

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

PRINTED: 03/11/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G298	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/27/2020
NAME OF PROVIDER OR SUPPLIER LUKE STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 206 LUKE STREET EDENTON, NC 27932		
(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 000	INITIAL COMMENTS	W 000			
W 125	<p>A complaint investigation was completed on 2/26-27/2020. Intake # NC00161112 and NC00161118. The complaint was unsubstantiated.</p> <p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #6 had the right to be treated with dignity regarding wearing appropriate clothing. This affected 1 of 3 audit clients. The finding is:</p> <p>Client #6's dignity was not considered regarding wearing appropriate clothing.</p> <p>During observations at the day program and in the home on 2/27/2020, client #6 was wearing jeans pants without a belt . The client kept pulling his pants up during ambulation while his undergarment were exposed.</p> <p>Interview on 2/27/2020 with staff B revealed client #6 is independent on wearing his belt but once in a while he might need a reminder.</p> <p>Interview on 2/27/2020 with the client revealed he owns a belt but he just forgot to wear one.</p> <p>Interview on 2/27/2020 with the qualified</p>	W 125			

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.

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

PRINTED: 03/11/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G298	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/27/2020
NAME OF PROVIDER OR SUPPLIER LUKE STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 206 LUKE STREET EDENTON, NC 27932		
(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 125	Continued From page 1 intellectual disabilities professional (QIDP) revealed cleint #6 is independent on wearing his belt but needs a reminder when he forgets.	W 125			
W 478	MENUS CFR(s): 483.480(c)(1)(ii) Menus must provide a variety of foods at each meal. This STANDARD is not met as evidenced by: Based on observations, document review and staff interview, the facility failed to assure 1 of 3 audit clients (3) was offered the variety of foods listed on the menu. The finding is: Client #3 was not offer an alternative meal during breakfast During breakfast observations in the home on 2/27/2020 revealed a menu which listed the breakfast menu items for 2/27/2020 as Oatmeal, seasonal fruit or juice, raising tea and milk. Continued observation revealed client #3 asking staff D four times "What's for breakfast." The client was told oatmeal in all four occasions but voiced his dislike for oatmeal. At the table client was hesitant to serve oatmeal. He served half of the serving and refused the other half of the serving. At no time was the client given an alternative for oatmeal. Interview on 2/27/2020 with the staff D who prepared breakfast revealed client #3 is very vocal and knows what he wants and oatmeal was one of his dislikes. Interview on 2/27/2020 with the qualified	W 478			

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

PRINTED: 03/11/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G298	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/27/2020
NAME OF PROVIDER OR SUPPLIER LUKE STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 206 LUKE STREET EDENTON, NC 27932		
(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 478	Continued From page 2 intellectual disabilities professional (QIDP) confirmed all menu items should be included in each meal and if a client voiced dislike, he/she should be given an alternative, in order to provide the full nutrients and health benefits to each client as needed.	W 478			