

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

PRINTED: 03/10/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G043	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER ERWIN AVENUE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 100 ERWIN AVENUE ERWIN, NC 28339		
(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 217	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include nutritional status. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 3 audit clients (#3, #4 and #6) nutritional assessments have been updated. The findings are:</p> <p>A. Review on 3/7/22 of client #3's individual program plan (IPP) dated 8/5/21 revealed she was admitted to the facility on 5/18/90. Further review revealed client #3's had no evidence of an annual nutritional assessment being completed in 2021.</p> <p>B. Review on 3/7/22 of client #4's IPP dated 3/11/21 revealed she was admitted to the facility on 5/27/86. Further review indicated client #4's nutritional assessment was completed on 1/29/19.</p> <p>C. Review on 3/7/22 of client #6's IPP dated 3/11/21 revealed she was admitted to the facility on 3/7/19. Further review indicated client #3's nutritional assessment was completed on 3/12/19.</p> <p>During an interview on 3/8/22, the qualified intellectual disabilities professional (QIDP) confirmed clients #3, #4 and #6 nutritional assessments have not been updated.</p>	W 217			
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</p>	W 249			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Pauline N. Bell

CP

03/25/2022

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.

ERWIN AVENUE GROUP HOME PLAN OF CORRECTIONS

For

Recertification Survey conducted /March 07-08, 2022

W 217 INDIVIDUAL PROGRAM PLAN

The Comprehensive Functional Assessment will include the nutritional status of each Client.

All Clients' records will be reviewed by the Interdisciplinary Team to ascertain the status of their nutritional evaluations. Specifically, Clients' #3, #4, and #6 will be reviewed for inclusion of all the components of a nutritional evaluation. The reviewer will ensure the nutritional evaluations include but not limit to diet appropriateness, current physician ordered diet consistency, accuracy of needed daily caloric intake, and each Client's eating skills relative to chewing, sucking, swallowing disorders, etc.

Each Client's nutritional evaluation will be updated at least annually. The Consulting Dietician will update the annual nutritional evaluations with any dietary revisions that have occurred at least quarterly. The RHA Quality Assurance Specialist and or the Administrator will in-service the Consulting Dietician on the aforementioned nutritional supports required of the Consulting Dietician.

Monitoring of adherence to the above will be accomplished through quarterly reviews completed by the QIDP; clinical Core Team meetings; annual audits completed by the QA Specialist. Additional monitoring will occur through record reviews with each record being reviewed at least (3) times annually. Record reviews will be completed by either of the following: Administrator, Quality Assurance Specialist, QIDP, Behavior Specialist, Habilitation Specialist, Nursing, Home Manager, OT/PT Habilitation Assistant or the Vocational Program Manager

Completion Date: 05/08/2022

W 249 PROGRAM DOCUMENTATION

Each Client will receive continuous active treatment programming relative to their needed supports in sensory activities.

All Staff will be re-inserviced by the OT and or the OT/PT Habilitation Assistant on Clients #4's & #6's sensory guidelines/programs. The Staff will be re-inserviced on Client #4's meal guidelines with emphasis placed on sensory application (body brushing and donning the weighted vest) before meals.

Emphasis will be placed on using the interventions per the sensory programs/guidelines as written and with the frequency indicated.

Monitoring of adherence to the above will occur through Mealtime and Interaction Assessments as well as Formal Program Assessments and general observations with a minimum (2) assessments monthly for the next (3) months. The assessments and general observations will be completed by either of the following: Administrator, QIDP, Habilitation Specialist, Home Manager, Vocational Program Manager, Behavior Specialist, or the OT/PT Habilitation Assistant.

Completion Date: 05/08/2022

W 259: PROGRAM MONITORING & CHANGE

The comprehensive functional assessment of each Client will be reviewed by the interdisciplinary team for relevance and updated as needed.

Specifically all Clients #3's, #4's, and #6's Adaptive behavior Inventories (ABIs) will be reviewed by the Habilitation Specialist and or the QIDP. The ABIs will be updated to reflect the Clients' current progress, regression and or maintenance of skills.

Ongoing, QIDP and or the Habilitation Specialist will ensure ABIs are reviewed and updated to reflect changes in each Client since their last assessment. The review/update of the ABIs will be completed in a timely manner when indicated by the needs of the Clients.

Monitoring of adherence to the above will be accomplished through quarterly reviews completed by the QIDP; clinical Core Team meetings; Quality Assurance monthly meetings, annual audits completed by the QA Specialist. Additional monitoring will occur through record reviews with each record being reviewed at least (3) times annually. Record reviews will be completed by either of the following: Administrator, Quality Assurance Specialist, QIDP, Behavior Specialist, Habilitation Specialist, Nursing, Home Manager, OT/PT Habilitation Assistant or the Vocational Program Manager.

Completion Date: 05/08/2022

W 342: Nursing Services

The Nursing Staff will ensure all Staff are competent in detecting signs and symptoms of illness or dysfunction; first aid for accidents or illness and basic skills required.

All Staff will receive training on how to address bruises, scratches, marks, cuts, skin discolorations, skin eruptions, rashes, or any other incident/accident (unusual occurrence).

The Nurse and the QIDP will re-inservice all Staff on what denotes an incident (an unusual occurrence). Any unusual occurrence will be reported to the Nurse, QIDP and the Home Manager. The Nurse will direct the Staff as to what actions to take to address any medical unusual occurrence such as the ones mention above. The QIDP will re-inservice all Staff on how to document the unusual occurrence on an RHA Incident Report.

In addition to the training, the interdisciplinary team will implement a Body Check Form for Client #3 as she displays self-injurious behavior (scratching self and picking at her skin). This Form will be completed during morning and evening personal care activities. The Form will indicate if any unusual abnormalities are found then the Staff are to notify the Nurse, QIDP, and the Home Manager.

Monitoring of adherence to the above will be accomplished through quarterly reviews completed by the QIDP; clinical Core Team meetings; Quality Assurance monthly meetings, annual audits completed by the QA Specialist. Additional monitoring will occur through record reviews with each record being reviewed at least (3) times annually. Record reviews will be completed by either of the following: Administrator, Quality Assurance Specialist, QIDP, Behavior Specialist, Habilitation Specialist, Nursing, Home Manager, OT/PT Habilitation Assistant or the Vocational Program Manager.

Completion Date: 05/08/2022