STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	01/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to provide opportunities for choice and self-management relative to leisure opportunity for 1 of 4 sampled clients (#4). The finding is: Observation in the group home on 1/11/22 from 5:55 PM until 6:16 PM revealed client #4 to sit in a side chair in the dining room and watch peers participate in a family style dinner. Continued observation revealed client #4 to stand from his chair at various times and attempt to walk away from the dining room while staff A redirected the client to sit back down. Further observation revealed client #4 to remain in the dining room and to watch other peers participate in the dinner meal. Review of records for client #4 on 01/12/22 revealed a person-centered plan (PCP) dated 11/16/21. Review of the PCP for client #4 revealed training objectives to address food and drink snatching, hygiene privacy, taking turns in a game, exercise and money management. Continued review of records for client #4 revealed a behavior plan dated 8/21/21 to reflect client #4 will engage in food or drink snatching and prevention is important; staff should ensure consistent monitoring to discourage and prevent this behavior since client #4 has a G-tube and is NPO. Continued review revealed the need to keep client #4 involved in activities which will keep him occupied; try to identify times client #4	W 247		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	01/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 247	Continued From page 1 is likely to inappropriately acquire food without staff knowledge and monitor closely, empty trash cans directly after meals to lessen the opportunity for client #4 to remove food and consume it. Further review revealed to ensure fair and equitable treatment when client #4's housemate's are eating, client #4 should be provided the opportunity to participate in a leisure activity. Subsequent review of records for client #4 revealed a nutritional assessment dated 8/17/21 with a current diet of: NPO, Jevity 1.5 (2 pouches at breakfast, 1 at lunch, 2 at HS); 60 cc water flush before and after each feeding. Give 4 ounces warm prune juice through tube at 4 pm and 8 ounces at HS. Additional record review revealed an annual nursing assessment dated 10/6/20 with a goal to monitor to prevent episodes of choking and/or aspiration due to food snatching and/or reflux. Interview with the facility qualified intellectual disabilities professional (QIDP) on 1/12/22 verified client #4 has food seeking behaviors and is highly motivated by food. Continued interview with the QIDP verified client #4 should have been offered the opportunity to sit in the living room of the group home with a leisure option while other clients participated in the dinner meal.	W 247		
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	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	01/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 249	Continued From page 2 objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to provide a continuous active treatment programming consisting of needed interventions to address food seeking as identified in the person centered plan (PCP) for 1 of 4 sampled clients (#4). The finding is: Observation in the group home on 1/11/22 at 7:40 PM revealed client #4 to enter the kitchen without staff supervision and to access pizza from a box on the kitchen counter. Continued observation revealed staff A to walk into the kitchen as client #4 was putting pizza in his mouth and for staff A to remove the pizza from client #4. Further observation revealed staff A to get a glove, that the staff placed on her hand, and for staff A to conduct a finger sweep of client #4's mouth. Review of records for client #4 on 1/12/22 revealed a person-centered plan (PCP) dated 11/16/21. Review of the PCP for client #4 revealed a goal to keep the client involved in activities which would keep the client occupied. Continued review of records revealed a Behavior Support Plan (BSP) dated 08/2021. Review of client #4's BSP revealed target behaviors of: aggression, food snatching, inappropriate touching of others and self injurious behaviors. Additional review of client #4's BSP revealed the need for staff to try to identify the times client #4 is likely to inappropriately acquire food without staff knowledge and monitor more closely.	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	01/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 249	Continued From page 3 Review of a nutritional assessment for client #4 dated 8/17/21 revealed a current diet of: NPO, Jevity 1.5 (2 pouches at breakfast, 1 at lunch, 2 at HS). Review of a nursing assessment for client #4 dated 10/6/20 revealed a health service goal to monitor to prevent episodes of choking and/or aspiration due to food snatching and/or reflex. Interview with staff A on 1/11/22 revealed client #4 requires close supervison due to food seeking behaviors. Continued interview with staff A revealed it is dangerous for client #4 to access food as the client has a feeding tube and is on a NPO diet. Interview on 1/12/22 with the qualified intellectual professional (QIDP) verified client #4 requires close supervision and opportunities of activity engagement to prevent food snatching behavior.	W 249		
W 318	HEALTH CARE SERVICES CFR(s): 483.460 The facility must ensure that specific health care services requirements are met. This CONDITION is not met as evidenced by: The facility failed to assure for 2 of 4 sampled clients (#3 and #4) that staff were properly trained in addressing and reporting client health needs (W342). The cumulative effect of these systemic practices resulted in the failure to deliver statutorily mandated health care services.	W 318		
W 342	NURSING SERVICES CFR(s): 483.460(c)(5)(iii)	W 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	01/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 342	Continued From page 4	W 342		

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 direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.
This STANDARD is not met as evidenced by:
Based on observation, record review and interviews nursing services, with other interdisciplinary team members, failed to sufficiently train staff in appropriate protective and preventive health measures with regard to life saving intervention, diet consistency and reporting of incidents for 2 of 4 sampled clients (#3 and #4). The finding is:

A. Nursing services, with other interdisciplinary team members, failed to ensure staff were sufficiently trained in life saving intervention for client #3. For example:

Observation in the group home on 1/11/22 at 5:00 PM revealed client #3 to use a wheelchair for ambulation. Continued observation of the wheelchair for client #3 revealed a pin release seatbelt. Observation at 6:15 PM revealed client #3 to participate in the dinner meal that consisted of lentil soup with sausage (cut into 1/2" pieces), toast and peach cobbler. Continued observation of the dinner meal revealed client #3 to remain in his wheelchair during the meal and to be assisted by staff with plating food items that included soup with 1/2" sausage pieces. Further observation revealed client #3's dinner meal to include the use of adaptive equipment that included a high side, divided dish and maroon spoon.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	01/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 342	Continued From page 5	W 342		

Observation of the dinner meal at 6:28 PM revealed client #3 to begin coughing that continued until the client began making additional gurgling noises that indicated the client was choking. Continued observation revealed staff A to approach client #3 and to identify "He's choking" and to stand in front of the client and further state "I can't get around him to do the Heimlich". Subsequent observation revealed staff A to continue standing in front of client #3 as the client began to show discoloration and to place his arms in a contracted state in the air while staff A continued to encourage the client to spit out food from his mouth until the client began to vomit. Additional observation revealed client #3 to open his airway with vomiting and to get his breath back allowing the client to regain color and relax the muscles in his arms.

Review of records for client #3 on 1/12/22 revealed a diagnosis of down syndrome and profound intellectual disability. Continued review of records for client #3 revealed a dietary evaluation dated 7/8/20. Review of client #3's dietary evaluation revealed a diet of 1/2" consistency, ground meats and honey thick liquids. Review of an annual nursing evaluation dated 8/3/21 revealed client #3 to be a significant choke risk with a history of aspiration.

A review of internal facility documents on 1/12/22 revealed mealtime assessments had been conducted in the group home during 12/2021 on 12/8/21 and 12/23/21. Review of the 12/8/21 mealtime assessment revealed staff on shift to include staff A. Continued review of the 12/8/21 mealtime assessment revealed the assessment to reflect staff were sometimes aware of choking

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	01/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 342	Continued From page 6	W 342		

protocols and first aid for choking; training is needed with certain staff.

Continued review of internal documentation on 1/12/22 revealed no evidence staff A had been trained on life saving measures to include CPR or the Heimlich maneuver. Interview with administration staff, nursing and the facility qualified intellectual disabilities professional (QIDP) on 1/12/22 revealed staff A would have been trained on life saving measures in hiring orientation (12/2021) while no additional training evidence could be provided. Continued interview with administration staff and the QIDP verified CPR training included lifesaving measures for clients in wheelchairs and also verified additional training was needed for all staff to ensure competency in life saving measures.

B. Nursing services failed to ensure staff were sufficiently trained in ensuring prescribed diet consistency for client #3. For example:

Observation in the group home on 1/11/22 at 5:00 PM revealed client #3 to use a wheelchair for ambulation. Continued observation of the wheelchair for client #3 revealed a pin release seatbelt. Observation at 6:15 PM revealed client #3 to participate in the dinner meal that consisted of lentil soup with sausage (cut into 1/2" pieces), toast and peach cobbler. Continued observation of the dinner meal revealed client #3 to remain in his wheelchair during the meal and to be assisted by staff with plating food items that included soup with 1/2" sausage pieces. Further observation revealed client #3's dinner meal to include the use of adaptive equipment that included a high side, divided dish and maroon spoon.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	01/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 342	Continued From page 7	W 342		

Observation of the dinner meal at 6:28 PM revealed client #3 to begin coughing that continued until the client began making additional gurgling noises that indicated the client was choking. Continued observation revealed staff A to approach client #3 and to identify "He's choking" and to stand in front of the client and further state "I cant get around him to do the Heimlich". Subsequent observation revealed staff A to continue standing in front of client #3 as the client began to show discoloration and to place his arms in a contracted state in the air while staff A continued to encourage the client to spit out food from his mouth until the client began to vomit. Additional observation revealed client #3 to open his airway with vomiting and to get his breath back allowing the client to regain color and relax the muscles in his arms.

Continued observation after the choking incident of client #3 revealed staff A and B to leave client #3's plate sitting in front of the client at the table. Observation subsequently revealed client #3 to begin taking bites from his plate that still contained sausage pieces of 1/2" consistency. Observation of a meal card in the kitchen of the group home revealed client #3's diet to reflect: 1/2" consistency with ground meats and honey thick liquids. (It should be noted, at this time, the surveyor consulted with staff A and directed the staff to remove the plate from the client and to prepare the client a new plate with food items of the correct consistency). Staff A was then observed to fix client #3 a new plate with meat pieces served in ground consistency.

Observation in the group home at 7:15 PM revealed staff to offer client #3 water after the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	01/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 342	Continued From page 8	W 342		

dinner meal due to client #3's complaint of throat pain. Observation of staff A's preparation of client #3's water revealed the staff to place (2) pumps of thickener from a bottle in the kitchen cabinet into the client's beverage cup. Observation of the bottle of thickener revealed a graph to guide correct consistency with beverages. Observation of the graph revealed (3) pumps for honey thick consistency. (It should be noted, at this time, the surveyor intervened with staff A and directed the staff to contact the facility nurse for clarity in client #3's beverage consistency.) Additional observation revealed staff to contact the facility nurse and was directed that client #3 should have (3) pumps of thickener added to beverages to support a honey thick consistency.

Review of records for client #3 on 1/12/22 revealed a diagnosis of down syndrome and profound intellectual disability. Continued review of records for client #3 revealed a dietary evaluation dated 7/8/20. Review of client #3's dietary evaluation revealed a diet of 1/2" consistency, ground meats and honey thick liquids. Review of a annual nursing evaluation dated 8/3/21 revealed client #3 to be a significant choke risk with a history of aspiration.

Interview with staff A on 1/11/22 revealed she never realized client #3 required ground meats. Continued interview with staff A revealed she never knew to add (3) pumps of thickener to client #3's beverages and was trained by other staff to add (2). Subsequent interview with staff A revealed she had never received training from nursing, or other interdisciplinary team members, regarding diet consistency for any client in the group home.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	01/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 342	Continued From page 9	W 342		

Interview with nursing, administration staff and the facility QIDP revealed no evidence was available to review to show training of staff on diet consistency in the group home over the review year.

C. Nursing failed to ensure staff were sufficiently trained in reporting a change in health status for client #3. For example:

Observation in the group home on 1/11/22 at 5:00 PM revealed client #3 to use a wheelchair for ambulation. Continued observation of the wheelchair for client #3 revealed a pin release seatbelt. Observation at 6:15 PM revealed client #3 to participate in the dinner meal that consisted of lentil soup with sausage (cut into 1/2" pieces), toast and peach cobbler. Continued observation of the dinner meal revealed client #3 to remain in his wheelchair during the meal and to be assisted by staff with plating food items that included soup with 1/2" sausage pieces. Further observation revealed client #3's dinner meal to include the use of adaptive equipment that included a high side, divided dish and maroon spoon.

Observation of the dinner meal at 6:28 PM revealed client #3 to begin coughing that continued until the client began making additional gurgling noises that indicated the client was choking. Continued observation revealed staff A to approach client #3 and to identify "He's choking" and to stand in front of the client and further state "I cant get around him to do the Heimlich". Subsequent observation revealed staff A to continue standing in front of client #3 as the client began to show discoloration and to place his arms in a contracted state in the air while staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	01/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 342	Continued From page 10	W 342		

A continued to encourage the client to spit out food from his mouth until the client began to vomit. Additional observation revealed client #3 to open his airway with vomiting and to get his breath back allowing the client to regain color and relax the muscles in his arms.

Continued observation after the choking incident of client #3 revealed staff A and B to leave client #3's plate sitting in front of the client at the table. Observation subsequently revealed client #3 to begin taking bites from his plate that still contained sausage pieces of 1/2" consistency. Observation of a meal card in the kitchen of the group home revealed client #3's diet to reflect: 1/2" consistency with ground meats and honey thick liquids. (It should be noted, at this time, the surveyor consulted with staff A and directed the staff to remove the plate from the client and to prepare the client a new plate with food items of the correct consistency). Staff A was then observed to fix client #3 a new plate with meat pieces served in ground consistency.

Interview with staff A on 1/11/22 at 6:50 PM revealed she had not contacted the facility nurse to report the choking incident of client #3. Continued interview with staff A revealed she was unsure if she was supposed to call the facility nurse after client #3's choking incident. (It should be noted, at this time, the surveyor directed staff A to contact nursing to report the choking incident of client #3 and to clarify if that was an incident the staff was supposed to report). After contacting the facility nurse, interview with staff A revealed she was supposed to call the nurse for choking incidents.

D. Nursing failed to ensure staff were sufficiently

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	01/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 342	Continued From page 11	W 342		

trained in reporting a change in health status for client #4. For example:

Observation in the group home on 1/11/22 at 7:40 PM revealed client #4 to enter the kitchen without staff supervision and to access pizza from a box on the kitchen counter. Continued observation revealed staff A to walk into the kitchen as client #4 was putting pizza in his mouth and for staff A to remove the pizza from client #4. Further observation revealed staff A to get a glove that the staff placed on her hand to conduct a finger sweep of client #4's mouth.

Subsequent observation revealed staff A to walk client #4 out of the kitchen and to monitor the client with close supervision. Additional observation revealed at no time for staff A to contact the facility nurse.

Interview with staff A on 1/11/22 revealed client #4 is on a NPO diet and it is dangerous for the client to consume food. Continued interview with staff A and B verified pizza should not have been out on the kitchen counter and they were unsure where the pizza had come from. Subsequent interview with staff A verified she had not contacted the facility nurse regarding client #4's access and possible consumption of food. (It should be noted, at this time, staff A was directed by the surveyor to report to nursing the incident of client #4 accessing food).

Due to the choking incident of client #3, the failure of staff to demonstrate the ability to perform life a saving intervention with client #3's choking incident, staff failure to provide the correct prescribed diet consistency before and even after the client's choking incident and the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	01/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 342	Continued From page 12 lack of knowledge of staff to report incidents of client health status change to nursing as required, an immediate jeopardy was cited. The facility was able to provide a plan of protection during the survey that included immediate action and training of staff in areas of life saving measures, diet consistency, appropriate food storage of food items and reporting of incidents involving a change in health status to the nurse. The facility plan of protection also included increased monitoring of interaction and meal time assessments in the group home by the clinical team to monitor staff competency with job responsibilities. With this plan of protection in place, the immediate jeopardy was removed.	W 342		
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to conduct evacuation drills for 6 of 6 clients (#1, #2, #3, #4, #5, and #6) at least quarterly for each shift of personnel. The finding is: Review of internal facility records on 1/12/22 revealed one fire drill dated 10/18/21 for first shift. Continued review of fire drills for the review year of February 2021 through January 2022 revealed no additional fire drills were available for review. Interview with staff C in the group home on 1/12/22 revealed the staff to work third shift and to be new to his position since 12/2021. Continued interview with staff C revealed the staff	W 440		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	01/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 440	Continued From page 13 had not had the opportunity to participate in a facility fire drill. Further interview with staff C verified the staff to work alone during third shift. Interview with the facility qualified intellectual disabilities professional (QIDP) on 1/12/22 revealed due to staff shortage and turn over that facility fire drills may not have been conducted as required. Continued interview with administration verified no evidence of fire drills could be located for the review year with the exception of one drill on 10/18/21.	W 440		
W 459	DIETETIC SERVICES CFR(s): 483.480 The facility must ensure that specific dietetic services requirements are met. This CONDITION is not met as evidenced by: The facility failed to ensure for 2 of 4 sampled clients (#3 and #4) that each client received their modified and specially-prescribed diets (W460). The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated Dietetic Services.	W 459		
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii) Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to provide a specifically prescribed diet for 1 of 4 sampled clients (#3). The finding is:	W 474		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	01/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 474	Continued From page 14 Observation in the group home on 1/11/22 at 5:00 PM revealed client #3 to use a wheelchair for ambulation. Continued observation of the wheelchair for client #3 revealed a pin release seatbelt. Observation at 6:15 PM revealed client #3 to participate in the dinner meal that consisted of lentil soup with sausage (cut into 1/2" pieces), toast and peach cobbler. Continued observation of the dinner meal revealed client #3 to remain in his wheelchair during the meal and to be assisted by staff with plating food items that included soup with 1/2" sausage pieces. Further observation revealed client #3's dinner meal to include the use of adaptive equipment that included a high side, divided dish and maroon spoon. Observation of the dinner meal at 6:28 PM revealed client #3 to begin coughing that continued until the client began making additional gurgling noises that indicated the client was choking. Continued observation revealed staff A to approach client #3 and to identify "He's choking" and to stand in front of the client and further state "I cant get around him to do the Heimlich". Subsequent observation revealed staff A to continue standing in front of client #3 as the client began to show discoloration and to place his arms in a contracted state in the air while staff A continued to encourage the client to spit out food from his mouth until the client began to vomit. Additional observation revealed client #3 to open his airway with vomiting and to get his breath back allowing the client to regain color and relax the muscles in his arms. Continued observation after the choking incident of client #3 revealed staff A and B to leave client #3's plate sitting in front of the client at the table.	W 474		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	01/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 474	Continued From page 15	W 474		

Observation subsequently revealed client #3 to begin taking bites from his plate that still contained sausage pieces of 1/2" consistency. Observation of a meal card in the kitchen of the group home revealed client #3's diet to reflect: 1/2" consistency with ground meats and honey thick liquids. (It should be noted, at this time, the surveyor consulted with staff A and directed the staff to remove the plate from the client and to prepare the client a new plate with food items of the correct consistency). Staff A was then observed to fix client #3 a new plate with meat pieces served in ground consistency.

Observation in the group home at 7:15 PM revealed staff to offer client #3 water after the dinner meal due to client #3's complaint of throat pain. Observation of staff A's preparation of client #3's water revealed the staff to place (2) pumps of thickener from a bottle on the kitchen cabinet into the client's beverage cup. Observation of the bottle of thickener revealed a graph to guide correct consistency with beverages. Observation of the graph revealed (3) pumps for honey thick consistency. (It should be noted, at this time, the surveyor intervened with staff A and directed the staff to contact the facility nurse for clarity in client #3's beverage consistency.) Additional observation revealed staff to contact the facility nurse and was directed that client #3 should have (3) pumps of thickener added to beverages to support a honey thick consistency.

Review of records for client #3 on 1/12/22 revealed a diagnosis of down syndrome and profound intellectual disability. Continued review of records for client #3 revealed a dietary evaluation dated 7/8/20. Review of client #3's dietary evaluation revealed a diet of 1/2"

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G163	A. BUILDING _____ B. WING _____	01/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS STREET HOME	348 THOMAS STREET JEFFERSON, NC 28640

(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 474	Continued From page 16 consistency, ground meats and honey thick liquids. Review of a annual nursing evaluation dated 8/3/21 revealed client #3 to be a significant choke risk with a history of aspiration. Interview with the facility QIDP verified client #3 is prescribed a 1/2" diet, with ground meats and honey thick liquids. Continued interview with the QIDP verified client #3 should have been provided all food and liquids as prescribed.	W 474		