STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G204	A. BUILDING _____ B. WING _____	01/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILSON SMITH COTTAGE	185 MARTINDALE RD WINSTON SALEM, NC 27107

(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 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure staff were sufficiently trained relative to the adaptive equipment needs for 1 of 3 sampled clients (#1). The finding is: Afternoon observations on 1/29/2020 at 4:28 PM in the group home revealed client #1 sat at the dining table with his housemates involved in a tabletop activity. Further observation revealed client #1 wore a gait belt. Continued observations revealed at 4:50 PM, client #1 arose from his chair and ambulated to the living area and sat in a recliner chair. During this time, as client #1 ambulated to the living room, staff B walked beside client #1. Subsequent observations throughout 1/29/2020, revealed staff walked next to client #1 during ambulation. Morning observations on 1/30/2020 at 8:40 AM revealed client #1 stood up and left the dining table and headed towards the living room area. During this time, staff D grabbed hold onto the left side of client #1's gait belt to support client #1 as he ambulated towards a living room recliner chair. Additional observation at 8:50 AM revealed staff E walked beside client #1 as the client ambulated. Record review conducted on 1/30/2020 of client	W 189		

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
	34G204	A. BUILDING _____ B. WING _____	01/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILSON SMITH COTTAGE	185 MARTINDALE RD WINSTON SALEM, NC 27107

(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 189	Continued From page 1 #1's individual habilitation plan (IHP) dated 4/11/2019 revealed a current physical therapy (PT) evaluation. Review of client #1's current PT evaluation revealed a recommendation, substantiated by the qualified intellectual disabilities professional (QIDP), for client #1 to wear a gait belt for safety/fall injury prevention with ambulation. Further review of the current PT evaluation, substantiated by the QIDP, revealed "staff are to grasp the belt on both sides." Interview conducted on 1/30/2020 with staff D revealed she was instructed to hold the gait belt when client #1 ambulated. Interview conducted on 1/30/2020 with staff E revealed he was instructed to walk beside client #1 when the client ambulated. Interview with the QIDP confirmed client #1 has gait belt guidelines and staff are trained to follow the gait belt guidelines, when assisting client #1. Subsequent interview with the QIDP confirmed staff need more training relative to client #1's gait belt guidelines.	W 189		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, record review and	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G204	A. BUILDING _____ B. WING _____	01/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILSON SMITH COTTAGE	185 MARTINDALE RD WINSTON SALEM, NC 27107

(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 249	Continued From page 2	W 249		

interview, the team failed to implement sufficient interventions to support the achievement for vocational/pre-vocational needs for 1 non-sampled client (#1). The finding is:

Morning observations on 1/30/2020 in the group home from 6:25 AM to 7:35 AM revealed client #1 sat in a cushioned chair in the living room asleep. During this 70 minute time frame, no staff prompted client #1 to participate in morning activities.

Review on 1/30/2020 of the record for client #1 revealed an individual habilitation plan (IHP) dated 4/11/2019. Further review of the IHP revealed client #1's current programs to include: participate in a group activity for a minimum of ten minutes, engage in physical activity of walking, use a napkin after each meal, refrain from placing food on the outside of his plate, tolerate physical staff assistance with toothbrushing and one short term pre-vocational program titled sitting up.

Review on 1/30/2020 of client #1's IHP revealed an undated vocational evaluation. Further review of the vocational evaluation noted client #1 is limited in vocational areas; however, he can remain on task if he enjoys the activity he is working on, such as pegs. Continued review revealed staff must prompt client #1 during activities to participate and stay on task.

Interview on 1/30/2020 with staff E at 8:00 AM revealed client #1 sleeps in the living room most mornings. Further interview with staff E confirmed client #1's goals include: participation in a group activity for a minimum of ten minutes, engage in physical activity of walking, use a napkin after each meal, refrain from placing food

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G204	A. BUILDING _____ B. WING _____	01/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILSON SMITH COTTAGE	185 MARTINDALE RD WINSTON SALEM, NC 27107

(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 249	Continued From page 3 on the outside of his plate, tolerate physical staff assistance with toothbrushing. Staff E also noted client #1 has day program goals and these goals are conducted Monday through Wednesday, in the day program. Interview with the QIDP confirmed client #1 refuses to participate in activities and he requires multiple prompts to participate in activities. Further interview with the QIDP confirmed client #1 has one day program goal which is titled sitting up. Continued interview confirmed client #1's sitting up day program goal is a brief pre-vocational goal which requires him to participate in a circuit station of varied day program activities for 15 minutes. Subsequent interview with the QIDP confirmed client #1 is in need of more vocational/pre-vocational programming to address vocational/pre-vocational skill deficits.	W 249		