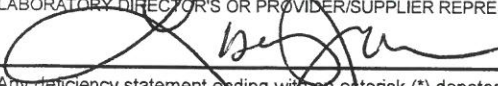


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G060</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/02/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SMITH STREET HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>112 SMITH STREET CLEVELAND, NC 27013</b>
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(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
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W 242	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(6)(iii)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and review of records the team failed to ensure the person centered plan (PCP) for 1 of 3 sampled clients (#1) included objective training to address observed needs relative to privacy. The finding is:</p> <p>Observation on the morning of 10/2/19 in the group home at 7:20 AM revealed client #1 to walk into a back hallway to client #6's room without knocking and enter. Further observation at 7:40 AM revealed client #1 to walk into client #4's room without knocking and to go through client #4's drawers.</p> <p>Review of records for client #1 on 10/2/19 revealed a PCP dated 3/19. Review of the PCP revealed objectives relative to remaining on task, bathing independently, dining, oral hygiene, putting on a shirt and sign identification. Further review of client #5's record revealed an adaptive behavior inventory (3/2019) identifying the client to have needs in providing privacy for self and others.</p>	W 242	<p>IDT will ensure the individual program plan for client #1 provides the training in personal skills essential for privacy and independence until it has been demonstrated or determined that the client is developmentally incapable of acquiring the skills. Habilitation Specialist will implement a new privacy program for client #1 to participate into learning about privacy. Habilitation Specialist will in-service train all staff on client #1 program. IDT will monitor with weekly observation until issues resolve. For future, IDT will monitor with monthly observations and record review.</p> <p style="text-align: center;"><b>RECEIVED</b>  OCT 29 2019  DHSR NH L &amp; C Black Mountain / WRO</p>	12-1-19
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Administrator</b>	(X6) DATE <b>10/28/19</b>
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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.

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

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OMB NO. 0938-0391

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>10/02/2019</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 242	Continued From page 1 Interview with staff D at the group home on 10/2/19 verified client #1 will often go into the rooms of other clients. Interview with the qualified intellectual disabilities professional (QIDP) on 10/2/19 verified client #1 has no current privacy training objective. Further interview with the QIDP confirmed client # 1 could benefit from privacy training.	W 242		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observations, record review and interviews the facility failed to provide a specially prescribed diet for 1 of 3 sampled clients (#6). The finding is:  Observations of the supper meal on 10/1/19 at 5:40 PM revealed client #6 was assisted to serve himself a serving of rice, a serving of mixed vegetables, and one small chicken breast. After client #6 had eaten all of these foods he asked for another helping of rice, vegetables and chicken. Further observations revealed staff B to take the serving bowl of rice off of the table and respond "there isn't enough". Continued observations revealed staff B to respond "there is more rice in the pot on the stove". Further observations revealed client #6 to again ask for seconds of the dinner meal items with all staff ignoring his request, only asking instead if he would like to take his plate to the kitchen. Continued observations revealed client #6 took	W 460	Habilitation Specialist will in-service train all staff on all prescribed diets which will include client #6 to ensure a nourishing and well balanced diet. IDT will monitor with weekly observations until issues resolve. For future, IDT will monitor with monthly observations and record review.	12-1-19

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NAME OF PROVIDER OR SUPPLIER  <b>SMITH STREET HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>112 SMITH STREET CLEVELAND, NC 27013</b>		
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W 460	<p>Continued From page 2</p> <p>his plate to the kitchen and requested "I want more food" from the kitchen staff C who responded "you just ate" "put your plate in the sink", to which client #6 did so.</p> <p>Observations of the breakfast meal on 10/02/19 at 7:30 AM revealed client #6 being served 2 small waffles with syrup, milk, juice, and 2 pieces of canadian bacon. Client #6 quickly ate his breakfast items and took his plate into the kitchen. Further observations revealed client #6 to go into the kitchen pantry and bring out a box of cold cereal and asked staff A if he may have some cereal. Further observation revealed staff to state "no you may not have cereal, put it back".</p> <p>Review of the record for client #6 on 10/2/19 revealed a person centered plan (PCP) dated 7/5/19 which contained a current nutritional evaluation stating client #6 is under his ideal body weight. Continued record review revealed a current physician's order stating that client #6 was to receive a regular diet, whole, for weight gain.</p> <p>Interview with facility staff A on 10/2/19 revealed she was unaware client could have second helpings. Continued interview with the qualified intellectual disabilities professional (QIDP) on 10/2/19 revealed staff have been trained that client #6 can have seconds on food items. Further interview with the QIDP confirmed the diet ordered by the physician should be followed and the amount of food to include seconds on food items, which should be offer for client #6 to assist client #6 to attain his ideal body weight as recommended by the nutritionist.</p>	W 460			