STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G060	A. BUILDING ______ B. WING ______	03/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMITH STREET HOME	112 SMITH STREET CLEVELAND, NC 27013

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W 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure privacy was maintained for 4 of 6 clients (#2, #3 #5 and #6). The findings are: A. The facility failed to assure privacy was maintained in the area of medication administration. For example: Observations in the group home on 3/10/21 at 7:50 AM revealed client #4 to transition to the medication room to prepare for medication administration. Further observations revealed the home manager (HM) to dispense client #4's medication, offer medication education and place the medication in a cup while the door to the medication room remained open. Observations revealed the HM to prompt client #4 to follow her to the kitchen to get a pitcher of water. Client #4 was further observed to take his medications in the kitchen with other clients and staff standing in the kitchen. At no point during the observation was client #4 offered privacy during his medication administration. Further observations in the group home at 8:15 AM revealed client #6 to enter into the medication room for medication administration. Observations revealed the HM to administer medications to client #6 while the door remained open. Continued observations revealed two clients to stand in the doorway of the medication	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 room while client #6 received his medications. At no point during the observation did the HM prompt the clients to move away from the doorway nor did she offer privacy to client #6 by closing the door to the medication room. Continued observations at 8:37 AM revealed client #5 to participate in the breakfast meal at the dining room table. Further observations revealed the HM to administer client #5's medication at the table while in the presence of other staff and clients. At no point during the observation did the HM offer client #5 privacy during the medication administration. Subsequent observations at 9:00 AM revealed client #2 to pace around the group home as the HM attempted to administer medications to him. Further observations revealed the HM to administer medications to client #2 in the doorway to his room which could be seen from the hallway. Observations revealed client #2 to take his medications while staff and clients were walking down the hallway. At no point during the observation did the HM offer client #2 privacy by closing his door during medication administration. Interview with the HM on 3/10/21 verified that she was not aware that having the medication room door open during medication administration was considered a privacy concern. The HM also verified during the interview that she didn't think to close the medication room door or to offer to take clients to their rooms with the door closed during medication administration. The HM confirmed during the interview that all clients have a right to privacy during medication administration. Interview with the qualified intellectual disabilities professional (QIDP) on	W 130		

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W 130 Continued From page 2 W 130

3/10/21 verified that the HM has been previously trained on medication administration and offering privacy when dispensing medications to clients. The QIDP confirmed during the interview that all clients have a right to privacy during medication administration.

B. The facility failed to assure that privacy was maintained while assisting client #5 with dressing. For example:

Observations in the group home on 3/10/21 at 8:00 AM revealed client #5 to lay on his bed with a t-shirt and no pants on with the door open to his room. Further observations revealed two staff to enter client #5's room and assist him with putting on his pants while the client laid in his bed as the door remained ajar. Observations at 8:07 AM revealed staff to continue to assist client #5 with putting on his pants which could be viewed from the hallway. It is important to mention that client #5 is non-verbal, requires assistance with dressing and requires assistance with ambulation. At no point during the observation period did staff close the door to client #5's room to ensure his privacy as they assisted him in getting dressed.

Interview with the Home Manager (HM) on 3/10/21 verified that the staff should have closed the door to client #5's room to ensure his privacy while assisting him with getting dressed. The HM confirmed during the interview that all clients have a right to privacy while getting dressed in their rooms. Interview with the qualified intellectual disabilities professional (QIDP) on 3/10/21 verified that staff should have assisted client #5 with dressing with the door closed to ensure his privacy. The QIDP also verified during

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W 130	Continued From page 3 the interview that all staff have received training on respecting the privacy of all clients. The QIDP confirmed that all clients have a right to privacy in their rooms while getting dressed.	W 130		
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) 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. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the person centered plan (PCP) failed to have sufficient training objectives to meet the identified needs for 1 of 3 sampled clients (#6) relative to boundaries and personal space. The finding is: Afternoon observations in the group home on 3/9/21 at 4:40 PM revealed client #6 to pace around the group home throughout the day. Observations revealed client #6 to stand in the personal space of this surveyor and talk about his day. Client #6 was redirected by staff to maintain his distance and to attempt to prompt the client in choosing a leisure activity. Further observations at 6:15 PM revealed client #6 to stand over this surveyor while sitting at the kitchen table. Staff redirected client #6 to respect the boundaries of others and attempted to engage him in a leisure activity. Morning observations in the group home on 3/10/21 at 8:45 AM revealed staff to offer client	W 227		

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W 227	Continued From page 4 #6 several choices in activities to choose from as he sat in the living room area. Further observations revealed client #6 to stand up and to hit this surveyor in the right side with a closed fist. Observations revealed staff to immediately redirect client #6 and to prompt him to another room to participate in a leisure activity. Observations did not reveal staff to prompt the client to respect the boundaries of others. Review of the record for client #6 revealed a PCP dated 6/16/20 which lists the following program goals: handwashing, shampoo his hair and to close the bathroom door for privacy. Further review of the record for client #6 revealed a behavior support plan (BSP) dated 7/18/19 which includes the following target behaviors: self-injurious behaviors (SIBs), AWOL attempts, inappropriate touching and self-stimulation, refusal, inappropriate urination, minor physical aggression, property destruction and seat belt removal. Review of the record for client #6 did not include training objectives relative to maintaining boundaries and respecting the personal space of others. Interview with the HM on 3/10/21 revealed that client #6 is often playful and getting in the personal space of his peers and staff. The HM verified that client #6 does not have any training objectives relative to boundaries and personal space. The HM confirmed during the interview that client #6 could benefit from training objectives relative to respecting boundaries and personal space. Interview with the qualified intellectual disabilities professional (QIDP) verified that she was not aware that client #6 had issues with maintaining boundaries and personal space in the group home setting. The QIDP	W 227		

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W 227	Continued From page 5 verified that all of client #6's goals are active and current. QIDP confirmed during the interview that client #6 could benefit from training objectives relative to maintaining boundaries and the personal space of others.	W 227		