

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

PRINTED: 10/29/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/27/2020
NAME OF PROVIDER OR SUPPLIER HEATH AVENUE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST HEATH AVE SMITHFIELD, NC 27577		
(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 130	<p>A recertification survey and complaint survey was completed on 10/27/20 for Intake #NC00163362. No deficiencies were cited for the complaint however deficiencies were cited as a result of the Recertification.</p> <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 observations, record review and interviews, the facility failed to ensure client #3 was afforded privacy while toileting. This affected 1 of 4 audit clients. The finding is:</p> <p>Client #3 was not afforded privacy while toileting.</p> <p>During observations in the home on 10/26/20 from 11:34am to 12:01pm, client #3 was sitting on the toilet with the door open. During the 27 minutes of observation and with the door wide open, Staff G went to the bathroom 8 times to ask client #3 if she was ok, talk to her about what she was going to have for lunch, and sing her ABC's. Client #3 was not prompted to close the door and staff asked her one time if she wanted the door open or closed.</p> <p>Review on 10/26/20 of client #3's individual program plan (IPP) revealed client #3 is on a training objective to close the bathroom door behind her while participating in personal hygiene tasks.</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.

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W 130	Continued From page 1 Review on 10/27/20 of client #3's adaptive behavior inventory (ABI) dated 4/20/20 revealed client #3 has no independence to close the bathroom door for privacy or signal the need to close the bathroom door. Interview on 10/27/20 with the Home Manager (HM) revealed client #3 is on a training objective to close the bathroom door when she is toileting. The HM confirmed if client #3 does not close the door, staff should prompt her or close the door for her. Interview on 10/27/20 with the Qualified Intellectual Disabilities Professional (QIDP) and Habilitation Specialist (HS) confirmed the bathroom door should have been closed when client #3 was toileting.	W 130			
W 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure client #5's Individual Program Plan (IPP) included information to support her independence during dining. This affected 1 of 4 audit clients. The finding is: Client #5's IPP did not include specific instructions to support her with feeding herself while seated in her manual wheelchair.	W 240			

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W 240	<p>Continued From page 2</p> <p>During lunch and dinner observations in the home on 10/26/20, client #5 was seated in her manual wheelchair at the table. The client was positioned approximately a foot from the table with an elevated platform on the table in front of her. Using adaptive built-up handle utensils and a cup with a built-in straw, the client was fed by staff at both meals. Client #5 was not encouraged or assisted to feed herself.</p> <p>Interview on 10/27/20 with Staff C revealed client #5's manual wheelchair is not high enough for her to feed herself at the table so they feed her when she is positioned in that chair. Additional interview indicated the client could probably feed herself with hand-over-hand assistance when positioned in the manual wheelchair.</p> <p>Interview on 10/27/20 with the Home Manager (HM) indicated client #5's electric wheelchair had been out of the home for repairs for "3 or 4 months" and they had been using her manual wheelchair. The HM noted the client cannot reach the table in her manual wheelchair so they had been told by the Occupational Therapist (OT) that they could feed her.</p> <p>Review on 10/27/20 of client #5's IPP dated 4/17/20 revealed, "[Client #5] needs more assistance with eating but staff will encourage her to be as independent as possible." Additional review of the plan did not include information to support her with being more independent with eating while positioned in her manual wheelchair.</p> <p>Interview on 10/27/20 with the Qualified Intellectual Disabilities Professional (QIDP) and Habilitation Specialist (HS) revealed in the past</p>	W 240			

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W 240	Continued From page 3 staff have placed a pillow behind client #5 when she was positioned in the manual chair at meals and her platform table had also been removed to allow her to be closer to the table and reach her plate. The QIDP and HS acknowledged more information regarding the use of her manual chair at meals should be included in the IPP.	W 240			
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 observations, record reviews and interviews, the facility failed to ensure 2 of 4 audit clients (#1, #4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of program implementation, adaptive dining equipment use and dining skills. The findings are: A. Client #4's Behavior Support Guidelines (BSG) were not implemented as prescribed. During observations in the home on 10/26/20 through 10/27/20, client #4 was observed to pinch himself on his right arm or hit himself in his face	W 249			

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W 249	<p>Continued From page 4 or on top of his head. Throughout the observations on both days, staff were observed to call client #4's name or simply ignore the behavior.</p> <p>Review on 10/27/20 of client #4's IPP dated 4/23/20 revealed a goal for client #4 to refrain from persistent self-injury requiring staff intervention for a period of 12 consecutive months.</p> <p>Review on 10/27/20 of client #4's BSG dated 11/13/19 revealed needed interventions in response to self-injurious behaviors: - Ask client #4 to please stop the behavior and encourage him to relax or offer him an item that requires use of his hands. - If client #4 continues to harm himself, staff may use the least restrictive intervention necessary to prevent him from continuing to harm himself. Staff may use a soft pillow or other soft material to prevent injury. -Encourage client #4 to calm down while staff demonstrate taking deep breaths and remaining still. -Staff should be positive and pleasant when client #4 relaxes and refrain from criticizing him for his behavior. Praise him for cooperating and stopping striking/scratching himself.</p> <p>Interview on 10/27/20 with the Qualified Intellectual Disabilities Professional (QIDP) and Habilitation Specialist (HS) confirmed that staff should follow the interventions in the BSG and should not simply call his name or ignore the behavior.</p>	W 249			

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W 249	<p>Continued From page 5</p> <p>B. Client #1's objective to use the food processor was not implemented.</p> <p>During dinner preparation observations in the home on 10/26/20 from 5:31pm - 6:23pm, client #1 sat in the kitchen in his wheelchair while Staff F used a food processor to chop and puree several food items. The staff made one brief attempt to have client #1 participate; however, she could not determine how to operate the ablenet device connected to the processor. Staff F proceeded to process all food items without assistance.</p> <p>Interview on 10/26/20 with Staff F revealed she was a fill-in staff and works in the home only when needed. Additional interview indicated they "try to get everybody involved to do something" during meal preparation. The staff noted the ablenet device usually works but she "may be doing something wrong".</p> <p>Review on 10/26/20 of client #1's IPP dated 9/30/20 revealed an objective to use the ablenet button to start the food processor with 50% gestural prompts (implemented 10/12/20).</p> <p>Interview on 10/27/20 with the QIDP and HS confirmed client #1's food processing objective was current and should be implemented "daily" during meal preparation.</p> <p>C. Client #1 was not consistently prompted or assisted to pour his drinks and serve himself at meals.</p> <p>During 3 of 3 mealtime observations in the home throughout the survey on 10/26 - 10/27/20, staff frequently poured client #1's drinks and served</p>	W 249			

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W 249	Continued From page 6 his food items for him. Client #1 was not consistently prompted or encouraged to participate with these tasks. Interview on 10/27/20 with Staff B revealed client #1 is "new" to the home and still learning so he was not able to participate with most tasks. Review on 10/27/20 of client #1's Adaptive Behavior Inventory (ABI) dated 10/7/20 revealed the client can serve himself from a bowl/platter with assistance and also has needs in the area of pouring. Interview on 10/27/20 with the QIDP and HS confirmed client #1 requires assistance to complete pouring and serving tasks. D. Client #1's dycem mat was not utilized as indicated. During lunch and breakfast observations in the home on 10/26 - 10/27/20, client #1 did not utilize a non-skid mat or dycem at the meals. Review on 10/26/20 of a diet and dining equipment list posted in the kitchen of the home and client #1's IPP dated 9/30/20 revealed he should use a "dycem mat" at meals. Interview on 10/27/20 with the QIDP and HS confirmed client #1 should be using a dycem mat under his plate at meals.	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan	W 252			

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W 252	<p>Continued From page 7</p> <p>objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure data for the accomplishment of criteria specified in the objectives from the Individual Program Plan (IPP) were documented in measurable terms. This affected 2 of 4 audit clients (#1, #5) The findings are:</p> <p>A. Client #1's objective data was not collected as indicated.</p> <p>Review on 10/26/20 of client #1's IPP dated 9/30/20 revealed objectives for toothbrushing (implemented 10/5/20; data collection: Mon - Fri, 1st and 2nd shift), using appropriate utensils (implemented 10/12/20; data collection: Mon - Fri, 3 meals), operating the food processor (implemented 10/12/20; data collection: Daily) and handwashing (implemented 10/12/20; data collection: Mon - Fri, 1st and 2nd shift). The plan also identified a service goal (OSG #3) for weight shifting/standing (dated 10/2020).</p> <p>Additional review on 10/27/20 of the client's objective training book indicated the following days of data collection for October 2020:</p> <p>Toothbrushing - No documentation</p> <p>Using appropriate utensils - 3 days</p> <p>Operating the food processor - 1 day</p>	W 252			

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W 252	<p>Continued From page 8</p> <p>Handwashing - 1 day</p> <p>Weight shifting/standing - No documentation</p> <p>Interview on 10/27/20 with the Qualified Intellectual Disabilities Professional (QIDP) and Habilitation Specialist (HS) confirmed client #1's objective data should be collected as indicated in the IPP.</p> <p>B. Client #5's objective data was not collected as indicated.</p> <p>Review on 10/26/20 of client #5's IPP dated 4/17/20 revealed objectives for toothbrushing (implemented 4/27/20; Data collection: Mon - Fri, 1st and 2nd shift), meal preparation (implemented 2/12/20; Data collection: 4 times per week, 2nd shift), apply deodorant (implemented 2/14/20; Data collection: Mon, Wed, Fri, 1st shift). The plan also identified a service goal (OSG #2) for Upper Extremity Range of Motion (dated 5/31/11) and OSG #4 for Positioning/Pressure Relief (dated 4/9/19).</p> <p>Additional review on 10/27/20 of client #5's objective training book indicated the following days of data collection for October 2020:</p> <p>Toothbrushing - 3 days</p> <p>Meal Preparation - No documentation</p> <p>Apply deodorant - No documentation</p> <p>Range of Motion - 4 days</p> <p>Positioning/Pressure Relief - 7 days</p>	W 252			

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W 252	Continued From page 9 Interview on 10/27/20 with the Qualified Intellectual Disabilities Professional (QIDP) and Habilitation Specialist (HS) confirmed client #5's objective data should be collected as indicated in the IPP.	W 252			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client's restrictive Behavior Support Plan (BSP) included written informed consent from both legal guardians. This affected 1 of 4 audit clients (#5). The findings is: Client #5's BSP did not include consent from both co-guardians. Review on 10/26/20 of client #5's record noted two family members acted as her co-guardians. Additional review of the BSP dated 6/2/20 revealed an objective to display 0 episodes of yelling/verbal aggression for a period of 6 consecutive months. Review of the plan also identified the use of Abilify and Zoloft to address behaviors. Further review of the BSP indicated one of two co-guardians had given written informed consent for the plan on 7/4/20. Interview on 10/27/20 with the Qualified Intellectual Disabilities Professional (QIDP) and Habilitation Specialist (HS) confirmed both	W 263			

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W 263	Continued From page 10 guardians should have given written informed consent for client #5's BSP.	W 263			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure all medications were administered without error. This affected 1 of 4 clients (#1) observed receiving medications. The finding is: Client #1 did not receive all of his morning medications. During morning observations of medication administration in the home on 10/27/20 at 7:30am, client #1 ingested Celebrex, a Flinstone chewable and Linzess. Review on 10/27/20 of client #1's physician's orders dated 9/23/20 revealed an order for Metformin 500mg, take one tablet by mouth daily, 8:00am. Interview on 10/27/20 with nursing staff confirmed client #1 should have received Metformin during his morning medication administration.	W 369			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and	W 460			

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W 460	<p>Continued From page 11 specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 3 of 4 audit clients (#3, #4 and #5) received their modified diets as indicated. The findings are:</p> <p>A. Client #4 did not receive his modified diet as indicated.</p> <p>During dinner observations in the home on 10/26/20 at 6:35pm, client #4 was served pureed tomatoes and pureed pinto beans while his beef tips were moist and ground up. The client consumed his dinner meal without difficulty.</p> <p>During breakfast observations in the home on 10/27/20 at 9:05am, client #4 was served yogurt and all pureed foods (i.e. oatmeal, bananas and toast). The client consumed his breakfast meal without difficulty.</p> <p>Interview on 10/26/20 with Staff F revealed each client's diet is posted on a sheet on the door of one of the cabinets in the kitchen. Additional interview indicated the list was current and included what they should be following.</p> <p>Review on 10/26/20 of the list of client's diets posted on a cabinet door in the kitchen revealed client #4 receives a regular "ground consistency". Additional review of client #4's Individual Program Plan (IPP) dated 4/23/20 also noted his food consistency should be ground.</p> <p>Interview on 10/27/20 with the Qualified Intellectual Disabilities Professional (QIDP) and</p>	W 460			

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W 460	<p>Continued From page 12</p> <p>Habilitation Specialist (HS) confirmed client #4 should receive a ground consistency as indicated.</p> <p>B. Client #5's did not receive her modified diet as indicated.</p> <p>During dinner observations in the home on 10/26/20 at 6:35pm, client #5 was served regular stewed tomatoes, pinto beans and beef tips. The beef tips were in chunks about the size of a quarter. After staff cut the meat in smaller pieces, client #5 consumed her dinner meal without difficulty.</p> <p>Interview on 10/26/20 with Staff D revealed each client's diet is posted on a sheet on the door of one of the cabinets in the kitchen. Additional interview indicated the list was current and included what they should be following.</p> <p>Review on 10/26/20 of the list of client's diets posted on a cabinet door in the kitchen revealed client #5 receives a 1500 calorie diet with ground meats and other foods in 1/2 inch - 1 inch pieces.</p> <p>Interview on 10/27/20 with the QIDP and HS confirmed client #4 should receive a ground meat consistency and other foods cut into 1/2 - 1 inch pieces as indicated.</p> <p>C. Client #3 did not receive her modified diet as indicated.</p> <p>During observations in the home on 10/26/20 at 12:24pm, client #3 was served two turkey and cheese sliders on Hawaiian rolls, pieces of apples cut up, and a bag of cheeze it crackers. Client #3 was observed to eat both turkey and cheese</p>	W 460			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/27/2020
NAME OF PROVIDER OR SUPPLIER HEATH AVENUE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST HEATH AVE SMITHFIELD, NC 27577		
(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 460	Continued From page 13 sliders without difficulty. Additional observations in the home on 10/27/20 at 9:11am revealed client #3 eating breakfast which consisted of a bowl of cheerios, one whole banana, and a piece of toast served whole. At 9:28am, client #3 asked Staff B if she could have the last piece of toast and Staff B told her yes. Client #3 ate her meal without difficulty. Review on 10/26/20 of client #3's IPP dated 4/20/20 revealed that client #3's diet is regular, chopped into 1/2" to 1" pieces. Review on 10/27/20 of dietary guidelines posted in the home revealed client #3's diet is regular, chopped into 1/2" to 1" pieces. Interview on 10/27/20 with the Home Manager revealed client #3's turkey sliders at lunch on 10/26/20 should have been cut, and the banana and two pieces of toast at breakfast on 10/27/20 should have been cut.	W 460			
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure all foods were served at an appropriate temperature. This affected all clients residing in the home. The	W 473			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 473	<p>Continued From page 14 findings are:</p> <p>Food was not served at an appropriate temperature.</p> <p>During dinner preparation observations in the home on 10/26/20 from 5:31pm - 6:27pm, Staff F removed pinto beans from a pot on the stove at 5:42pm while beef tips were removed from a crock pot at 5:46pm. The food was placed in serving dishes and covered with aluminum foil or a lid. At 6:23pm, Staff F touched the bottom of the dishes containing the beans and beef (as if checking their temperature) before taking them to the table. Clients began consuming these two food items at 6:40pm. The beef and beans were not reheated prior to serving.</p> <p>During breakfast preparation observations in the home on 10/27/20 at 7:21am, Staff B removed five containers of yogurt from the refrigerator and placed them on the table. At 8:11am, cooked oatmeal and toast were placed on the table in preparation for the breakfast meal. At 8:29am, while waiting for another client to come to the table, the oatmeal and toast were removed, taken to the kitchen counter and covered with a paper towel. At 8:51am, the oatmeal and toast were again placed on the table for breakfast. The clients began serving themselves at 9:03am. Prior to serving, the oatmeal and toast were not reheated and the yogurt was not kept cold.</p> <p>Interview on 10/26/20 with Staff F revealed the temperature of hot foods should be between 105 - 110 degrees. When asked how she knew how hot the food was, the staff stated, "I just felt it (the bottom of the serving dishes)." Additional interview indicated she did not normally work in</p>	W 473			

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W 473	Continued From page 15 the home and did not know where the thermometer was located. Interview on 10/27/20 with the Qualified Intellectual Disabilities Professional (QIDP) and Habilitation Specialist (HS) confirmed the temperature of food items should have been taken and the food should have been reheated.	W 473			