STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 192	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2) For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility staff failed to be adequately trained to report changes in behavior/health for 1 of 3 sampled clients (#5) . The finding is: Observations in the group home throughout the afternoon on 2/18/19 revealed client #5 to sit in his wheelchair while sleeping much of the observation period from 3:45 PM until 6:15 PM. Observation at 4:30 PM revealed client #5 to sit in his wheelchair of the living room and to be awakened, offered leisure choices by staff of a book and a game to which the client refused and went back to sleep. Staff was observed to ask client #5 "Are you ok today?" and to allow the client to go back to sleep. Observation of client #5 at 5:25 PM revealed the client to be directed by staff to the dining table for the dinner meal. Client #5 was observed to sit at his place setting at the table and wait for dinner while sleeping from 5:25 PM until 5:40 PM. Observation at 5:40 PM revealed client #5 to sit at the dining table with his meal while nodding off at various times and requiring assistance from staff to eat various bites of his dinner meal. Client #5 was observed to slowly take bites of his meal independently at times and then accept staff assistance when staff offered. Review of client #5's record on 2/19/19 revealed a diagnosis of health related conditions to include	W 192		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 192	Continued From page 1 atonic bladder, feeding tube, heart failure, anemia, hyperthyroidism, chronic myloid leukemia, hypertension and seizures with a vagal nerve stimulator. Interview with staff on 2/18/19 revealed client #5 was behaving differently on the current day with less energy, sleeping more than usual and requiring more assistance with his meal. Interview with the facility nurse on 2/19/18 revealed client #5 has had a recent decline in health. The facility nurse further verified client #5 has had an increase in sleep patterns and less energy, although staff should still report changes to nursing. Continued interview with the facility nurse revealed nursing was not notified of any health issues related to client #5 on 2/18/19 and staff should have reported any identified concerns or signs related to the client's health to the nursing staff.	W 192		
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure 2 of 3 sampled client's (#1 and #2) were provided opportunities for choice and self management relative to meal preparation and service. The finding is: Observations in the group home on 2/18/19 from 5:05 PM through 5:25 PM revealed client #1 assisting staff with the dinner meal preparation of baked pork chops, peas, rolls and cauliflower with cheese. This preparation included client #1 assisting with processing food items in a blender.	W 247		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 247	Continued From page 2 Client #1 was also observed assisting with place settings at the dining table. Continued observations at 5:35 PM revealed client's #1, #2 and #5 to be the only client's having dinner at the group home and to all be seated at the table. Further observations revealed staff taking all food items in serving bowls to the table and all drink containers to the table without client assistance. Continued observations at 6:02 PM revealed a staff person taking all dishes, cups and utensils for clients #1 and #2 to the kitchen without client assistance. Observations on 2/19/19 at 7:10 AM upon entering the home, revealed complete place settings to be on the dining table for client's #1, #2 and #5. All clients were observed to be in their rooms, the bathroom or the medication room. Interview with the home manager on 2/19/19 revealed a third shift staff member had set the table. Continued observations at 7:15 AM revealed a staff member in the kitchen preparing breakfast consisting of muffins and peaches. The staff member was observed mixing batter, pouring batter into a pan, getting serving bowls from cabinets and processing the food in a blender. Further observations at 7:22 AM revealed client #1 to be seated at the dining table. Staff members were observed taking serving bowls and drink containers to the table without client assistance. A staff member was also observed preparing coffee for client #1 and then taking it to the dining table. Continued observations at 8:02 AM revealed client #1 taking his coffee cup to the kitchen and assisting with preparing a second cup of coffee and then taking it back to the table. At 8:12 AM, client #1 was observed taking his coffee cup to the kitchen sink.	W 247		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 247	Continued From page 3 Continued observations at 8:50 AM revealed client #2 to be seated at the dining table. A staff member was observed to take all serving bowls and drink containers to the table while the client was seated. Further observations at 9:10 AM revealed client #2 assisting with taking all dishes, cups and utensils to the kitchen sink. Review of the record for client #1 on 2/19/19 revealed a person centered plan (PCP) dated 4/18/18. The PCP contained an adaptive behavior inventory (ABI) dated 3/29/18. The ABI indicated that client #1 was partially independent with setting the dining table and partially independent with clearing the dining table. Review of the record for client #2 on 2/19/19 revealed a PCP dated 3/16/18. The PCP included an ABI dated 1/31/19. The ABI indicated the client was able to remove dishes and utensils from the table with partial independence, get drinks from the refrigerator with partial independence and prepare a drink which requires mixing with partial independence. Interview with the qualified intellectual disabilities professional (QIDP) on 2/19/19 confirmed that clients #1 and #2 were both capable with assistance, of helping to prepare meal items and drink items, as well as carry items to and from the dining table. The QIDP also indicated the clients should assist with these tasks, at some level, at every dining opportunity to assure choice and self management.	W 247		
W 331	NURSING SERVICES CFR(s): 483.460(c)	W 331		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 331	Continued From page 4 The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure nursing services were provided in accordance with client needs relative to assuring the quarterly physician's orders matched the transcribed pharmacy orders for 1 of 2 sampled clients (#2) observed to receive medications. The finding is: Observations in the group home on 2/19/19 at 7:50 AM revealed client #2 to participate in medication administration. Observation of the medication pass revealed client #2 to receive a medication regime that included Miralax 17g. Staff was observed during the medication administration to identify client #2's medication as "Miralax", measure the powder and mix the powder in prune juice. Continued observations revealed the client to take all medications and be assisted by staff out of the medication area. Review of client #2's record on 2/19/19 revealed quarterly physician orders dated 12/26/2018. Review of the current 12/2018 quarterly physician orders revealed orders for client #2 to receive Polyeth Glyc Powder 3350. Dissolve 17gm in 8 oz. of liquid and drink by mouth at bedtime (8 PM). Continued review of the 12/2018 quarterly physician orders verified medication orders for medications observed to be given to client #2 during the morning medication administration. Additional review of client #2's record revealed quarterly physician orders dated 9/20/18 with the order for Polyeth Glyc Powder 3350. Dissolve 17gm in 8oz of liquid and drink by mouth at	W 331		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 331	Continued From page 5 bedtime (8PM). Interview with the facility nurse on 2/19/19 revealed Client #2 should receive "Clearlax" as part of the morning medication regime, not in the evening. Continued interview with the facility nurse confirmed the pharmacy had transcribed incorrectly the physician orders with regard to the order and administration time of client #2's "Miralax/Clearlax" and she was unaware of the transcription error that had occurred since 9/20/18. Additional interview verified nursing was responsible for ensuring physician orders were transcribed correctly by the pharmacy and clarifying with the physician any discrepancies received by the pharmacy.	W 331		