4:30pm, and on 3/20/25 at 2:00am. There were no fire drills on 1st shift between 7:00am-3:00pm. Interview on 5/20/25 with the Qualified Intellectual Disabilites Professional (QIDP) and Program Director did not reveal the reason for the missed drills.	W 440		
W 445	EVACUATION DRILLS CFR(s): 483.470(i)(2)(i) The facility must actually evacuate clients during	W 445		

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W 445	Continued From page 3 at least one drill each year on each shift. This STANDARD is not met as evidenced by: Based on record review and interview, the facility did not ensure that each client participated in a fire drill, per shift, per quarter. This affected 3 of 5 audit clients (#2, #3 and #6). The finding is: Record review on 5/20/25 of the facility's fire drills schedule for the past year revealed, they conducted multiple first shift fire drills while clients #2, #3, and #6 attended school. Clients #2 and #3 missed fire drills on the following dates and times: On 10/21/24 at 10:00am and on 12/4/24 at 1:30pm. Client #6 was admitted on 3/1/25 and missed fire drills along with clients #2 and #3 on 4/17/25 at 11:16am and 5/5/25 at 2:05pm. Interview on 5/20/25 with the Qualified Intellectual Disabilites Professional (QIDP) and the Program Director acknowledged that the student clients did not participate in every fire drill.	W 445		