

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

PRINTED: 09/25/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G204</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>09/12/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILSON SMITH COTTAGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>185 MARTINDALE RD</b> <b>WINSTON SALEM, NC 27107</b>		
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W 000	INITIAL COMMENTS	W 000			
W 227	<p>Intake #NC 00154455 allegations were unsubstantiated; however, unrelated non-compliance, W227, W331 and W340, were cited on 9/12/19.</p> <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 record reviews and interviews the team failed to ensure the individual habilitation plan (IHP) for 1 of 6 clients (#1) included objectives to meet identified needs relative to non-compliance behaviors. The finding is:</p> <p>Interview during the 9/12/19 complaint survey with the qualified intellectual disabilities professional (QIDP) revealed client #1 has needs relative to non-compliance. Continued interview with the QIDP revealed client #1 falls on his knees or to the ground as a gesture of refusal or noncompliance at various times i.e.: when requested to participate in his daily living activities, doing chores, walking to the mailbox, or going on outings or at other times, especially outside of the group home.</p> <p>Interview with Staff A on 9/12/19 at 1:30PM revealed client #1 falls approximately 1 time monthly onto his knees or to the floor when he does not want to do chores, go on outings or</p>	W 227			

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

TITLE

(X6) DATE

*[Signature]*

*[Signature]*

10/2/19

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	<p>Continued From page 1</p> <p>attend to his daily living tasks and goals. Continued interview with Staff A revealed staff does not have any set interventions in place to help client #1 when he exhibits this behavior. Subsequent interview with Staff A revealed staffs only intervention was to wrap their arms around client #1's arm and pull him to a standing position after he falls to the ground. However, per Staff A and verified by the QIDP, all staff members have been retrained on 7/10/19 and "instructed not wrap their arms around client #1 to lift him off the ground after he drops, but to offer their hand instead to assist client #1 to stand up." Subsequent interview with Staff A on 9/12/19 confirmed this change in how staff helps client #1 to stand up after a fall, is a result of client #1 sustaining a bruised left arm on 7/9/19 when assisted by a staff member who pulled client #1 up by his arm to a standing position.</p> <p>Review of the record for client #1 on 9/12/19 revealed an individual habilitation plan (IHP) dated 4/11/19 which included a behavior support plan (BSP) dated 1/31/19. Review of the BSP on 9/12/19 revealed target behaviors of aggression, property destruction, self- injury such as hitting or biting, or agitation such as yelling or repetitive speech. Continued review of the BSP revealed preventative and interactive techniques were present to provide knowledge and guidelines for staff to follow in assisting client #1 in training surrounding these needs/goals. Further review of client # 1's IHP revealed there was no goal to address his needs regarding non-compliance and injury that client #1 sustains at times by falling on his knees as a result of his noncompliance. Subsequent record review also revealed there was no consistent documentation of client #1's falls over the past 6 months, for example, which</p>	W 227			

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W 227	Continued From page 2 could have informed the team in making recommendations.  Interview with the QIDP on 9/12/19 at 5:00 PM confirmed client #1 needs a thorough assessment of his monthly "falling" connected to non-compliance and the addition of an active treatment program to address client #1's noncompliance.	W 227			
W 331	<b>NURSING SERVICES</b> CFR(s): 483.460(c)  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 interviews, the facility failed to ensure 1 of 6 clients (#1) reported to have sustained recent left arm bruises had documentation of nursing assessments, all treatments used, and client progression in his record. The finding is:  Observations on 9/12/19 at the group home at 12:15 PM revealed all 6 clients had returned from a grocery shopping trip in the van with staff C & E. Further observations at 12:20 PM revealed all 6 clients, which included client #1, exited the van with no ambulation/mobility difficulties or problems carrying plastic grocery bags of purchased items into the home's kitchen area. Continued observations from 12:25 PM to 1:45 PM revealed client #1 engaged in various activities as he moved throughout the home with no episodes of falling. Ongoing observations on 9/12/19 throughout the complaint survey revealed client #1 did not use any assistive devices to	W 331			

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W 331	<p>Continued From page 3 ambulate.</p> <p>Continued observations on 9/12/19 of client #1 revealed he wore jersey shorts with a short-sleeved T-shirt and there was no visible bruising, swelling or area(s) of visible physical injury. Subsequent observations of client #1 from 4:30 PM to 4:40 PM revealed his arms and legs were free from scratches, bruises or apparent injuries and he had sustained no episodes of falling.</p> <p>Review on 9/12/19 of facility internal reports revealed an incident/accident report dated 7/9/19 noting staff C &amp; M had observed bruises on client #1's left arm. Continued review revealed staff notified facility management and management instructed staff to immediately take client #1 to Wake Forest Baptist Health emergency department (ED), which occurred at 8:30 PM. Further review revealed while client #1 immediately received an x-ray at the hospital ED, and was seen by an ED physician, no injury/medical problem was found or noted. Subsequent review revealed client #1 was released from the ED on 7/9/19 and arrived back to the group home at 11:44 PM with written discharge instructions to follow up with his primary care physician (PCP).</p> <p>Review on 9/12/19 of client #1's individual habilitation plan (IHP) dated 4/11/19 revealed he was admitted 1/4/91. Continued review of client #1's IHP revealed, verified by the qualified intellectual disabilities professional (QIDP), a Wake Forest Baptist Health encounter report dated 7/9/19. Further review of the 7/9/19 encounter report for client #1 revealed a diagnosis of "left upper arm pain" and "traumatic</p>	W 331			

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W 331	<p>Continued From page 4</p> <p>ecchymosis of left upper arm." Subsequent review of the 7/9/19 encounter report for client #1 revealed "XR Humerus Left" imaging tests.</p> <p>Ongoing review on 9/12/19 of client #1's IHP revealed, verified by the QIDP, a Novant Health encounter report dated 7/14/19. Continued review of the 7/14/19 encounter report revealed a diagnosis of "Contusion of left elbow" and imaging tests for "XR Humerus Min 2 view Left" and "XR Wrist 2 views left." Further review on 9/12/19 of client #1's IHP revealed, verified by the QIDP, a follow up medical consult report dated 7/19/19 for client #1's left arm. Continued review of client #1's 7/19/19 medical consult report revealed physician findings of continuous left arm swelling. Subsequent review of client #1's 7/19/19 medical consult revealed labs were done, and a venous Doppler to rule out deep vein thrombosis was ordered.</p> <p>Continued review of client #1's IHP revealed, verified by the QIDP, a medical consult report dated 7/31/19 which noted an ultrasound of the left arm was performed on 7/31/19 and results would be forwarded to client #1's PCP that day. Consequently, while no results documentation of client #1's 7/31/19 ultrasound was found or provided on 9/12/19, the QIDP confirmed client #1's PCP did promptly receive the ultrasound results and render needed care.</p> <p>Ongoing reviews on 9/12/19 of client #1's IHP revealed, verified by the QIDP, no nursing service progress notes were found or provided regarding client #1's 7/9/19 left arm bruises, and no progress notes regarding client #1's 7/14/19 and 7/19/19 hospital visits for his left arm swelling and bruising. Further review of client #1's IHP</p>	W 331			



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W 331	<p>Continued From page 5</p> <p>revealed a recent nursing documentation dated 7/31/19 for client #1's quarterly nursing assessment.</p> <p>Interview conducted over the phone with the facility nurse on 9/12/19 confirmed, verified by the QIDP, staff had notified her on 7/9/19 of client #1's left arm bruises. Continued interview confirmed the facility nurse had informed staff to transport client #1 to the local emergency department (ED) for immediate medical attention. Further interview with the facility nurse revealed while client #1 was treated on 7/9/19 at the local ED and released back to the home on 7/9/19, she did not perform/conduct any follow-up nursing assessment or documentation regarding client #1 until 7/31/19, for his quarterly nursing assessment. Subsequent interview with the facility nurse also revealed, she did not need to do any nursing documentation regarding client #1's 7/9/19 left arm bruises because client #1 had received immediate ED treatment/care on 7/9/19. Further interview with the facility nurse revealed ED physician treatment level care supersedes her nursing oversight responsibility and therefore eliminated the need for her to do any nursing documentation of client #1's 7/9/19 ED visit. Continued interviews also revealed the facility nurse has not documented client #1's progression regarding his 7/14/19 hospital treatment nor his 7/19/19 follow-up medical consult.</p> <p>Continued interviews with the facility nurse revealed while staff have verbally informed her of client #1's intermittent unsteady gait balance/falls, she however has deferred client #1's unsteady gait balance/fall issues to the PCP and the QIDP to address because they are responsible.</p>	W 331			

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W 331	Continued From page 6 Interview with the QIDP on 9/12/19 confirmed the facility must provide clients with nursing services in accordance with their needs. Continued interview confirmed client #1's record should contain all documentation relative to nursing care, all treatments used and client progression.	W 331			
W 340	<b>NURSING SERVICES</b> CFR(s): 483.460(c)(5)(i)  Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.  This STANDARD is not met as evidenced by: Based on observation, record review and interview, nursing services failed to assure staff were properly trained in written documentation, relative to incident/accident reports, to support appropriate client health care needs. The finding is:  Observations on 9/12/19 at the group home at 12:15 PM revealed all 6 clients had returned from a grocery shopping trip in the van with staff C & E. Further observations at 12:20 PM revealed all 6 clients, which included client #1, exited the van with no ambulation/mobility difficulties or problems carrying plastic grocery bags of purchased items into the home's kitchen area. Continued observations from 12:25 PM to 1:45 PM revealed client #1 engaged in various activities as he moved throughout the home with no episodes of falling. Ongoing observations on 9/12/19 throughout the complaint survey revealed	W 340			

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W 340	<p>Continued From page 7</p> <p>client #1 did not use any assistive devices to ambulate.</p> <p>Continued observations on 9/12/19 of client #1 revealed he wore jersey shorts with a short-sleeved T-shirt and there was no visible bruising, swelling or area(s) of visible physical injury. Subsequent observations of client #1 from 4:30 PM to 4:40 PM revealed his arms and legs were free from scratches, bruises or apparent injuries and he had sustained no episodes of falling.</p> <p>Review on 9/12/19 of facility internal reports revealed an incident/accident report dated 7/9/19 noting Staff C &amp; M had observed bruises on client #1's left arm. Continued review revealed staff notified facility management and management instructed staff to immediately take client #1 to Wake Forest Baptist Health for emergency medical attention, which occurred at 8:30 PM. Further review revealed client #1 immediately received an x-ray at the hospital, and was seen by a hospital physician; however, no injury/medical problem was found or noted. Subsequent review revealed client #1 was released from the hospital on 7/9/19 and arrived back to the group home at 11:44 PM with written discharge instructions to follow up with his primary care physician (PCP).</p> <p>Ongoing interviews on 9/12/19 with the QIDP revealed, to ensure client #1's care, they had taken client #1 back to the hospital on 7/14/19, then to his PCP on 7/19/19, and to an ultrasound on 7/31/19. Further interview with the QIDP revealed client #1 falls on his knees or to the ground as a gesture of refusal or noncompliance at various times i.e.: when requested to</p>	W 340			



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W 340	<p>Continued From page 8</p> <p>participate in his daily living activities, doing chores, walking to the mailbox, or going on outings or at other times, especially outside of the group home. In addition, the QIDP revealed other than client #1's 7/9/19 fall, she is unaware of any prior falls for client #1 and staff have not provided her any written documentation of client #1's falls. Interview with Staff C on 9/12/19 at 1:30PM revealed client #1 falls approximately 1 time monthly onto his knees or to the floor when he does not want to do chores, go on outings or attend to his daily living tasks and goals.</p> <p>Interviews on 9/12/19 with the facility nurse revealed staff have verbally informed her of client #1's intermittent unsteady gait balance/falls, instead of completing written documentation, as staff did document for client #1's 7/9/19 fall. Subsequent interview with the facility nurse confirmed she did not provide staff training relative to written documentation to report client #1's falls. Further interview also revealed the facility nurse has deferred client #1's unsteady gait balance/fall issues to the PCP and the QIDP to address because they are responsible.</p> <p>Interview with the QIDP confirmed nursing services should have conducted staff training on the need to complete written documentation to ensure client care needs are met.</p>	W 340			

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**Wilson Smith Home POC**

**All corrections to be completed by November 11, 2019**

**V227 Individual program plan**

The Wilson Smith program staff/managers/director will ensure IHP plans meet identified needs relative to non-compliance behaviors for all consumers. In regards to client #1, Wilson Smith program director will conduct a team meeting with all clinical support and natural supports to address consumer's current needs. This will include revision of client #1's current IHP and BSP to address needs of non-compliance. Once revisions are complete Wilson Smith program director/clinical support will provide an in service training with staff on revisions and proper documentation of behaviors for all consumers.

**W331 Nursing Services**

The Wilson Smith group home collaborates with nursing services to provide an environment that enables clients to sustain wellness in all areas. The program director and Nurse will meet to review nursing policy and State regulations to ensure all consumers' needs are being and documented. In addition, nursing services has created a call log and appointment log book that will be kept at the Wilson Smith group home and reviewed by nursing services every month. Wilson Smith staff will keep a record of every call to the nurse and comments discussed. The appointment log will contain all doctors' appointments for each client and record of consult forms sent to nursing services following doctor's appointments.

**W340 Nursing Services**

Wilson Smith program director and nursing services will provided an in service training to all staff on documentation procedures related to incident/accident reports. Staff will be educated/refreshed on procedures for documentation and incident reporting. Lutheran Services uses an internal web-based incident reporting system that all employees are required to use at the time of an incident. This allows senior management to analyze trends in order to improve programs and prevent future occurrences.