

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

PRINTED: 06/24/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G204</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/15/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILSON SMITH COTTAGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>185 MARTINDALE RD WINSTON SALEM, NC 27107</b>		
(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 104	<p><b>GOVERNING BODY</b> CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to assure facility repairs were conducted timely. The finding is:</p> <p>Observations in the group home during the survey period from 6/14-6/15/22 revealed all clients to use two bathrooms for bathing and grooming in the group home. Continued observations revealed a second bathroom with plaster peeling from the ceiling above the shower head approximately 12" in diameter. Further observations revealed three large broken tree branches hanging and/or laying on the ground in the backyard. Additional observations revealed a large hole in the sofa approximately 16" in diameter.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 6/15/22 revealed that the plaster on the ceiling continues to peel and fall in the shower due to moisture concerns in the bathroom. Continued interview with the QIDP revealed that the ceiling area in the shower has been repaired several times over the past few months and continues to peel in the same area. Further interview with the QIDP revealed that the large tree branches fell during a weather storm several weeks ago and have not been removed.</p> <p>Interview with staff B on 6/15/22 revealed the hole in the sofa was the results of a previous client's</p>	W 104			

DHSR - Mental Health

JUL 08 2022

Lic. & Cert. Section

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 104	Continued From page 1 behaviors. Interview with the QIDP revealed that she was not aware of the client making the large hole in the sofa. Continued interview with the QIDP verified that the previous client left the facility in 3/2022. Further interview with the QIDP revealed that she has communicated the repair needs to administration although the repairs have not been completed. The QIDP also revealed she could not determine when the sofa will be replaced and repairs would be completed at the time of the survey.	W 104			
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. This STANDARD is not met as evidenced by: Based on observations, review of records and interviews, the individual habilitation plan (IHP) failed to have a training objective to meet the identified client needs for 1 unsampled client (#3) relative to picking from area rug and ingesting items. The finding is:  Observations in the group home on 6/15/22 at 7:17 AM revealed client #3 to vacuum the area rug in the living room. Continued observation revealed client #3 to stop in the middle of vacuuming and pick from the area rug several times and put items into mouth. Further observation at 8:50 AM revealed client #3 to pick from area rug in living room and staff F to prompt client to throw item in kitchen trash can. Subsequent observation at 8:55 AM revealed client #3 to pick from area rug and again ingest item while walking into the bathroom.	W 227			

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W 227	Continued From page 2  Review of records for client #3 on 6/15/22 revealed an IHP dated 6/17/21. Continued review of the IHP revealed a behavior support plan (BSP) dated 6/29/21. Further review of BSP revealed target behaviors of anxiety, insisting to do things ritualistic or apparently non-functional acts, unusual interest or preoccupation with things such as feet, apparent fear of distress, self-stimulating behavior, loud vocalizations, motor tics, vocal tics and self-injurious behaviors including eye poking. The BSP did not have guidelines to address client #3 ingesting items from area rug.  Interview on 6/15/22 with the qualified intellectual disabilities professional (QIDP) revealed that client #3 picking from the area rug and ingesting items was a new behavior. Continued interview with the QIDP verified that client #3 would benefit from guidelines.	W 227			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  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.  This STANDARD is not met as evidenced by: Based on observation, interviews and record review, the facility failed to ensure a continuous	W 249			

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W 249	<p>Continued From page 3</p> <p>active treatment program consisting of needed interventions were implemented as identified in the individual support plan (ISP) for 2 sampled clients (#1, #5). The findings are:</p> <p>A. The team failed to implement a training objective relative to mealtime utensils was implemented for client #1. For example:</p> <p>Afternoon observations in the group home during the survey on 6/14/22 from 4:00 PM - 6:10 PM revealed client #1 to participate in various activities throughout the day. Continued observations on 6/14/22 at 5:25 PM revealed client #1 to sit at the table and prepare for the dinner meal. Client #1 was provided a fork only during the dinner meal. The dinner meal consisted of the following: 2 burritos, spanish rice, peaches, skim milk and water. Further observations revealed staff to sit beside client #1 as he handled the burrito with difficulty. At no point during the dinner meal was client offered a knife to cut his food.</p> <p>Morning observations on 6/15/22 at 7:00 AM revealed client #1 to prepare for the breakfast meal. The breakfast meal consisted of the following: French toast sticks, syrup, cereal, 2 strips of bacon, skim milk and water. Client #1 was provided a spoon only during the breakfast meal. Continued observation revealed client #1 to eat French toast sticks with his hand. At no point during the observation period did staff prompt client #1 to use his knife to cut his food.</p> <p>Review of the record on 6/15/22 for client #1 revealed an individual habilitation plan (IHP) dated 1/26/22 indicated the client has the following diagnosis: I/DD, profound, seizure</p>	W 249			

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W 249	<p>Continued From page 4</p> <p>disorder, unspecified blood disorder, autism spectrum disorder and unspecified depressive disorder. Continued review of the 6/2022 IHP revealed client #1 has the following program goals: laundry goal, complete and send a post card to family, request an activity, exercise goal, participate in a music activity and use a knife to cut his food. Further review of the 6/2022 IHP revealed client #1 should be prompted during each meal to use a knife to cut his food into smaller pieces with physical prompts and assistance to improve functionality and aid in digestion.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 6/15/22 revealed that staff should have provided client #1 with a knife during mealtimes. Continued interview with the QIDP also revealed that staff should have prompted client #1 to use a knife during both dinner and breakfast meals. Further interview with the QIDP verified that all of client #1's goals are current. The QIDP also verified that staff have been trained on program objectives for client #1 to include using a knife to cut his food during meals.</p> <p>B. The team failed to implement a training objective for client #5 relative to rate of eating. For example:</p> <p>Afternoon observations in the group home during the survey on 6/14/22 at 5:25 PM revealed client #5 to sit at the table and prepare for the dinner meal. The dinner meal consisted of the following: 2 burritos, spanish rice, peaches, skim milk and water. Continued observations revealed client #5 to eat the dinner meal at a rapid rate. Observations revealed at 5:40 PM client #5 to request seconds of the dinner meal and to again</p>	W 249			

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W 249	<p>Continued From page 5</p> <p>eat at a rapid pace. Observations did not revealed staff to prompt client #5 to slow his rate of eating.</p> <p>Morning observations on 6/15/22 at 7:00 AM revealed client #5 to prepare for the breakfast meal. The breakfast meal consisted of the following: French toast sticks, syrup, cereal, 2 strips of bacon, skim milk and water. Continued observation revealed client #5 to eat his breakfast at a rapid rate. Observations at 7:05 AM revealed client #5 to ask for seconds of the breakfast meal. Further observations at 7:10 AM revealed client #5 to take his dishes to the kitchen. At no point during the observation period did staff prompt client #5 to slow his rate of eating.</p> <p>Review of the record on 6/15/22 for client #5 revealed an individual habilitation plan (IHP) dated 7/30/21 indicated the client has the following diagnosis: I/DD, moderate, hypertension, diabetes mellitus 2, schizoaffective disorder, delusions, hyperlipidemia, constipation and insomnia.</p> <p>Continued review of the 7/2021 IHP revealed client #5 has the following program goals: laundry goal, choose a leisure activity, hygiene goal, exercise goal and slow his rate of eating. Further review of the 7/2021 IHP revealed client #5 should be prompted to slow his rate of eating during all meals.</p> <p>Interview with the QIDP on 6/15/22 revealed that client #5 has a program goal to slow his rate of eating to prevent him from any incidents of choking. Continued interview with the QIDP revealed that all of client #5's goals are current. Further interview with the QIDP verified that all</p>	W 249			

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W 249	Continued From page 6 staff are training on client #5's program objectives and should have prompted the client to slow his rate of eating during all meals.	W 249			
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv)  Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all appropriate utensils were provided to 5 of 5 clients (#1, #2, #3, #4, and #5) for 2 of 2 meals. The finding is:  Observation in the group home on 6/14/22 at 5:15 PM revealed clients #1, #2, #3, #4, and #5 to participate in the dinner meal with a place setting that consisted of a plate, bowl, fork, and 2 cups. Continued observation revealed the dinner meal to include burritos with meat, spanish rice, lettuce, tomatoes, peaches, milk and water. Subsequent observation revealed staff at no time provided a spoon and knife for the dinner meal.  Observation in the group home on 6/15/22 at 6:00 AM revealed clients #1, #2, #3, #4, and #5 to participate in the breakfast meal with a place setting that consisted of a saucer, bowl, napkin and spoon. Continued observation revealed the breakfast meal to include corn pops cereal, 2 slices of bacon, French toast sticks, syrup, milk and orange juice. Further observation revealed client #2 to receive 2 slices of bacon instead of corn pops with breakfast meal. Subsequent observation revealed clients #1, #3, #4, and #5 to eat breakfast meal with a spoon and client #2 to eat with his hands. At no time during observation did staff provide a fork and knife for the breakfast	W 475			

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W 475	<p>Continued From page 7 meal.</p> <p>Review of record for client #1 on 6/15/22 revealed an individual habilitation plan (IHP) dated 1/26/22. Review of IHP for client #1 revealed a meal preparation goal for client #1 to use knife to cut his food. Continued review of IHP revealed client #1 has no adaptive equipment, needs no assistance with eating, uses regular utensils and a regular diabetic diet.</p> <p>Review of records for client #2 on 6/15/22 revealed an IHP dated 8/5/21. Review of IHP for client #2 revealed an annual dietary evaluation dated 8/5/21. Continued review of annual dietary evaluation revealed client #2 can feed himself with all his silverware except his knife should be hand over hand with cutting food.</p> <p>Review of records for client #3 on 6/15/22 revealed an IHP dated 6/17/21. Review of IHP for client #3 revealed a meal preparation goal for client #3 to use knife to cut his food. Continued review of IHP for client #3 revealed a nutritional summary dated 4/2/22. Further review of the nutritional summary revealed client #3 can use his silverware correctly including using his knife to cut food up into bite size pieces.</p> <p>Review of records for client #4 on 6/15/22 revealed an IHP dated 7/30/21. Continued review of IHP revealed client #4 can use regular utensils and has a regular diet.</p> <p>Review of records for client #5 on 6/15/22 revealed an IHP dated 2/4/22. Continued review of IHP revealed a nutritional assessment dated 2/3/22. Further review of nutritional assessment revealed client #5 has a regular diet, can use</p>	W 475			

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W 475	Continued From page 8 regular utensils (spoon and fork), and uses an adaptive knife with assistance.  Interview with the qualified intellectual disabilities professional (QIDP) on 6/15/22 revealed that all clients' IHPs are current. Continued interview with QIDP confirmed that all meals should be provided a full place setting consisting of utensils (fork, spoon and knife) for all clients.	W 475			



**Response To Deficiencies/Wilson Smith Cottage**

**June 30, 2022**

**A. Deficiency: Governing Body CFR: 483.410(a)(1)**  
**Id Prefix Tag W104**

**Corrective Action:**

Maintenance was done on 6-29-22 to repair the plaster peeling from the ceiling above the shower head.

Tree branches hanging were cut down as of 6-29-22.

New furniture is being ordered to replace the worn furniture in the home.

Monthly inspection maintenance reports are to be completed by the manager and submitted to the Director by the 5<sup>th</sup> of each month. They will be placed in the dated file for review.

During monthly inspections, staff will check shower settings, furniture and the outside setting ie trees, to assure proper up keeping amongst other items on the inspection list. If the inspection reveals inadequate issues, the Program Manager will start the process to address the issue within 5 days.

**By Whom:**

**Completion date:**  
**8-14-2022**

**B. Deficiency: Individual Program Plan CFR 483.4409(c)(4)**  
**Id Prefix W 227**

**Corrective Action**

The QP met with the treatment team that included the Psychologist, to add data collection, to create a new goal that deals with ingesting non-food items or any items on the floor. Staff will have in-service in reference to the new goal within Behavioral Supervision Plan in efforts to provide proper interventions.

The team will meet monthly to review goals to monitor progress or correction.

By Whom:

[REDACTED]

Completion Date:  
8-14-22

**C. Deficiency: Program Implementation CFR 483.440(d)(1)**  
**Id Prefix W249**

**Corrective Action:**

All staff will be trained in meal preparation pertaining to utensils, cups and place settings.

All staff will be trained on all individual client goals as it relates to objectives each client must obtain to achieve the goal ie, using forks, knives, spoons, and eating at an adequate pace, with prompting and redirection.

All staff members will be available for the clients during mealtime.

The team will meet monthly to review for progress or correction.

By Whom:

[REDACTED]

Completion Date:  
8-14-2022

**D. Deficiency: Meal Services CFR 483.480(b)(2)(iv)**  
**Id Prefix W475**

**Corrective Action:**

All staff will be trained in meal preparation pertaining to utensils, cups and place settings, general dining.

All staff will be trained on all individual client goals as it relates to objectives each client must obtain to achieve the goal ie, using forks, knives, spoons, with prompting and redirection.

All staff members will be trained in meal guidelines.

The team will meet monthly to review for progress or correction.

**By Whom:**

 gram Manager

**Completion Date:**

8-14-22

Signature

Date



RP/Program Dir.