

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

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>09/13/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HEATH AVENUE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>106 EAST HEATH AVE SMITHFIELD, NC 27577</b>
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(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
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<p>{W 000}</p> <p>W 130</p>	<p><b>INITIAL COMMENTS</b></p> <p>A revisit was conducted on 9/13/21 for deficiencies cited on 5/27/21. Five deficiencies were corrected; However, two deficiencies remain out of compliance and two new deficiencies were found. The facility remains out of compliance.</p> <p><b>PROTECTION OF CLIENTS RIGHTS</b> 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, record reviews and interviews, the facility failed to ensure privacy was maintained during personal care. This affected 1 of 6 audit clients (#1). The finding is:</p> <p>During observations at the day program on 9/13/21 at 10:36am, Staff B was observed to take client #1 to the bathroom. The door to the bathroom remained open while client #1 went into the bathroom stall. Once exiting the stall, client #1 was observed to stand in the stall with the door open, with his pants and adult briefs down around his knees. Staff B was observed to stand in the open door of the stall and assist client #1 with adjusting his clothes. During the observation, two other clients were observed to enter and exit the bathroom, and other clients at the day program were observed to walk up and down the hall past the open bathroom door.</p> <p>Review on 9/13/21 of client #1's Adaptive Behavior Inventory (ABI) dated 10/7/20 revealed that client #1 has no independence in the area of</p>	<p>{W 000}</p> <p>W 130</p>	<p></p>	<p></p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Tatiana Carr, BAOP / NeShel Blue, Administrator</i>	TITLE	(X6) DATE <b>9-23-21</b>
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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

**Follow-up Survey conducted September 13, 2021****W 130 PROTECTION OF CLIENT RIGHTS**

The facility will ensure the rights of all clients.  
Therefore, the facility must allow and encourage  
individual clients to exercise their rights as clients of the facility.

QP and/or Habilitation Specialist will re-in-service staff on Client Rights focusing on dignity and privacy as it pertains to assisting client #1 and all other individuals with individuals wearing appropriate clothing and protecting their dignity while in the home and in the community.

Home Manager will in-service staff on Client Rights as it pertains to privacy and dignity for client #1 and all individuals while at home and at the BVC. Home manager will review checklist for all individuals weekly for 4 consecutive weeks. Staff will receive immediate feedback/corrections from the checklist.

QP will assign weekly observation in the home and at the vocation center for 2 months.

**Target Date: 1/17/2021**

**W 454 INFECTION CONTROL**

The facility must provide a sanitary environment to avoid sources and transmission of infections.

QP and LPN will re-in-service all staff on Infection Control focusing on cross-contamination as it pertains to assisting client #1 and all other individuals while in the home and in the community.

Home Manager will in-service staff on cross-contamination for client #1 and all individuals while at home and at the BVC. Home manager will review mealtime prep and toileting protocols for all individuals weekly for 4 consecutive weeks. Staff will receive immediate feedback/corrections from the checklist.

QP will assign weekly mealtime assessments, interaction assessments. In addition, toileting routines will be observed and monitored weekly.

**Target Date: 11/12/2021**

## **W 460 FOOD AND NUTRITION SERVICES**

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

QP and LPN will re-in-service all staff on clients #1 and #2's diet orders. QP/LPN will review/in-service the dietary orders and any feeding guidelines addressed in plans for clients #1 and #2 and 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: 10/13/2021**

## **W 473 MEAL SERVICES**

Food will be served appropriate temperatures.

Home Manager and dietician will re in-service all staff on all removal of all foods from a temperature control device and that food will be served within 15 minutes of removal of device specific to all individuals in the home.

Monitoring of adherence to the above will occur through the mealtime assessments at a minimum of (2) each month for the next (3) consecutive months. The assessments 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: 10/13/2021**