

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

PRINTED: 03/12/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G204	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2021
NAME OF PROVIDER OR SUPPLIER WILSON SMITH COTTAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the individual habilitation plan (IHP) failed to have sufficient training objectives to meet identified client needs for 1 of 3 sampled clients (#5) relative to personal space.</p> <p>Observations in the group home on 3/2/21 from 4:45 PM to 5:30 PM revealed client #5 to assist staff with preparing for dinner and completing household chores. Further observations revealed client #5 to touch several clients' heads and faces with her hands as she walked passed them. At no point during the observation period did any staff redirect client #5 to respect the personal space of others.</p> <p>Review of records for client #5 revealed an IHP dated 9/14/20. Review of the 9/2020 IHP revealed the following training objectives: exercise, music therapy, household chores, medication administration and personal care goals. Review of the behavioral support plan dated 10/1/21 revealed the following target behaviors: physical aggression, property destruction/misuse, verbal aggression, inappropriate language, elopement, suicidal ideations, stealing and false allegations. Review of records for client #5 revealed no training objective relative to respecting boundaries and</p>	W 227			

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G204	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2021
NAME OF PROVIDER OR SUPPLIER WILSON SMITH COTTAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 227	Continued From page 1 personal space. Interview with the home manager (HM) on 3/3/21 verified that she had not observed client #5 display any boundary or personal space issues. The HM confirmed during the interview that all goals and objectives for client #5 were current. Continued interview with the HM verified that client #5 could benefit from training objectives relative to boundaries and personal space. Interview with the qualified intellectual disabilities professional (QIDP) on 3/3/21 verified that she was not aware of client #5 displaying any boundary issues or concerns. Continued interview with the QIDP confirmed that all of client #5's goals were current. The QIDP additionally confirmed that client #5 would benefit from programming objectives relative to respecting boundaries and the personal space of others.	W 227			
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 review and interview, the interdisciplinary team failed to assure consistent interventions and services to support the needs identified in the behavior plan	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G204	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2021
NAME OF PROVIDER OR SUPPLIER WILSON SMITH COTTAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>Continued From page 2 for 2 of 3 sampled clients (#4 and #5). The findings are:</p> <p>A. The team failed to ensure that interventions in the behavior plan were implemented as prescribed for client #5. For example:</p> <p>Observations in the group home during the survey period on 3/2/21 and 3/3/21 revealed two staff working on first and second shifts. Continued observations revealed multiple knives sitting on the kitchen counter where client #5 walked by to retrieve place settings to assist with setting the table before meals. Further observations revealed that client #5's bedroom door had an alarm installed that was not in working order.</p> <p>Review of records for client #5 on 3/3/21 revealed an individual habilitation plan (IHP) dated 9/17/20. Continued review of the current IHP revealed a behavior support plan (BSP) dated 10/1/20. Review of the 10/2020 BSP revealed identified target behaviors of physical aggression, property destruction, verbal aggression, elopement and other behaviors identified as history of suicidal ideation, stealing, and false allegations.</p> <p>Continued review of client #5's BSP revealed recommended preventative and intervention procedures to facilitate change in identified maladaptive behaviors. Further review of client #5's BSP revealed safety measures and environmental interventions were needed in the home due to unsafe behavior which may endanger client #5 or others. Subsequent BSP review revealed prevention measures were to include activating alarms on exit doors, bedroom door and windows to alert staff if client #5</p>	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G204	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2021
NAME OF PROVIDER OR SUPPLIER WILSON SMITH COTTAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>Continued From page 3 attempted to leave the premises.</p> <p>Additional review of the BSP revealed the need to secure sharp knives, scissors, or other sharp objects which may be used as weapons in which client #5 can harm herself. 1:1 staffing is recommended to ensure client #5's safety and the safety of others. Subsequent review of client #5's record revealed an in-service training with staff on 10/7/20 relative to an overview of client #5's crisis plan. Recommendations from the 10/2020 in-service included the following: 1:1 staffing and alarms on windows and bedroom doors. Additonal review of record revealed treatment team meeting minutes dated 2/23/21 which recommended a higher level of care for client #5. Review of the team minutes included an overview of client #5's behaviors, independence, preferences, future goals, progress towards goals, and the reasoning for a higher level of care.</p> <p>Review of incident reports for 1/2021 and 2/2021 revealed five incidents involving client #5 to include but not limited to: assault, property damage, verbal threat, bullying, AWOL, and communicating threats which has led to hospitalization.</p> <p>Interview on 3/3/21 with the Qualified Intellectual Disabilities Professional (QIDP) and home manager (HM) confirmed all sharp knives should be locked up to ensure client #5's safety and the safety of others. Continued interview with the QIDP and HM confirmed the interdisciplinary team met on 2/23/21 to discuss applying for an enhanced rate in order to secure a 1:1 staff, placement options, preferences and progress for client #5. Further interview with the QIDP</p>	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G204	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2021
NAME OF PROVIDER OR SUPPLIER WILSON SMITH COTTAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>Continued From page 4</p> <p>confirmed client #5 did not have a working bedroom door alarm due to client #5 removing the alarm a few weeks prior. Subsequent interview with the QIDP further confirmed client #5 did not have an assigned 1:1 staff as recommended in the behavior support plan. The QIDP additionally confirmed that all of client #5's training programs were current and should be implemented to ensure safety of the client and others.</p> <p>B. The team failed to ensure that communication objectives in the behavior plan were implemented as prescribed for client #4. For example:</p> <p>Afternoon observations on 3/2/21 at 4:45 PM revealed client #4 to participate in various activities such as participating in various board games and activities with staff assistance. Further observation at 5:30 PM revealed staff to prompt client #4 to assist with setting the dining table for the dinner meal. At no point during the observation period was client #4 offered a communication book or objectives as he transitioned to various activities.</p> <p>Morning observations on 3/3/21 at 7:00 AM revealed client #4 to participate in the breakfast meal. Further observation at 7:10 AM revealed staff to prompt client #4 to place his dishes in the sink and retrieve the broom and dust pan from the supply closet. Continued observation at 7:30 AM revealed staff to offer client #4 a choice in game activities and verbally prompt client #4 to sit at the dining table. At no point during the observation period was client #4 offered a communication book or objects as he transitioned to various activities.</p> <p>Review of the record for client #4 on 3/3/21</p>	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G204	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2021
NAME OF PROVIDER OR SUPPLIER WILSON SMITH COTTAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 5 revealed an individual habilitation plan (IHP) dated 5/4/20. Continued review of the record revealed a behavior support plan (BSP) dated 4/10/20. Review of the 4/2020 BSP revealed that client #4 is in need of verbal and visual cues with transitions as daily routines or schedule changes are often difficult for him. Additional record review for client #4 revealed a crisis prevention and intervention plan dated 3/31/20. Review of the 3/2020 crisis plan revealed that client #4 has challenges with verbal communication and utilizing a communication book to point to pictures of steps, items, and/or activities can support the client. Continued review of the crisis plan revealed that client #4 should be encouraged to use his communication book to express himself and having a consistent picture schedule of client #4's day gives him structured expectations throughout his day. Review of the 5/2020 IHP did not include communication objectives for client #4. Interview with the qualified intellectual disabilities professional (QIDP) verified that client #4 used a communication book in the past however the client did not like using it. Continued interview with the QIDP verified that behavior data for client #4 was not completed or available for review from 1/2021 to present. Subsequent interview with the QIDP confirmed that all goals and objectives for client #4 were current and all training objectives should be implemented as prescribed.	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			

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

PRINTED: 03/12/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G204	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2021
NAME OF PROVIDER OR SUPPLIER WILSON SMITH COTTAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 252	<p>Continued From page 6</p> <p>objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on review of records and interviews, the team failed to ensure data for maladaptive behaviors listed in the behavior support plan (BSP) for 1 sampled client (#5) was collected and tracked as prescribed. The finding is:</p> <p>Review of client #5's record on 3/3/21 revealed a behavior support plan (BSP) dated 10/1/20 for target behaviors of physical aggression, property destruction, verbal aggression, elopement and other identified as history of suicidal ideation, stealing, and false allegations. Review of the 10/2020 BSP revealed preventative and intervention procedures recommended to facilitate change in maladaptive behaviors. Continued review of client #5's BSP revealed safety measures and environmental interventions were needed in the home due to unsafe behavior which may endanger client #5 or others. Subsequent BSP review revealed prevention measures were to include activating alarms on exit doors, bedroom door and windows to alert staff if client #5 attempted to leave the premises and securing sharp knives, scissors, or other sharp objects which may be used as weapons or to harm herself. Further review of the BSP for client #5 revealed 1:1 staffing is recommended to ensure client #5's safety and the safety of others.</p> <p>Additional review of the 10/2020 BSP revealed each episode of disruptive behavior during which maladaptive behavior is displayed will be documented using a behavior data collection</p>	W 252			

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

PRINTED: 03/12/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G204	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2021
NAME OF PROVIDER OR SUPPLIER WILSON SMITH COTTAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 252	<p>Continued From page 7</p> <p>form. Behavior data collection forms will be reviewed and summarized in monthly psychology summaries.</p> <p>Review of facility incident reports for 1/2021 and 2/2021 revealed five incidents involving client #5. Continued review of incidents involving client #5 revealed the incidents to include assault, arrest, property damage, verbal threat, bullying, AWOL and communicating threats which had led to hospitalization. An attempted review of behavior data relative to client #5 for 1/2021 and 2/2021 revealed no collection of behavior data.</p> <p>Interview with the qualified intellectual developmental professional (QIDP) confirmed that the behavior documentation for client #5 was not completed for 1/2021 or 2/2021. Continued interview with the QIDP confirmed that client #5's behavior data should have been collected as prescribed in the behavior support plan.</p>	W 252			