

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

PRINTED: 03/22/2018
FORM APPROVED
OMB NO. 0938-0391


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/20/2018
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NAME OF PROVIDER OR SUPPLIER MARIE G. SMITH GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1921 PALMETTO DRIVE ALBEMARLE, NC 28001
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(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
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W 130	<p>PROTECTION OF CLIENTS RIGHTS 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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure privacy for 1 of 3 audit clients (#5). The finding is:</p> <p>Client #5 was not assured privacy during toileting.</p> <p>During observations at the home on 3/19/18 at 4:08pm, client #5 went into the bathroom leaving the door wide open and pulled down his pants to use the toilet. Staff later came around the corner and went into the bathroom closing the door to assist him. During further observations on 3/20/18 at 5:40am, client #5 went into the bathroom and again did not close the door. He used the bathroom with the door wide open and came out without washing his hands. He then went to the dining table to continue eating breakfast.</p> <p>A review of client #5's individual program plan (IPP) dated 2/16/18 revealed an assessment of his privacy skills. It noted that he occasionally closes door with specific verbal prompts and he needs support staff physical prompts. It also noted he should continue to work informally on privacy.</p> <p>Interview on 3/20/18 with management revealed client #5 usually closes the door for privacy but also confirmed he should have been encouraged to practice their strengths.</p>	W 130 W130	<p>The QP will inservice all staff to ensure privacy during treatment and care of personal needs for all individuals with focus to assure privacy during toileting. Staff will be inserviced to informally prompt and encourage all individuals to close the bathroom door/bedroom door to ensure privacy. The QP will review ISP for Client #5 to address privacy in the area of toileting. The QP will review all individuals' ISPs to determine if a plan is needed to address privacy needs. The QP and/or Residential Manager will periodically observe in the home to ensure privacy needs are met during treatment and care of personal needs. These observations will occur for two months or until the issue is resolved.</p>	5-18-18
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MSR-Mental Health
APR 02 2018
Lic. & Cert. Section

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Chief Quality Officer	(X6) DATE 3/28/18
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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 240	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure the individual program plan (IPP) included information for staff on how 1 of 3 audit clients (#5) could be more independent in accessing the facility. The finding is:</p> <p>Client #5's IPP did not describe relevant interventions for staff to support his independence getting into the house.</p> <p>During observations on 3/19/18 at 4:05pm, client #5 walked up to the surveyor and reached out and then walked toward the door. The staff said, "She doesn't have a key either."</p> <p>Interview with the staff directly after the observation on 3/19/18 revealed "He wants to go inside." The staff was asked if she had a key and she stated she did have a key. She said, "He doesn't want to be outside exercising but he needs it."</p> <p>Observations after the interview on 3/19/18 at 4:09pm revealed, client #5 approaching the door and touching it again. At that time, the staff walked over and unlocked the door. She opened the door and said, "Okay come on [name of client #5]."</p> <p>Review of client #5's IPP dated 2/16/18 included</p>	W 240 W240	<p>Client #5 listed should be Client #4 (VP).</p> <p>The QP and/or Manager will ensure all staff are trained and have a key to access the facility. The QP will review Client #4 ISP to determine strength/need in the area of utilizing a key in the environment of the house. The team will implement a doorbell and visual so the individuals can communicate while outside in the backyard. The QP and/or Manager will monitor the effectiveness of the doorbell and the visual communication use with the individuals in the home during periodic assessments. These observations will occur for two months or until the issue is resolved.</p>	5-18-18
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W 240	Continued From page 2 information stating the door to the facility is locked with a magnetic locking system which requires a key to open and close unless of an emergency. It did not include any information about how he would independently access the door.	W 240		
W 249	Interview with management on 3/20/18 confirmed the IPP did not include interventions for staff to follow to support client #5 in opening the door with as much independence as possible. PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure a pattern of interactions supported the individual program plans (IPP) in the areas of dining skills, med pass skills and toileting skills. This affected 3 of 3 audit clients (#4, #5, and #6). The findings are: 1. Client #6's strength to use her dining utensils was not integrated consistently. During observations on 3/19/18 of dinner, client #6 took her hamburger helper casserole into her	W 249	W249 1. The QP will contact Dietician to conduct an observation on Client #6 for recommendations at mealtime. Staff will be inserviced on Client #6 to use dining utensils on a consistent basis. The QP will evaluate all individuals' skills in the area of using utensils at mealtimes to determine if a plan needs to be implemented. The QP/and or Residential Manager will inservice staff to encourage all individuals to use utensils when eating. The QP and/or Residential Manager will conduct mealtime assessments twice a month until issue is resolved.	5-18-18

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W 249	<p>Continued From page 3</p> <p>bedroom and dumped it out of the plate onto the table. She took the plate back to the table and went into her bedroom and ate it with her hands. At no time did staff encourage her to use her utensil to eat it nor did anyone provide her a utensil in her room. After eating, she came out and ate her fruit cocktail in a bowl with a spoon while standing.</p> <p>Review of client #6's IPP dated 4/4/17 revealed she has learned to use her utensils.</p> <p>Interview on 3/20/18 confirmed staff should have encouraged client #6 to use her utensils when eating.</p> <p>2. Client #5 was not encouraged to wash his hands after toileting.</p> <p>During observations at the home on 3/20/18 at 5:40am, client #5 went into the bathroom and did not close the door. He used the bathroom with the door wide open and came out without washing his hands. He then went to the dining table to continue eating breakfast.</p> <p>A review of client #5's individual program plan (IPP) dated 2/16/18 revealed an assessment of his toileting skills. It noted that he needs support staff to assist him in handwashing.</p> <p>Interview on 3/20/18 with management revealed client #5 needs assistance to wash his hands.</p> <p>3. Client #4 missed an opportunity to practice his medication administration goal.</p> <p>During observations of the medication administration pass on 3/20/18 at 7:31am, client</p>	W 249	<p>2. The QP will review Clients #5 ISP in the area of handwashing after use of the bathroom to determine if a plan needs to be implemented. QP will evaluate all individuals' skills in the area of handwashing to determine if a plan needs to be implemented. The QP and/or Manager will inservice staff to ensure proper handwashing is completed after use of the bathroom. The QP and/or Residential Manager will continue to conduct periodic observations while in the home for two months or until the issue is resolved.</p> <p>3. The QP will review Clients #4 ISP in the area of medication administration and determine if a plan needs to be implemented. QP will evaluate all individuals' skills in the area of medication administration to determine if a plan needs to be implemented. The QP and/or Manager will inservice staff on all individuals right to participate in medication administration. The QP, Residential Manager and or Nurse will continue to conduct periodic observations while in the home for two months or until the issue is resolved.</p>	<p>5-18-18</p> <p>5-18-18</p>
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/20/2018
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W 249	Continued From page 4 #4 was not encouraged to use total communication by signing "medicine" or by using the IPAD to say medicine. He was not shown a picture or encouraged to imitate saying "Meds Please." Review of client #4's current IPP revealed a goal to use total communication during medication administration. The goal indicated he should have one of the following modeled at "every opportunity to administer his medications": a) Model the formal sign for medicine, b) model pointing to a picture of medicine, c) model pressing the message button on a device or d) Model the phrase "meds please."	W 249		
W 368	Interview on 3/20/18 with management confirmed this goal should have been integrated. 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 observations, record reviews and interviews, the facility failed to assure all medications were administered as ordered. This affected 1 of 3 audit clients (#4). The finding is: Client #4 did not receive all medications as ordered. During observations on 3/20/18 of the medication administration pass at 7:31am, client #4 did not receive Vitamin B6.	W 368 W368	The QP and Nurse will meet to review Client #4 physician orders to ensure they are accurate as ordered by the Doctor. The QP, Residential Manager and/or Nurse will inservice the staff to ensure all medications are given as ordered. The Nurse will inservice the QP and Residential Manager that if the time of medications is changed, it needs to occur before the Physician signs the orders. The QP, Residential Manager and Nurse will conduct medication pass observations every two weeks until the issue is resolved. Quality Management will monitor by conducting annual peer reviews.	5-8-18

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W 368	Continued From page 5 Review of client 4's current physician's orders signed 1/16/18 and orders dated 3/14/18 revealed an order for Vitamin B6 (50 mg) to be given once daily at 7:00am. Interview with the management and the nurse on 3/20/18 revealed the times should have been changed before the physician signed the orders. They confirmed the Vitamin was not given as it was ordered as it has been given at 7pm instead.	W 368			