

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 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	{W 000}		
{W 249}	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>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:</p> <p>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</p>	{W 249}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Salvick Carr BAAP / fw Nishell Blue, Admin.*

*6-10-21*

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.

## HEATH AVENUE HOME PLAN OF CORRECTIONS

For

Recertification Survey conducted May 26-27, 2021

### W 249 PROGRAM IMPLEMENTATION

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

QP/Hab Spec. will re-in-service all DSA's on continues active treatment for individual #2, #5 and all individuals supported have the opportunity to be as independent as possible during meal preparation, family style dining with choices and self-management in the home. The Vocational Coordinator will conduct a mealtime assessment training with all staff for family style dining at the Heath home.

Monitoring of adherence to the above will occur through the Interaction assessments, mealtime assessments, Formal Program Assessments, as well as general observations at a minimum of (2) each for the next (3) consecutive months. The assessments and general observations will be completed by either of the following: Behavior Specialist, Habilitation Specialist, OT/PT Assistant, QP, Home Manager, Vocational Coordinator, Administrator, and the Nurse

Target date: June 24, 2021

### W 260 PROGRAM MONITORING & CHANGE

The Individual Program Plan (ISP) will be revised at least annually or when deemed necessary.

QA will in-service unit QP to ensure all ISPs are completed for all clients of the Heath Avenue Group Home. The Team will meet and revise ISPs for client #2 and client #5. Specifically, all staff will be in-serviced on the revised plans of client # 2 and #5.

The Team will review all clients review all other individuals support plans for need or of revisions.

Monitoring of adherence to the above will occur through the annual chart reviews and bi-yearly medical reviews as well as general observations at a minimum of (2) each for the next (3) consecutive months. The assessments and general observations will be completed by either of the following: Behavior Specialist, Habilitation Specialist, OT/PT Assistant, QP, Home Manager, Vocational Coordinator, Administrator, and the Nurse

Target date: July 24, 2021

#### W 340 NURSING SERVICES

Nursing services will 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.

LPN will re-in-service all staff on COVID-Protocol including, sanitization, proper application of wearing mask and isolation gowns, checking temps and filling out visitation surveillance form. Safety Chair will re-in service all staff on the facility Pandemic Response Plan for the home.

Monitoring of adherence to the above will occur through the Interaction assessments, med observations as well as general observations at a minimum of (2) each for the next (3) consecutive months. The interaction assessments and general observations will be completed by either of the following: Behavior Specialist, Habilitation Specialist, OT/PT Assistant, QP, Home Manager, Vocational Coordinator, Administrator, and the Nurse

Target date: July 24, 2021

#### W 368 DRUG ADMINISTRATION

The system for drug administration will assure that all drugs are administered in compliance with the physician's orders.

Nursing will in-service Home Manager, and all Med techs at the home to follow and administer in compliance with physicians orders for individual #2 (i.e.) blood sugar level as written on individual #2 orders and all orders are followed as written for all individuals residing at Health home.

LPN will monitor medications and physician orders 2x per month for 2 consecutive months through med observations as well as general observations at a minimum of (2) each for the next (2) consecutive months. The general observations will be completed by either of the following: Behavior Specialist, Habilitation Specialist, OT/PT Assistant, QP, Home Manager, Vocational Coordinator, Administrator, and the Nurse

Target date: July 24, 2021

#### W 369 DRUG ADMINISTRATION

The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.

LPN will in-service Home Manager and med Techs on proper techniques of administering medications for clients #2 and all individuals at the home as ordered without errors

LPN will monitor medications and physician orders 2x per month for 2 consecutive months through med observations as well as general observations at a minimum of (2) each for the next (2) consecutive months. The general observations will be completed by either of the following: Behavior Specialist, Habilitation Specialist, OT/PT Assistant, QP, Home Manager, Vocational Coordinator, Administrator, and the Nurse

Target date: June 24, 2021

#### W 460 FOOD AND NUTRITION SERVICES

Each client will receive a nourishing, well-balanced diet including modified and specially-prescribed diets.

QP and LPN will re-in-service all staff on client #2 diet orders and review client #2's feeding guidelines to include the food consistency. QP/LPN will review/in-service the dietary orders and any feeding guidelines addressed in plans for all others individuals residing in the home with all staff.

Monitoring of adherence to the above will occur through the mealtime assessments, as well as general observations at a minimum of (2) each for the next (3) consecutive months. The assessments and general observations will be completed by either of the following: Behavior Specialist, Habilitation Specialist, OP/TP Assistant, QP, Home Manager, Vocational Coordinator, Administrator, and the Nurse

Target date: June 24, 2021

#### W 473 MEAL SERVICES

Food will be served appropriate temperatures.

Home Manager / dietitian, will re in-service all staff on removal of all foods from a temperature control device and that food will be served within 15 minutes of removal from the appropriate heating or cooling appliance specific to client and all individuals in the home diet.

Monitoring of adherence to the above will occur through the Interaction assessments, mealtime assessments, Formal Program Assessments, as well as general observations at a minimum of (2) each for the next (3) consecutive months. The assessments and general observations will be completed by either of the following: Behavior Specialist, Habilitation Specialist, OT/PT assistant, QP, Home Manager, Vocational Coordinator, Administrator, and the Nurse

Target date: June 24, 2021