

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
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NAME OF PROVIDER OR SUPPLIER HEATH AVENUE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST HEATH AVE SMITHFIELD, NC 27577
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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 000	INITIAL COMMENTS	W 000		
W 130	<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 *Pauline Bell for Neshel Blue, Administrator* TITLE _____ (X6) DATE *11/07/2020*

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.

HEATH AVENUE HOME PLAN OF CORRECTIONS
For
Recertification Survey conducted October 26-27, 2020

W 130 PROTECTION OF CLIENTS RIGHTS

Each Client's record will be reviewed by the Clinical Core Team to ensure training objectives have been developed to support all Clients with exercising their personal rights with focus on the "right to privacy".

The QIDP (Qualified Intellectual Developmental) and or the HS (Habilitation (Specialist) will retrain all Staff on providing assistance to all Clients with protecting their right to privacy.

Specifically, Client #3's current training objective (close the bathroom door when engaged in toileting) will be assessed by the Team. The Team will ensure the current objective contains all the task analysis needed for training of the objective.

Monitoring of adherence to assisting all Clients with exercising their right to privacy will occur through a minimum of (2) per month of Interaction, Formal Program and Mealtime Assessments as well as general observations of at least (2) per month for the next (3) consecutive months. The assessments and general observations will be completed by either of the following: Administrator, QIDP, Habilitation Specialist, Home Manager, Behavior Specialist, Vocational Coordinator, OT/PT Habilitation Specialist, or the Nurse

COMPLETION DATE: 12/26/2020

W 240 INDIVIDUAL PROGRAM PLAN

Each Client's record will be reviewed to ensure information/directions needed to support independence in dining is documented in their Individual Program Plan (IPP).

Specifically, Client #5's Feeding Guidelines will be reviewed by the Team along with the OT (Occupational Therapist). The OT will assess Client #5 eating skills while sitting in her manual wheelchair. Additional adaptive dining equipment (i.e., built-up lap tray) and interventions deemed necessary to support Client #'s independence in dining will be included in her IPP (Individual Program Plan). The OT will revise Client #5's Feeding Guidelines to reflect all revisions.

All Staff will be retrained on the revised Feeding Guidelines by either the following: OT/PT Habilitation Assistant, Habilitation Specialist, or the QIDP

Monitoring of adherence to promoting independence with dining will occur through a minimum of (2) Mealtime Assessments (breakfast, snack, and dinner) per month for (3) consecutive months. The Mealtime Assessments will be completed by either of the following: OT/PT Habilitation Assistant, Administrator, QIDP, Habilitation Specialist, Home Manager, Vocational Coordinator, or the Nurse.

COMPLETION DATE: 12/26/2020

Each Client will receive continuous active treatment as identified in their IPPs. All staff will be retrained on each Client's IPP (Individual Program Plan) by the QIDP and or the Habilitation Specialist. After a review of all aspects of each IPP, emphasis will be placed upon the following:

- A. Consistent implementation of all guidelines as directed with specific focus on Client # 4's Behavior Support Guidelines (strategies to lessen the occurrence of inappropriate behaviors).

All Staff will be retrained by the Behaviors Specialist on Client #4's Behavior Guidelines with emphasis being placed on the strategies that are to be implemented when Client #5 displays self-injurious behaviors (pinching, scratching or hitting self).

- B. Consistent implementation of all Clients' objectives with specific focus on Client #1's usage of the food processor by starting the processor with the ablenet (adaptive dining equipment).

All Staff will be retrained by the Habilitation Specialist and or the QIDP on Client #1's training objectives to participate in meal preparations by using the ablenet to start the food processor.

- C. Consistent implementation of allowance for independence in pouring own beverages

All Staff will be retrained by the Habilitation Specialist and or the QIDP on Client level of assistance per Client #1's Adaptive Behavior Inventory (ABI) needed to pour his beverages.

The Habilitation Specialist and or the OT/PT Habilitation Assistant will retrain all Staff on the usage/operation of all adaptive dining equipment with emphasis on all aspects of usage of the ablenet.

- D. Consistent implementation of usage of all Client's dining adaptive equipment with emphasis on Client #1's utilization of a non-skid mat (dycem mat) during all meals.

All Staff will be retrained by the OT/PT Habilitation and or the Habilitation Specialist on Client #1's Feeding Guidelines. Emphasis will be placed on need for Client #1 to have the support of the dycem mat in order in order to deter the plate from sliding when dining.

Monitoring of adherence to the above will occur through the Behavioral Interaction, Mealtime, and Formal Program Assessments as well as general observations at a minimum of (2) each for the next (3) consecutive months. The assessments and general observations will be completed by either of the following: Behavior Specialist, Habilitation Specialist, OT/PT Habilitation Assistant, Home Manager, Vocational Coordinator, Administrator, and the Nurse

COMPLETION DATE: 12/26/2020

W 252 PROGRAM DOCUMENTATION

All Clients' training objectives and OSGs (Other Service Goals) will reviewed by the Clinical Core Team. The Team will ensure data for the accomplishment of criteria specified in the IPP (Individual Program Plan) is documented in measurable terms with emphasis on the following:

- A. Collection of data for Client #1's training objectives (toothbrushing; use of appropriate utensils; operation of the food processor; handwashing; and weight shift/standing).
- B. Collection of data for Client #5's training objectives (toothbrushing; meal preparation; application of deodorant; range of motion; and positioning/pressure relief).

The Habilitation Specialist and the OT/PT Habilitation Assistant will retrain all Staff on Clients #1's &5's training objectives and Other Service Goals for which they are responsible.

The Habilitation Specialist and the OT/PT Habilitation Assistant will review the data sheets for their responsible respective objectives and or OSGs (Other Service Goals) a minimum of twice weekly. Consistent failure by Staff members to train and collect data will be addressed via he Facility's corrective action procedures.

Additional monitoring of training objectives and OSGs (Other Service Goals) will occur through monthly Clinical Core Team meetings and Formal Program Assessment and chart reviews at a minimum of (2) annually by either of the following: Quality Assurance Specialist, QIDP, Habilitation Specialist, Administrator, OT/PT Habilitation Assistant, Behavior Specialist, Vocational Coordinator and the Nurse.

COMPLETION DATE: 12/26/2020

W 263 PROGRAM MONITORING & Change

The Facility will ensure all Clients restrictive Behavior Support Plans (BSPs) include informed written consent from both legal guardians.

The QIDP and review all guardianship documentation of all Clients. All documents requiring consents from all legal guardians will be reviewed to ensure all guardians listed on the guardianship sign the documents (i.e., a restrictive Behavior Support Plan). Specifically, Client #5's Behavior Support Plan will be reviewed for the necessary co-guardians' consents. Both of Client #5's legal guardians' written informed consent will be secured within the month of November 2020 by the Behavior Specialist.

Monitoring to the adherence of the above will be through chart reviews at a minimum of (2) annually by either of the following: Quality Assurance Specialist, QIDP, Habilitation Specialist, Administrator, OT/PT Habilitation Assistant, Behavior Specialist, Vocational Coordinator and the Nurse.

COMPLETION DATE: 12/26/2020

W 369 DRUG ADMINISTRATION

The Facility's system for drug administration will ensure all drugs, including those that are self-administered, are administered without error.

All clients (with emphasis on Client #1's medication administration process) will receive medications as ordered by the physician without errors. To eliminate the likelihood of future medication errors this Facility will ensure the following:

- 1} All Staff will be retrained on Medication Administration by the LPN.
- 2} Medication Administration Observations (AM and PM) will be completed by either of the following: The Nurse, QIDP, Habilitation Specialist, Home Manager, OT/PT Habilitation Assistant or the Vocational Program Manager.
- 3} The Medication Administration Record (MAR) will be checked at least weekly by either of the following: The Nurse, QIDP, Habilitation Specialist, Vocational Program Manager, or Home Manager. A form will be implemented and will be maintained at the front of the MAR. This form will indicate the signature of the person assessing the MAR and any comments of concern.
- 4} All Staff will be retrained on notifying the Nursing Staff of any medication error as well as any break in procedure of the medication process. The Nurse will train all Staff on how to complete the Medication Error and the Break in Procedures forms.

COMPLETION DATE: 12/26/2020

W 460 FOOD AND NUTRITION SERVICES

The Facility will ensure all Clients receive a nourishing, well-balanced diet including modified and specially prescribed diets.

All Clients will diet orders will be reviewed by the Clinical Core Team. All Clients diet orders will be retrained by the OT/PT Habilitation Assistant and or the Habilitation Specialist. Emphasis will be placed on the retraining of Clients #3, #4, and #5 diet orders. OT/PT Habilitation Assistant will retrain the Staff on the diet consistencies of all the Clients with emphasis on diet consistencies ordered by the physician for Clients #3, #4, and #5.

The OT/PT Habilitation Assistant will retrain all Staff as to what the diet consistencies of 1 inch, ½ ¼, puree, and ground foods should look like. The OT/PT Habilitation will use visuals (food in the various diet consistencies) to demonstrate this diet consistencies training.

Monitoring of adherence to serving food in the physician ordered diet consistencies will occur through a minimum of (4) Mealtime Assessments (breakfast, snack, and dinner) per month for (3) consecutive months. The Mealtime Assessments will be completed by either of the following: OT/PT Habilitation Assistant, Administrator, QIDP, Habilitation Specialist, Home Manager, Vocational Coordinator, Administrator, or the Nurse

COMPLETION DATE: 12/26/2020

W 473: MEAL SERVICES

The Facility will ensure all foods are served at appropriate temperatures.

All Clients' food of the Heath Avenue Home will be deemed to be served "hot" and "cold" as deemed appropriate. The OT/PT Habilitation Assistant and or the Home Manager will retrain all Staff on the temperatures which hot and cold foods should be served. Emphasis will be placed on reheating hot food if it gets below the serving temperature. Emphasis will be placed on discarding cold food that gets above the serving temperature. Food thermometer usage will also be emphasized during the training.

Monitoring of adherence to serving food in the physician's ordered diet consistencies will occur through a minimum of (4) Mealtimes Assessments (breakfast, snack, and dinner) per month for (3) consecutive months. The Mealtimes Assessments will be completed by either of the following: OT/PT Habilitation Assistant, Administrator, QIDP, Habilitation Specialist, Home Manager, Vocational Coordinator, Administrator, or the Nurse

COMPLETION DATE: 12/26/2020



November 7, 2020

Justin Foster, MPA, QDDP
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, North Carolina 27699-2718

RE: Plan of Correction for Recertification Survey: October 26-27, 2020
Heath Avenue Home: 105 E. Heath Avenue, Smithfield, NC 27577
Provider Number 34G044
MHL# 051=010

Dear Mr. Foster:

Please see the Plan of Correction for the deficiencies cited during your recent survey of the Heath Avenue Home completed October 26-27, 2020.

If there are any questions or concerns with this POC contact me at 919-894-5124, ext. 116 or pbell@rhanet.org.

Sincerely,

A handwritten signature in cursive script that reads "Pauline H. Bell, QP". The signature is written in black ink and is positioned above the printed name.

Pauline H. Bell

Enclosures

Cc: File