

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

PRINTED: 03/02/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G043	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/17/2021
NAME OF PROVIDER OR SUPPLIER ERWIN AVENUE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 100 ERWIN AVENUE ERWIN, NC 28339		
(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	<p>INDIVIDUAL PROGRAM PLAN 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, record review and staff interviews, the facility failed to ensure the individual program plan (IPP) for 1 of 3 audit clients (#4) included training in personal skills for privacy while changing clothes. The finding is:</p> <p>During observations in the home on 2/16/21 at 6:50 PM, client #4 was alone in her room, with the door ajar, wearing a bra and pants, standing at her dresser. Staff B and E were on the hall, near client #4's bedroom, but were attending to the personal needs of clients #1 and #2. An additional observation of client #4 on 2/16/21 at 6:53 pm revealed her sitting on her bed, with the door to her room still open, not wearing a top or bra.</p> <p>Review on 2/16/21 of client #4's individual program plan (IPP) dated 4/23/20 revealed that she had an objective to dress/undress independently and needed verbal prompts to cover body when leaving bathroom or bedroom.</p> <p>Review on 2/17/21 of the facility's "The Right of the Month-Privacy" form indicated that everyone</p>	W 242			

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 242	<p>Continued From page 1</p> <p>had the right to be taught to close the doors during personal care activities like using the restroom or bathing.</p> <p>Interview on 2/16/21 with staff E revealed that client #4 can dress herself but staff have to keep an eye on her because she will take off her clothes anywhere. Staff need to remind client #4 to close her door.</p> <p>Interview on 2/17/21 with the qualified intellectual disabilities professional (QIDP) revealed that client #4 has to have privacy guidelines. Last month, she offered staff training when they reviewed the clients rights to privacy.</p>	W 242			