

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

PRINTED: 07/09/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G097	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2025
NAME OF PROVIDER OR SUPPLIER SOUTHERN AVENUE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2001 SOUTHERN AVENUE FAYETTEVILLE, NC 28301		
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>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: Based on record review and interview the facility failed to ensure the Individual Program Plan (IPP) for 1 of 4 audit clients (#1) included specific objectives necessary to meet their needs. The finding is:</p> <p>Review on 7/7/25 of client #1's Individual personal plan (IPP) dated 11/18/24 revealed formal objectives: toothbrushing, ID of coins and wiping table.</p> <p>Further review on 7/8/25 of client #1's eye exam revealed client #1 has astigmatism, bilateral , hypermetropia, bilateral and Presbyopia.</p> <p>Observation throughout the survey on 7/7/25-7/8/25 client #1 did not wear his glasses's. On the morning of 7/8/25 at 7:50am staff A asked client #1 would he put his glasses on and client #1 replied no.</p> <p>Interview on 7/8/25 with the individual intellectual disabilities professional (QIDP) confirmed client #2 should have a goal related to wearing his glasses.</p>	W 227			
W 369	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by:</p>	W 369			

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

TITLE

(X6) DATE

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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W 369	Continued From page 1 Based on observation, record review and interviews the facility failed to ensure all medication were administered without error. This affected 1 of 4 clients (#6) observed receiving medications. The finding is : During observations of the medication administration in the home on 7/8/25 at 7:30am staff A administered Fluticasine 50mcg. One spray in each nostril was administered. Review on 7/8/25 of client #6 physician orders dated 4/8/25 revealed Fluticasine 50mcg use 2 sprays in each nostril every morning. Interview on 7/8/25 with the nurse revealed client #6 should have received 2 sprays in each nostril per the medication administration record.	W 369			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 2 of 4 audit clients (#2 and #5) received their specially prescribed diet as indicated. The findings are: A. Observations in the home on 7/7-7/8/25 client #2 was at the dinner table at 5:15pm. Client #2 received pizza pasta, peas and a dinner roll. Continued observation on 7/8/25, client #2 received whole sausage patties (2).	W 460			

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W 460	<p>Continued From page 2</p> <p>Record review on 7/7/25 of client #2 current nurses note dated 3/26/25 changing diet due to difficulty swallowing to ground diet.</p> <p>Physician orders dated 4/8/25 revealed client #2 should receive a ground diet.</p> <p>Interview on 7/8/25 with staff C revealed client #2 was to receive a whole diet and she was unaware of any diet changes.</p> <p>Interview on 7/8/25 with the home supervisor revealed client #2 diet was changed in March 2025 and she should have received a ground diet.</p> <p>Interview on 7/8/25 with the facility nurse confirmed client #2 should have received a ground diet.</p> <p>B. Observations in the home on 7/7-7/8/25 client #5 was at the dinner table at 5:15pm. Client #5 received pizza pasta, peas and dinner roll. Continued observation on 7/8/25, client #5 received oatmeal, sausage patties and toast.</p> <p>Record review on 7/7/25 of client #5's nutritional evaluation on 3/5/25 revealed his diet is on 1/2-1 inch cut.</p> <p>Physician orders dated 4/8/25 revealed client #5 should received 1/2-1 inch cut diet.</p> <p>Interview on 7/8/25 with staff D revealed client #5 diet should be cut into pieces 1/2-1 inch.</p> <p>Interview on 7/8/25 with the qualified intellectual disabilities professional (QIDP) revealed client #5 should have received 1/2-1 inch cut diet a</p>	W 460			

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W 460	Continued From page 3 prescribed.	W 460			