

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:  <b>34G043</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/17/2021</b>
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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><b>INDIVIDUAL PROGRAM PLAN</b> 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

*J. B. Blue*

*Administrator*

*3/12/21*

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.



*Rec'd 3/12/21*

March 12, 2021

Esther Moore, BSW, QIDP  
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: February 16-17, 2021  
Erwin Avenue Group Home: 100 Erwin Avenue, Erwin, NC 28339  
Provider Number 34G046  
MHL# 043-006

Dear Ms. Moore:

Please see the Plan of Correction for the deficiencies cited during the recertification survey of the Erwin Avenue Group Home completed February 16-17, 2021.

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

Sincerely,

A handwritten signature in cursive script that reads "Pauline H. Bell". The signature is fluid and elegant, with the first name being the most prominent.

Pauline H. Bell  
Qualified Professional  
RHA Health Services, NC, LLC  
Office: 919-894-5124, Ext: 116      Fax: 919-894-1488

Enclosures

Cc: File

## **ERWIN AVENUE GROUP HOME PLAN OF CORRECTION**

**For**

**Recertification Survey conducted February 16, 2021 to February 17, 2021**

### **W 242      INDIVIDUAL PROGRAM PLAN**

The Individual Program Plan will 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.

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 #4's current Privacy Guidelines will be assessed by the Team. The Team will implement an objective that contains all the task analysis needed for training Client #4 on exercising her "right to privacy".

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: 04/17/2021**

## **ERWIN AVENUE GROUP HOME PLAN OF CORRECTION**

**For**

**Recertification Survey conducted February 16, 2021 to February 17, 2021**

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**COMPLETION DATE: 04/17/2021**