

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

PRINTED: 07/17/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G274		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/15/2025	
NAME OF PROVIDER OR SUPPLIER LOCKLEY ROAD				STREET ADDRESS, CITY, STATE, ZIP CODE 4617 LOCKLEY RD 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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews, and interview, the facility failed to ensure each client received a continuous active treatment program consisting of needed and services as identified in the Individual Program Plan (IPP). this affected 1 of 4 audit clients (#4).The findings is:</p> <p>Observations on 7/15/25 at 6:35am medication pass client #4 attempted to scoop applesauce of a medication cup with a regular plastic spoon.</p> <p>Record review of client #4's IPP dated 4/24/25 revealed adaptive equipment listed as: high sided plate, built up handle utensils for stable grasp and clothing protector.</p> <p>Further review of the occupational therapy evaluation dated 4/11/25 reveal client #4 should us built up handle utensils for a stable grasp.</p> <p>Interview on 7/15/25 with staff A revealed she should have used the built up utensils during the medication pass.</p> <p>Interview on 7/15/25 the home supervisor</p>			W 249			

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 249	Continued From page 1 revealed staff should have used his adaptive utensils during the medication pass.	W 249			
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 client #4 received medications in accordance with physician's orders. This affected 1 of 4 clients observed receiving medications. The finding is: During observations of medication administration in the home on 7/14/25 at 6:35am, client #4 received crushed medication. Staff A place a pill into the pill crusher and crushed the medication and put in applesauce. Staff A gave the medication cup with the crushed medication and applesauce to the client to ingest. Review on 7/14/25 of client #4's physician orders dated 6/30/25 revealed no order for to crush medication. Interview on 7/15/25 with staff A revealed client #4 will not swallow a whole pill they need to be crushed, so he will take his medication. Interview on 7/15/25 with the Nurse confirmed there should be an order for the medications to be crushed.	W 368			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure	W 369			

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W 369	<p>Continued From page 2</p> <p>that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by:</p> <p>Based on observation, record review and interviews the facility failed to ensure all medication were administered without error. This affected 1 of 4 clients (#4) observed receiving medications. The finding is:</p> <p>Observations of medication administration in the home on 7/14/25 at 6:35am, client #4 received a multi-vitamin. Client #4 ate breakfast at 7:35am.</p> <p>Review on 7/14/25 of client #4's physician orders dated 6/30/25 revealed multivitamin take 1 tablet by mouth once daily with a meal.</p> <p>Interview on 7/15/25 with staff A revealed usually during the school year they eat breakfast earlier but breakfast is served later during the summer.</p> <p>Interview on 7/15/25 with the Nurse confirmed the medications should be given as the order is written.</p>	W 369			