

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

PRINTED: 04/12/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G332	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/12/2022
NAME OF PROVIDER OR SUPPLIER NORWOOD AVENUE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2510 NORWOOD AVENUE GOLDSBORO, NC 27530		
(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	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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 objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 3 of 4 audit clients (#1, #2 and #4) received a continuous active treatment program consisting of needed interventions as identified in the Individual Program Plan (IPP) . The findings are:</p> <p>During observations in the home throughout the survey on 4/11/22 - 4/12/22, one kitchen drawer that contained a pair of scissors was noted to have a lock on it but remained unlocked during observations. A second drawer with no lock contained a pair of scissors and a third drawer with no lock contained spoons, forks, butter knives and a pair of scissors.</p> <p>A. Review on 4/11/22 of client #1's mental health plan (MHP) dated 2/24/22 revealed target behaviors of physical aggression, verbal aggression, non-compliance, property destruction and self injurious behavior. Further review revealed a restriction of access to knives, forks and sharp/blunt objects. Client #1's MHP revealed he has a history of threatening to kill staff and peers with a knife, therefore all utensils</p>	W 249			

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 249	<p>Continued From page 1</p> <p>should be in a locked cabinet to ensure safety. Review also revealed staff should ensure all utensils are accounted for and should be returned to the locked cabinet after meals.</p> <p>B. Review on 4/11/22 of client #2's MHP dated 6/4/21 revealed target behaviors of verbal aggression, property destruction, exposing private areas, inappropriate gestures, biting himself and verbal outbursts. Further review of client #2's MHP revealed restricted access to utensils, with utensils being locked in a cabinet to ensure the safety of all consumers and staff, and all utensils should be accounted for and returned to the locked cabinet after meals.</p> <p>C. Review on 4/11/22 of client #4's MHP dated 3/11/22 revealed target behaviors of physical aggression, property destruction, constantly touching others, agitation, wetting self, self injurious behaviors and anxiety. Further review revealed a restriction of access to knives, forks and sharp/blunt objects. Client #1's MHP revealed due to a housemate having a history of threatening to kill staff and peers with a knife, all utensils should be kept in a locked cabinet to ensure the safety of all consumers and staff.</p> <p>Interview on 4/12/22 with Staff B revealed all sharp utensils and scissors should be locked in the medication room and forks and spoons are to be kept in an unlocked drawer.</p> <p>Interview on 4/12/22 with Qualified Intellectual Disabilities Professional (QIDP) revealed she believes all knives, fork and scissors should be locked up but spoons are to be left in the drawer. The QIDP revealed she is unaware staff are supposed to be accountable for utensils.</p>	W 249			

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W 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 3 of 4 audit clients (#2, #4 and #5) were taught to use and make informed choices about the use of eyeglasses and a hearing aid. The findings are:</p> <p>A. During observations in the home throughout the survey on 4/11/22 - 4/12/22, client #5 was not wearing eyeglasses. Throughout the observations, client #5 was not prompted to wear eyeglasses.</p> <p>Review on 4/12/22 of client #5's Individual Program Plan (IPP) dated 5/18/21 revealed client #5 wears corrective lenses for Hyperopia and Astigmatism.</p> <p>Review on 4/12/22 of client #5's vision evaluation dated 7/27/21 revealed client #5 should be wearing "Rx spectacles, glasses full time."</p> <p>Interview on 4/12/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5 should be wearing eyeglasses as indicated.</p> <p>B. During observations in the home throughout the survey on 4/11/22 - 4/12/22, client #5 was not wearing a hearing aid. On 4/12/22 at 6:28am, client #5 was observed talking to Staff D. Client #5 was observed to use his hand to cup his ear</p>	W 436			

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W 436	<p>Continued From page 3 and say "huh?" several times. Staff D asked client #5 where his hearing aid was, and he stated he did not know.</p> <p>Review on 4/12/22 of client #5's IPP dated 5/18/21 revealed client #5 has a diagnosis of mild, bilateral hearing loss and received a hearing aid in September 2013.</p> <p>Review on 4/12/22 of client #5's nursing evaluation dated 4/11/22 revealed client #5 has a goal to wear his hearing aid in 30 minute increments.</p> <p>Interview on 4/12/22 with the QIDP confirmed client #5 should have been wearing his hearing aid.</p> <p>C. During observations in the home throughout the survey on 4/11/22 - 4/12/22, client #2 was not wearing eyeglasses. Throughout the observations, client #2 was not prompted to wear eyeglasses.</p> <p>Review on 4/11/22 of client #2's IPP dated 6/4/21 revealed client #2 wears eyeglasses for TV and long distance.</p> <p>Review on 4/12/22 of client #2's nursing evaluation dated 5/21/21 revealed client #2 wears glasses full time.</p> <p>Review on 4/12/22 of client #2's vision evaluation dated 7/15/21 revealed "Rx spectacles, full time."</p> <p>Interview on 4/12/22 with the QIDP confirmed client #2 should be wearing eyeglasses at all times.</p>	W 436			

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W 436	Continued From page 4 D. During observations in the home throughout the survey on 4/11/22 - 4/12/22, client #4 was not wearing eyeglasses. Throughout observations on 4/12/22, client #4 was observed watching TV and at no time was he prompted to wear eyeglasses. Review on 4/11/22 of client #4's IPP dated 2/24/22 revealed client #4 wears glasses as desired. Review on 4/11/22 of client #4's nursing evaluation dated 2/18/22 revealed client #2 wears glasses for corrective vision as desired.. Review on 4/11/22 of client #4's vision evaluation dated 10/19/21 revealed "Rx specs for TV." Interview on 4/12/22 with the facility nurse confirmed client #4 should be wearing eyeglasses while watching television.	W 436			
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on review of fire drill reports and interviews, the facility failed to ensure fire evacuation drills were conducted at varied times/conditions. This potentially affected all clients residing in the home (#1, #2, #3, #4, #5 and #6). The finding is: Review on 4/11/22 of the fire drill reports dated March 2021 - April 2022 revealed fire drills were conducted on second shift (6:15pm - 6:15am) at 6:47pm, 8:25pm, 7:13pm, 7:10pm, 11:11pm and 7:41pm.	W 441			

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W 441	Continued From page 5 Interview on 4/11/22 with the Qualified Intellectual Disabilities Professional (QIDP) and Program Director revealed staff are to follow a pre-determined schedule of times that are scheduled throughout the day and night. The QIDP confirmed fire drills should be varied throughout the shift.	W 441		