

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

PRINTED: 04/07/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G204	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/31/2022
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NAME OF PROVIDER OR SUPPLIER WILSON SMITH COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 185 MARTINDALE RD WINSTON SALEM, NC 27107
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W 201	<p>ADMISSIONS, TRANSFERS, DISCHARGE CFR(s): 483.440(b)(4)(i)</p> <p>If a client is to be either transferred or discharged, the facility must have documentation in the client's record that the client was transferred or discharged for good cause.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the interdisciplinary team failed to demonstrate good cause for discharging 1 of 1 client (#6) from the facility. The finding is:</p> <p>Review of records on 3/31/22 for client #6 revealed an admit date of 4/6/20 and a discharge date of 2/14/22. Continued review of records for client #6 revealed a behavior support plan (BSP) dated 4/10/20 with target behaviors of hitting, kicking, spitting at others, or any other action which may harm or cause injury to others. Other behaviors of concern included stealing, inappropriate sexually related behaviors and false allegations. Further review of BSP did not reveal any updates or addendums following implementation date.</p> <p>Subsequent review of records for client #6 on 3/31/22 revealed a psychiatric consult on 2/9/22 with recommendations referred to Neil Group for higher level of care and psychiatric group home for medical/psych treatment medication adjustments that are supervised. A medication change was also prescribed.</p> <p>Additional review of client's record revealed a discharge summary completed on 2/15/22. Review of the discharge summary revealed a brief summary of course of treatment and significant findings; client exhibit severe aggression toward others. Psychiatry referred to a</p>	W 201		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Mary Duff, BA TITLE OP Program Director (X6) DATE 4/14/22

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 201	<p>Continued From page 1</p> <p>higher level of psychiatric needs. Continued review of the discharge summary revealed condition on discharge based on treatment plans and goals set; the client needs to be stabilized before going to next placement and benefit being in a setting with peers like himself.</p> <p>Review of internal incident reports from 1/2022 - 3/2022 revealed incident reports relative to client #6 on 2/3/22, 2/6/22, 2/8/22 and 2/14/22. Review of 2/14/22 incident revealed client #6 to display verbal aggression and physical aggression towards staff. Continued review of the 2/14/22 incident report revealed the local authorities and EMS were contacted and the client was taken to Baptist hospital by ambulance to be assessed for psychiatric services. Further review revealed the client's guardian was notified as to the events that had occurred earlier.</p> <p>Review of qualified professional note (QIDP) dated 2/14/22 revealed she received a phone call from the attending physician at Baptist Hospital indicating the client was ready to be discharged at approximately 8:30 PM. Continued review of 2/14/22 QIDP note revealed the client was immediately discharged from the facility on 2/14/22 per the agency policy. Further review of agency policy revealed the following; Should there be no other option than involuntary discharge; the following guidelines must be followed: 1. The person of family is given written notification of cause for discharge within five working days of discharge, with a copy going to the referral agency and 2. Every effort shall be made to ensure the client is linked with appropriate services and such efforts shall be documented in the termination summary. Subsequent review of agency discharge policy</p>	W 201			

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W 201	Continued From page 2 did not reveal criteria for immediate discharge. Interview with the qualified intellectual disabilities professional (QIDP) on 3/31/22 verified client #6 was discharged from the facility on 2/14/22. Continued interview with the QIDP revealed after informing the facility Executive Director of the incident which occurred and discussing the concern for the safety of the clients and staff, it was agreed upon by the Executive Team that an immediate discharge from the facility was necessary at the time. Further interview verified that the discharge summary was completed by the QIDP. The guardian and hospital were informed of the facility's decision to discharge the client from the facility effective 2/14/22 per agency's policy. Subsequent interview with the QIDP revealed a team meeting relative to the increase of aggressive behaviors of the client had not occurred with the guardian. QIDP verified by QIDP note on 2/9/22, that the guardian was informed about the client's aggressive behavior and the medication change was not working. Additional interview revealed there were no updates or documented team meetings relative to client's BSP. There was no good cause to support an immediate discharge of the client or documentation of evidence of an assessment that evaluated the pros and cons of the discharge and the rationale for the final decision.	W 201			
W 203	ADMISSIONS, TRANSFERS, DISCHARGE CFR(s): 483.440(b)(5)(i) At the time of the discharge the facility must develop a final summary of the client's developmental, behavioral, social, health and	W 203			

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W 203	<p>Continued From page 3</p> <p>nutritional status.</p> <p>This STANDARD is not met as evidenced by:</p> <p>The facility failed to develop a comprehensive discharge summary of the client's developmental, behavior, social, health and nutritional status that supports continuity of care for client #6. The finding is:</p> <p>Review of client's record on 3/31/22 revealed a discharge summary completed on 2/15/22. Continued review of the 2/15/22 discharge summary revealed a brief summary of course of treatment and significant findings; client exhibit severe aggression toward others. Psychiatry referred to a higher level of psychiatric needs. Further review of the discharge summary revealed condition on discharge is based on treatment plans and goals set; the client needs to be stabilized before going to next placement and benefit being in a setting with peers like himself. Subsequent review of the discharge summary did not include or address whether or not the client's skills had been maintained, deteriorated, or improved during his stay at the group home.</p> <p>Review of qualified professional note (QP) dated 2/14/22 revealed she received a phone call from the attending physician at Baptist Hospital indicating the client was ready to be discharged at approximately 8:30 PM. Continued review of 2/14/22 QP note revealed the client was immediately discharged from the facility on 2/14/22 per the agency policy. Further review of agency policy revealed the following; Should there be no other option than involuntary discharge; the following guidelines must be followed: 1. The person of family is given written notification of cause for discharge within five</p>	W 203			

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W 203	<p>Continued From page 4</p> <p>working days of discharge, with a copy going to the referral agency and 2. Every effort shall be made to ensure the client is linked with appropriate services and such efforts shall be documented in the termination summary.</p> <p>Interview with the qualified intellectual developmental professional (QIDP) on 3/31/22 verified that the agency's discharge policy and discharge summary is valid. Continued interview with the QIDP confirmed the discharge summary does not include client #6 developmental, behavior, social, health and nutritional status that would benefit another provider with understanding the continuity of care for client #6.</p>	W 203			



Wilson Smith Cottage POC

All corrections will be resolved over the course of 30 days

W 201 Admissions, Transfers, Discharge CFR(s)

The Wilson Smith Cottage director will provide an in-service training that will review procedures for behavioral documentation and discharge planning. This training will be documented on a staff meeting agenda. The Wilson Smith Cottage Director/Manager will implement a new Unplanned Discharge Approval Notice that will provide a "checks and balances" system to ensure all information documented is accurate and level of discharge is appropriate. This will be reviewed and signed off on by Lutheran Services Executive Director of Adult Services for each occurrence.

W 203 Admission, Transfer, Discharge CFR(s)

The Wilson Smith Cottage Program Director/Manager in conjunction with Lutheran Services Quality Improvement Coordinator will create a comprehensive discharge summary that will include the client's developmental behavior, social, medical, and nutritional status to ensure continuity of care. This document will be a required element for all ongoing discharges and will be reviewed with our clinical support for each discharge.