

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

PRINTED: 03/26/2019
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 03/19/2019 |
|---|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER MARIE G. SMITH GROUP HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1921 PALMETTO DRIVE ALBEMARLE, NC 28001 | | |
| (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 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 observation and interview the facility failed to assure privacy was maintained for 3 of 6 clients (#2, #5 and #6). The findings are:</p> <p>A. Observation in the group home on 3/18/19 at 4:10 PM revealed client #6 to exit her bedroom with staff assistance and walk to the hallway bathroom near the kitchen area. Client #6 was observed to enter the bathroom while staff stood in the door of the bathroom, leaving the door open. Staff was observed to remain in the doorway of the bathroom the entire time the client remained in the bathroom and to verbally direct the client from the open bathroom door to wash her hands after the client finished toileting.</p> <p>Review of records for client #6 on 3/19/19 revealed an individual support plan (ISP) dated 3/29/18. Review of the 3/2018 ISP revealed no objective training relative to toileting. Further review of the ISP revealed a skill assessment that identified client #6 rarely closes the bathroom door on her own and occasionally needs support staff to close the bathroom door.</p> <p>B. Observations in the group home on 3/18/19 at 3:45 PM revealed client #2 to exit the living room and walk to the hallway bathroom outside of the</p> | W 130 | | | |
| 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.

| 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 03/19/2019 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER MARIE G. SMITH GROUP HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1921 PALMETTO DRIVE ALBEMARLE, NC 28001 | | |
| (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 130 | <p>Continued From page 1</p> <p>client bedrooms with a staff member. Client #2 was observed to enter the bathroom while staff stood in the doorway of the bathroom, leaving the door open. Staff was observed to remain in the doorway of the bathroom the entire time the client remained in the bathroom and to verbally direct the client from the open bathroom door to wash her hands after the client finished toileting.</p> <p>Review of records for client #2 on 3/19/19 revealed an individual support plan (ISP) dated 2/14/19. Review of the ISP revealed no objective training relative to toileting. Further review of the ISP revealed a skill assessment that identified client #2 rarely closes the bathroom door on her own and occasionally needs support staff to close the bathroom door. Subsequent review of the 2/14/19 ISP assessment for client #2 revealed "Staff should respect client #2's privacy at all times, and assure privacy is being maintained during all personal grooming, and bathroom times by keeping doors closed."</p> <p>C. Observation in the group home on 3/18/19 at 3:55PM revealed client #5 to exit the living room and walk to the hallway bathroom with a staff member. Client #5 was observed to enter the bathroom while staff stood in the door of the bathroom, leaving the door open. Staff was observed to remain in the doorway of the bathroom the entire time the client remained in the bathroom. Staff was further observed to verbally direct the client to wash his hands after the client finished toileting.</p> <p>Review of records for client #5 on 3/19/19 revealed an ISP dated 2/19/19. Review of the ISP revealed objective training for client #5 dated 5/1/18 that indicated "client #5 will close the</p> | W 130 | | | |

| 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 03/19/2019 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER MARIE G. SMITH GROUP HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1921 PALMETTO DRIVE ALBEMARLE, NC 28001 | | |
| (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 130 | Continued From page 2 bathroom door when toileting to ensure his privacy is met with 3 or less prompts for 12 consecutive months." Interview with the qualified intellectual disabilities professional (QIDP) on 3/19/19 confirmed that clients #2, #3, and #5 should have been provided privacy during toileting. Continued interview with the facility QIDP verified staff should have closed the door while assisting clients #2, #3, and #5 with toileting on 3/18/19 during afternoon observations. | W 130 | | | |
| W 242 | INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observations, interviews and review of records the team failed to ensure the individual support plan (ISP) for 1 non-sampled client (#5) included objective training to address needs relative to dressing. The finding is: Observations in the group home throughout the survey on 3/18-19/18 revealed client #5 to wear pants that the client continuously had to pull up, was prompted by staff to pull up and was not observed to wear a belt. Continued observations | W 242 | | | |

| 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 03/19/2019 |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER MARIE G. SMITH GROUP HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1921 PALMETTO DRIVE ALBEMARLE, NC 28001 | | |
| (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 242 | <p>Continued From page 3</p> <p>in the group home on 3/18 and 3/19/19 revealed client #5 to go to the restroom at various times and exit the bathroom with his pants unzipped. Client #5 was further observed to wear his pants unzipped throughout multiple observations during the survey.</p> <p>Review of records for client #5 on 3/19/19 revealed an ISP dated 2/19/19. Review of the 2/19/19 ISP revealed no objective training relative to dressing. Further review of records for client #5 revealed an ISP assessment that identified in the domain of dressing, the client to use fasteners such as zippers, buttons and snaps with physical assistance. Additional record review for client #5 revealed a weight loss of 26 lbs over the review year. Review of dietary records revealed in 5/2018 client #5 weighed 252 lbs and in 2/2019 the client weighed 226 lbs.</p> <p>Interview with the home manager (HM) on 3/18/19 revealed client #5 to have steady weight loss over the review year which has caused his pants to fit big while the client also does not like to wear a belt. Further interview with the HM revealed if client #5 goes to school with a belt on, the client usually returns home with no belt. Interview with the clinical director on 3/19/19 verified client #5 had new clothing purchased over the review year due to weight loss. The clinical director further verified client #5 is on the current list for additional new clothing due to continuous gradual weight loss. Further interview with the clinical director verified client #5 could benefit from training relative to wearing a belt and utilizing the zipper on his pants.</p> | W 242 | | | |