

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

PRINTED: 09/03/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/24/2021
NAME OF PROVIDER OR SUPPLIER 23RD STREET HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 804 EAST 23RD STREET NEWTON, NC 28658		
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the person centered plan (PCP) failed to have sufficient training to meet identified client needs for 1 of 3 sampled clients (#3). The finding is:</p> <p>Observations in the group home on 8/23/21 at 5:40 PM revealed client #3 to be verbally prompted by staff to take her jewelry off and to put her jewelry up. Continued observation revealed client #3 to walk to a bathroom near the kitchen of the group home, to open a drawer in the bathroom cabinet and to place her jewelry in the drawer.</p> <p>Observation in the group home on 8/24/21 at 8:25 AM revealed client #3 to exit her room after her morning hygiene routine and to request "watch". Continued observation revealed client #3 to walk with staff to the bathroom near the kitchen of the group home and staff to assist client #3 with accessing her watch and bracelet.</p> <p>Review of records for client #3 on 8/24/21 revealed a person centered plan dated 12/16/20 with training objectives to address hygiene, money identification and laundry. Continued record review for client #3 revealed an adaptive behavior inventory (ABI) dated 12/2020. Review</p>	W 227			

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.

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

PRINTED: 09/03/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/24/2021
NAME OF PROVIDER OR SUPPLIER 23RD STREET HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 804 EAST 23RD STREET NEWTON, NC 28658		
(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 227	<p>Continued From page 1</p> <p>of the ABI skill assessment revealed client #3 to have independence with the ability to keep up with personal possessions. Subsequent record review for client #3 revealed jewelry is important to client #3 as she likes to wear jewelry and everyday likes to pick it out.</p> <p>Interview with staff on 8/24/21 revealed client #3 loves her jewelry and has always kept it in the bathroom of the group home. Continued interview with staff revealed client #3 also keeps her jewelry in the bathroom as she will get up late at night and get into her jewelry. Further interview with staff revealed client #3 also likes to wear her jewelry to sleep and it has been known to cause swelling on the clients hands as well as discolor her fingers.</p> <p>Interview with the facility behaviorist revealed client #3 loves her jewelry and has just always kept her jewelry in the bathroom as that is just where she puts it. Continued interview with the facility behaviorist verified client #3 has never had a program to support independence with keeping her jewelry in her room. Further interview with the behaviorist revealed client #3 has no behaviors or history that would prevent the client from keeping personal jewelry items in her room that she could remember. The facility behaviorist additionally revealed client #3 would benefit from a team discussion regarding the clients independence and ability to store personal jewelry in her room to further determine appropriate training need(s).</p>	W 227			