

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

PRINTED: 05/28/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/27/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HEATH AVENUE HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 EAST HEATH AVE</b> <b>SMITHFIELD, NC 27577</b>		
(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 000}	INITIAL COMMENTS  A revisit was conducted on 5/27/21 for deficiencies cited on 10/26 - 10/27/21. Four deficiencies were corrected; however, four deficiencies remain out of compliance and three new deficiencies were found. The facility remains out of compliance.	{W 000}			
{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 reviews and interviews, the facility failed to ensure 2 of 2 audit clients (#2 and #5) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of meal preparation, family style dining, and self-help skills. The findings are:  During observations in the home on 5/27/21 from 6:35am - 7:15am, Staff A and Staff B completed various tasks without any client participation. For example, Staff A cooked the entire breakfast meal including scrambled eggs, cream of wheat and muffins, placed food items onto individual plates at the kitchen counter, poured individual drinks in	{W 249}			

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 249}	<p>Continued From page 1</p> <p>the kitchen and took prepared plates and drinks to clients at the dining room table. During this time, all of the clients were seated at the dining room table unengaged. After consuming their meals, client #2 cleared her plate from the table while the remaining clients had their dishes cleared by staff. Clients were not prompted or assisted to participate with any tasks during this time.</p> <p>Interview on 5/27/21 with Staff B revealed clients in the home do not participate with meal preparation tasks or family style dining and she was trained to do all of those tasks for them.</p> <p>Interview on 5/27/21 with Staff A indicated some of the clients can assist with different tasks when prompted; however, they will often refuse.</p> <p>Review on 5/27/21 of client #2's IPP dated 10/1/19 (most current plan available) indicated she can set her place setting. Additional review of the client's Adaptive Behavior Inventory (ABI) last updated 3/9/21 revealed she requires partial independence to prepare a breakfast meal, prepare beverages, salads, frozen/canned foods, meats/vegetables and bake muffins/cookies/breads. Additional review of the ABI noted partial independence was also required to pass bowls/platters, serve herself from bowls/platters, pour from a small pitcher and remove dishes and utensils from the table.</p> <p>Review on 5/27/21 of client #5's IPP dated 4/17/20 (most current plan available) revealed an objective to participate in meal prep with 80% partial physical prompts for 4 consecutive review periods (implemented 2/2/21). Additional review of the client's ABI (last updated 12/17/20)</p>	{W 249}			

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{W 249}	Continued From page 2 revealed she can pour from a small pitcher, serve herself from a bowl/platter, set the table with dishes already selected and remove dishes and utensils from the table all with assistance. The ABI also noted she can independently ask that bowls/platters be passed. Further review of the ABI indicated client #5 needs assistance to prepare frozen/canned foods, meats/vegetables, combination dishes and bake muffins/cookies/breads.  Interview on 5/27/21 with the Habilitation Specialist (HS) confirmed clients in the home should be assisted to participate with meal preparation, family style dining, table setting and clean up tasks as indicated in their program plans.	{W 249}			
W 260	<b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(2)  At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.  This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Individual Program Plan (IPP) was revised at least annually. This affected 2 of 2 audit clients (#2 and #5). The findings are:  A. Review on 5/27/21 of client #2's record revealed an IPP dated 10/1/19. Additional review of the record did not include a current IPP.  B. Review on 5/27/21 of client #5's record revealed an IPP dated 4/17/20. Additional review	W 260			

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W 260	Continued From page 3 of the record did not include a current IPP.	W 260			
W 340	<p>Interview on 5/27/21 with the Habilitation Specialist confirmed no current IPP was available for client #2 and client #5 and she could not be sure if their annual team meetings had been held.</p> <p><b>NURSING SERVICES</b> CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all staff were sufficiently trained to implement the facility's current COVID-19 visitor screening protocols. The finding is:</p> <p>Upon arrival to the home on 5/27/21 at 6:35am, client #4 answered the front door and allowed the surveyor into the home. No staff were immediately available until the surveyor entered the main living area of the home and observed Staff A in the dining room area. Once in the home, the surveyor was not screened for COVID-19 symptoms.</p> <p>Review on 5/27/21 of the facility's Pandemic Response Plan revealed, "All visitors will be screened upon entry. The screening will include questions to evaluate the exposure risk, current symptoms, and temperature reading. Visitors</p>	W 340			

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W 340	Continued From page 4 displaying any symptoms or a temperature reading equal to or greater than 100.0F will not be allowed to visit."  Interview on 5/27/21 with Staff A revealed visitors to the home continue to be screened for COVID-19 symptoms upon entry.  Interview on 5/27/21 with the facility's nurse confirmed COVID-19 visitor screening should continue to be conducted in the home which includes completion of a questionnaire and a temperature check.	W 340			
W 368	<b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(1)  The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.  This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #2's physician's orders were followed as written. This affected 1 of 2 audit clients. The finding is:  During observations in the home on 5/27/21 at 7:12am, client #2 finished her breakfast meal. During additional observations of medication administration at 7:37am, the medication technician (MT) took client #2's blood sugar level with a reading of 227.  Interview on 5/27/21 with the MT revealed client #2's blood sugar level was high and should have been taken before she ate her breakfast and this may be why her level was high.	W 368			

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W 368	Continued From page 5	W 368			
{W 369}	<p>Review on 5/27/21 of client #2's physician's orders signed 3/25/21 revealed, "Check blood sugar once daily at 8:00am prior to breakfast."</p> <p>Interview on 5/27/21 with the facility's nurse confirmed client #2's blood sugar should have been taken prior to breakfast as indicated on her physician's orders.</p> <p><b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all medications were administered without error. This affected 1 of 1 clients (#2) observed receiving medications. The finding is:</p> <p>During observations of medication administration in the home on 5/27/21 at 7:37am, client #2 was prompted to scoop out her Best Powered Fiber from the container. The client used a plastic teaspoon to retrieve two partial scoops of powder from the bottle and add it to a glass of water. The medication technician (MT) then used a plastic teaspoon to scoop another spoonful of powder from the bottle and added it to the glass of water. An undetermined amount of powered fiber was stirred into the glass of water and consumed by client #2.</p> <p>Immediate interview with the MT revealed she</p>	{W 369}			

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{W 369}	Continued From page 6 had been trained to use a regular teaspoon when dispensing medications.  Review on 5/27/21 of client #2's physician's orders signed 3/25/21 revealed an order for Best Powdered Fiber, dissolve 2 teaspoonfuls (4gm) in 8 oz of liquid and drink by mouth daily at 8:00am.  Interview on 5/27/21 with the facility's nurse confirmed client #2 should consume 2 teaspoonfuls of the Benefiber which should be measured using a marked medication cup, not an actual teaspoon.	{W 369}			
{W 460}	<b>FOOD AND NUTRITION SERVICES</b> CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 1 of 2 audit clients (#2) received her modified diet as indicated. The finding is:  During breakfast observations in the home on 5/27/21 at 6:52am, client #2 consumed scrambled eggs, cream of wheat and a whole muffin. The client consumed the food items without difficulty.  Review on 5/27/21 of client #2's record revealed she consumes her food in a "1/2 - 1 inch consistency".  Interview on 5/27/21 with Staff A revealed client	{W 460}			

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{W 460}	Continued From page 7 #2's food consistency is not altered.	{W 460}			
{W 473}	<p>Interview on 5/27/21 with the Habilitation Specialist confirmed client #2's food should be in 1/2 - 1 inch pieces and the muffin should have been cut up.</p> <p><b>MEAL SERVICES</b> CFR(s): 483.480(b)(2)(ii)</p> <p>Food must be served at appropriate temperature.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure all foods were served at an appropriate temperature. This specifically affected client #4. The finding is:</p> <p>During observations of food preparation in the home on 5/27/21 at 6:44am, Staff B placed scrambled eggs into the food processor, retrieved milk from the refrigerator, added it to the eggs and processed them. The staff then processed a muffin in the food processor after again adding cold milk. Client #4 was served the food. The temperature of the food was not taken prior to serving.</p> <p>Interview on 5/27/21 with Staff B revealed she had only been told that food must be served within 15 minutes and she was not aware of what food temperatures should be.</p> <p>Review on 5/27/21 of staff training documentation and a menu book located in the home revealed, "All hot foods and beverages must be held at minimum of 140 degrees. All cold foods and liquids must be held at 40 degrees or lower. Once</p>	{W 473}			

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{W 473}	Continued From page 8 items taken from heat keeping (oven/stove) or cold keeping (refrigerator/freezer) devices, they must be served within 15 minutes or reheated to 165 degrees then may be served."  Interview on 5/27/21 with the Habilitation Specialist confirmed staff have been trained regarding appropriate food temperatures of hot and cold foods.	{W 473}			