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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G105	B. WING	B. WING			09/24/2024	
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	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E TE	(X5) COMPLETION DATE	
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) 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.		W2	227	W 227 QP will ensure preferences for will be updated to PCP in the section others Need to know or do to Support This will be monitored through monthl assessments. In the future QP will ensure all person preferences are included in the PCP findividuals served.	"What Me". y	19/19/2 D HIL	
	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:							
	5:40 PM revealed clier prompted by staff to ta put her jewelry up. Co revealed client #3 to w kitchen of the group ho	ke her jewelry off and to						
	AM revealed client #3 t morning hygiene routin Continued observation							
	with training objectives money identification and record review for client behavior inventory (ABI	ered plan dated 12/16/20 to address hygiene,	,		TIT _k E _l		(6) DATE	

Danie Aukmon, Op 9/17/2021

Are deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that eguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days fo........g 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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
34G105		B. WING_	B. WNG		08/24/2021			
NAME OF PROVIDER OR SUPPLIER 23RD STREET HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 804 EAST 23RD STREET NEWTON, NC 28658	<u> </u>			
(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 COR ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE	
W 227	have independence we with personal possess review for client #3 re to client #3 as she like everyday likes to pick. Interview with staff on loves her jewelry and bathroom of the group with staff revealed clie jewelry in the bathroon night and get into her with staff revealed clie jewelry to sleep and it swelling on the clients her fingers. Interview with the faci client #3 loves her jew kept her jewelry in the where she puts it. Co facility behaviorist veria program to support the pehaviors or history the from keeping persona that she could rememiadditionally revealed to a team discussion reg	iment revealed client #3 to with the ability to keep up sions. Subsequent record vealed jewelry is important es to wear jewelry and it out. 8/24/21 revealed client #3 has always kept it in in the chome. Continued interview ent #3 also keeps her ent as she will get up late at jewelry. Further interview ent #3 also likes to wear her has been known to cause hands as well as discolor lity behaviorist revealed relry and has just always bathroom as that is just intinued interview with the fied client #3 has no lat would prevent the client lewelry items in her room ber. The facility behaviorist elient #3 would benefit from arding the clients lity to store personal jewelry	W2	27				