

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G060</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/03/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>SMITH STREET HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>112 SMITH STREET CLEVELAND, NC 27013</b>		
(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><b>INDIVIDUAL PROGRAM PLAN</b> 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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to assure the person centered plans (PCP) for 2 of 3 sampled clients (#2 and #4) included objective training to meet the clients' privacy needs. The findings are:</p> <p>A. The facility failed to assure the PCP for client #4 included objective training to meet client #4's privacy needs. Evening observations in the group home on 10/3/18 at approximately 5:00 PM revealed client #4 to exit the bathroom after a shower into the hallway area fully exposed to others in the hallway area. Continued observations revealed a staff to offer a towel to the client when she saw him in the hallway, which he refused. Further observations revealed client #4 to proceed without clothing to his bedroom.</p> <p>Interview with facility staff revealed client #4 walks (on his knees - his preferred mode of ambulation) to his room frequently without clothing after his daily shower. Continued interview with facility staff revealed client #4 does not have a training program to address this behavior and his privacy needs.</p> <p>Record review on 10/4/18 of client #4's PCP dated 11/1/17 revealed client #4 does not currently have a training program to address</p>	W 227			

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 227	Continued From page 1 privacy needs.  Interview with the facility qualified intellectual disabilities professional (QIDP) verified client #4 does not currently have a training program to address his privacy needs. Continued interview with the QIDP verified client #4 needs a formal objective to address privacy needs.  B. The facility failed to assure the PCP for client #2 included objective training to meet client #2's privacy needs. Evening observations in the group home on 10/3/18 at approximately 5:10 PM revealed client #2 to enter the group home bathroom and proceed to use the restroom, toileting with the door open, for approximately one minute until the staff became aware and closed the bathroom door. Continued observations at 5:20 PM revealed client #2 to use the restroom toileting with the door open for approximately 2 minutes until staff became aware and partially closed the bathroom door while continuing to talk to client #2 while he was toileting.  Record review on 10/4/18 of client #2's current PCP revealed client #2 does not have a training program to address his privacy needs.  Interview with the facility QIDP verified client #2 does not currently have a training program to address his privacy needs. Continued interview with the QIDP confirmed client #2 needs a formal objective to address his privacy needs.	W 227			
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv)  Food must be served with appropriate utensils.	W 475			

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

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W 475	Continued From page 2  This STANDARD is not met as evidenced by: Based on observation, interview and record review the facility failed to assure all adaptive equipment was utilized as prescribed for one sampled client (#4). The findings are:  Observations of the breakfast meal for client #4 on 10/03/18 at approximately 7:00AM revealed client #4 was served 2 pieces of french toast, 4 ounces of stewed pears, 4 ounces of grape juice, 8 ounces of milk and 8 ounces of water for his breakfast meal. Further observations revealed client #4 utilized a high sided dish and regular spoon, a nonsolid mat and a shirt protector for his breakfast meal. however, client #4 was not provided a built-up spoon for eating his breakfast meal.  Record review on 10/3/18 revealed a person centered plan (PCP) for client #4 dated 03/07/2018 which contained a nutritional assessment recommending a high sided dish, a non-slid mat, a shirt protector, and a built-up spoon for client #4 to utilize for his meals.  Interview with the qualified intellectual disabilities professional verified that client #4 should be provided all of his adaptive equipment to include a built-up spoon for his meals in the group home, as prescribed in his PCP.	W 475			