

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

PRINTED: 07/30/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G206</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/27/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ANSONVILLE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1215 ANSONVILLE/ POLKTON ROAD ANSONVILLE, NC 28007</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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure client privacy for 1 of 3 sampled clients (#5). The findings is:</p> <p>Morning observations in the group home on 7/27/21 at 8:30 AM revealed client #5 to knock on client #3's bedroom door, to open the bedroom door and walk in without a response. Further observation revealed client #5 to stand in the doorway of client #3's bedroom while staff A assisted client #3 with changing his shirt. Subsequent observation revealed staff A to ask client #5 to check on the laundry. Observations revealed no prompt by staff A for client #5 to close the bedroom door of client #3 .</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 7/27/21 verified staff should have redirected client #5 from entering client #3's bedroom. Continued interview with the QIDP confirmed all staff should ensure privacy for all clients in the group home.</p>	W 130			
W 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p>	W 189			

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 189	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure eyeglasses were worn as prescribed for 1 of 3 sampled clients (#5). The findings is:</p> <p>Afternoon observations in the group home on 7/26/21 from 4:30 PM to 6:30 PM revealed client #5 to participate in various activities such as to assist staff with meal preparation, to set the table and to participate in the dinner meal. At no point during the observation period was client #5 observed to wear or prompted to wear eyeglasses.</p> <p>Morning observations on 7/27/21 from 6:45 AM to 9:30 AM revealed client #5 to participate in various activities such as to assist with meal preparation, to participate in medication administration, to participate in the breakfast meal and to complete laundry chores. At no point during the morning observation period was client #5 observed to wear or prompted to wear eyeglasses.</p> <p>Review of the record for client #5 on 7/27/21 revealed a PCP dated 10/1/20. Continued review of the record revealed a vision consult dated 11/20/20 which indicated that client #5 should wear eyeglasses as prescribed.</p> <p>Interview with the Home Manager (HM) on 7/27/21 verified that client #5 does not like to wear her glasses but will wear them if prompted. Further interview with the HM verified that client #5 has two pairs of eyeglasses and keeps one pair in her room. Continued interview with the HM confirmed that staff should prompt client #5 to wear her eyeglasses during waking hours.</p>	W 189			

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W 189	Continued From page 2  Interview with the QIDP on 7/27/21 verified that client #5 usually keeps a pair of eyeglasses in her purse. Further interview with the QIDP verified that client #5 has had previous programs relative to eyeglass care and the client had achieved goal progress. Continued interview with the QIDP confirmed that staff should prompt client #5 to wear her eyeglasses during waking hours. Additional interview with the QIDP confirmed that staff will receive training on prompting client #5 to consistently wear her eyeglasses as prescribed.	W 189			