

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

PRINTED: 10/12/2018
FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G332	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/10/2018
NAME OF PROVIDER OR SUPPLIER NORWOOD AVENUE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2510 NORWOOD AVENUE GOLDSBORO, NC 27530		
(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 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure recommended equipment specifically eyeglasses were furnished for 1 of 3 audit clients (#6). The finding is:</p> <p>Client #6 was not prompted to wear his eyeglasses.</p> <p>During observations in the home on 10/9/18 from 6:45am until 8:30am, client #6 was watching television with his peers. At no time was client #6 prompted to wear his eyeglasses.</p> <p>During an interview on 10/9/18, staff revealed client #6 wears his eyeglasses throughout the day. Further interview revealed client #6 needs to be prompted by staff to wear his eyeglasses.</p> <p>Review on 10/9/18 of client #6's individual program plan (IPP) stated, "[Client #6] wears his glasses full time."</p> <p>Review on 10/10/18 of client #6's eye exam dated 12/12/16 indicated, "glasses to be worn full time."</p> <p>During an interview on 10/10/18, the program</p>	W 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>QP/IID and RSS will educate/re-in-service staff on consumer #6's recommended equipment.</p> <p>QP/IID and RSS will also educate/re-in-service staff on all consumer's recommended equipment.</p> <p>Responsible Persons: QP/IID & RSS</p> <p>Monitoring/Frequency: QP & RSS will monitor for compliance on a weekly basis.</p> <p>Globally, all staff will receive education regarding recommended equipment.</p> <p>DHSR - Mental Health OCT 23 2018 Lic. & Cert. Section</p>	12-9-18	

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

TITLE

(X6) DATE

Cynthia Keel, Program Director

10/15/18

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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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:EHZX11

Facility ID: 000055

If continuation sheet Page 1 of 4

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W 436	Continued From page 1 director confirmed client #6 should have them on full time.	W 436		12-9-18	

W 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) in the area of diet. This affected 2 of 3 audit clients (#5, #6). The findings are:</p> <p>1. Client #5's diet was not followed.</p> <p>During breakfast observations in the home on 10/9/18, client #5's breakfast consisted of two pancakes and two slices of Turkey bacon. At no time was client #5 offered 2 more pancakes.</p> <p>Review of the menu for 10/9/18 revealed, "Pancakes...2 each."</p> <p>During lunch observations in the home on 10/9/18, client #5's lunch consisted of one Chicken salad sandwich; with three ounces of Chicken salad, one dill pickle and one bag of chips. At no time was client #6 offered double portions of his food items.</p> <p>Review of the menu for 10/9/18 revealed, "Chicken salad 3 oz, Dill Pickle 1 each and Chip</p>	W 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>QP/IID & RSS will ensure that staff are educated/re-in-serviced on each consumer's dietary needs.</p> <p>Responsible Persons: QP & RSS</p> <p>Frequency/Monitoring: QP/IID & RSS will monitor and ensure that staff are following each consumer's prescribed diets on a weekly basis.</p> <p>Globally, all staff will receive training on each consumer's prescribed diets.</p>	12-9-18
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W 460	<p>Continued From page 2 Choice 1 bag 1 each."</p> <p>During dinner observations in the home on 10/9/18, client #5's dinner consisted of one hamburger with bun, 1/2 cup of baked beans, 1/2 cup of Coleslaw and 1 ice cream sandwich. At no time was client #5 offered double portions of the baked beans, Coleslaw or ice cream</p> <p>Review on 10/9/18 of client #5's individual program plan (IPP) dated 8/2/18 stated, "...double portions...except beef...."</p> <p>Review on 10/9/18 of the Diet Roster - Norwood Ave GH dated 6/15/18 revealed, "[Client #5]...double portions."</p> <p>During an interview on 10/9/18, the home manager (HM) confirmed client #5 should have received double portions during his meals.</p> <p>During an interview on 10/10/18, the program director confirmed client #5 should have received double portions during his meals.</p> <p>2. Client #6's diet recommendations were not followed.</p> <p>During dinner observations in the home on 10/9/18, client #6 consumed 1 eight-ounce glass of tea with added sugar and for dessert a Pumpkin Ice Cream Sandwich. Further observations revealed 2 cups of sugar was added to the pitcher of tea. Additional observations revealed the Pumpkin Ice Cream sandwich had 14 grams of sugar with included 11 grams of added sugars at 23 percent.</p> <p>Review on 10/9/18 of client #6's IPP dated</p>	W 460		12-9-18
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<p>W 460</p>	<p>Continued From page 3</p> <p>5/31/18 stated, "...as of May 2018...199 pounds....His current weight is 32 pounds above his DWR of 146-167 pounds....It is noted [Client #6] will eat excessive amount of food high in sugar...."</p> <p>Review on 10/9/18 of the menu revealed, "Ice Cream sugar free...Tea, decaf no sugar...."</p> <p>During an interview on 10/8/18, staff confirmed two cups of sugar were added to the pitcher of tea.</p> <p>During an interview on 10/8/18, the HM confirmed client #6 should have consumed sugar free tea and sugar free ice cream.</p> <p>During an interview on 10/9/18, the program director confirmed sugar should have have been added to the tea and sugar free ice cream should have been served for dessert.</p>	<p>W 460</p>		<p>12-9-18</p>
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