

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

PRINTED: 02/03/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G163	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER THOMAS STREET HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 348 THOMAS STREET JEFFERSON, NC 28640		
(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 130	<p>PROTECTION OF CLIENTS RIGHTS 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. This STANDARD is not met as evidenced by: Based on observation and record review the facility failed to ensure privacy for 1 of 3 clients (#2) during self-care. The finding is:</p> <p>Observation in the group home on 1/31/23 at 6:57 AM revealed client #2 to be in the larger bathroom sitting in his wheelchair clothed only in an adult attends accompanied by staff D with the door open . Continued observation revealed client #2 and staff D to engage in conversation while staff D adjusted the shower water to client #2's preference. Further observation revealed client #2 to actively shower with the door remaining open accompanied by staff D. Subsequent observation revealed staff F to conduct rounds and close the bathroom door after greeting client #2 and staff D.</p> <p>Interview with the homes qualified intellectual disabilities professional (QIDP) on 1/31/23 confirmed the bathroom door should have been closed to ensure client #2's privacy.</p>	W 130			
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>	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	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 3 audit clients (#1 and #4) received a continuous active treatment program consisting of needed interventions and services as identified in the Person Centered Plan (PCP). The findings are: A. The facility failed to provide continuous active treatment for client #4 relative to communication and behavior support plan (BSP). For example: During observations throughout the survey on 1/30/23 from 4:30pm until 6:00pm on 1/31/23 from 6:30am until 8:30am, client #4 was observed sitting in the living room recliner face covered wearing coverings on both hands. Continued observations at 4:15PM revealed staff B to verbally offer client a leisure activity then walked away. Further observations at 4:40 PM revealed client to get up and staff B to immediately walk alongside him towards the laundry room where staff fold laundry. At no time during the observations throughout the 1/30-31/23 survey was client #4 prompted to utilize his communication program or remove coverings from both hands. Review of client #4's record on 1/31/23 revealed a PCP dated 11/16/22. Continued review of the PCP revealed training in the areas of exercise, swab teeth, privacy, dry hair, attend to task, put away laundry, and take turns. Further review revealed a communication evaluation dated 2/11/22. Subsequent review of the 2/11/22 evaluation revealed recommendations to include	W 249			

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W 249	<p>Continued From page 2</p> <p>support staff should also integrate use of visual picture cards and visual schedules as a means of communication ideas and expectations to the client in the classroom/home setting as a part of the daily routine to help him become familiar with this method of communication and promote carry over of skills.</p> <p>Additional review of the PCP revealed a BSP dated 12/27/22 with target behaviors of cooperation difficulty, aggression, SIB, food and drink snatching, inappropriate touching, and night time sleep. Continued review of SIB interventions revealed during SIB incidents if no response to interruption and redirections efforts after five minutes is not successful, apply hand coverings/mittens. If calm after 3 minutes, the hand covering/mittens may be removed. If worn for thirty minutes, staff must perform a circulation check. If worn for two hours, there must be a circulation check every thirty minutes and a pressure relief period of ten minutes at the end of each two-hour period.</p> <p>Interview with staff F on 1/31/23 revealed client #4 wears coverings on both hands at all times except when sleeping.</p> <p>Interview with the qualified intellectual developmental professional (QIDP) on 1/31/23 revealed client 4's training objectives are current. Continued interview with QIDP revealed client's BSP is also current. Further interview revealed client's program goals and BSP should be followed as prescribed.</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure 2 of 3 audit clients (#1 and #4) received a continuous active treatment program consisting of needed</p>	W 249			

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W 249	Continued From page 3 interventions and services as identified in the Person Centered Plan (PCP). The findings are: B. Observation in the group home throughout survey on 1/30/23 from 4:00 PM until 6:00 PM on 1/31/23 from 7:30 AM until 8:30 AM client #1 was observed to participate in meals, leisure activities, medication administration, set place at table, and clear table. Continued observation for 2 of 2 days of observation revealed client #1 to not wear or be offered his eyeglasses to wear. Record review on 1/31/23 revealed a person-centered plan (PCP) dated 3/17/22. Further review of the PCP revealed training objectives to wash hands, brush teeth, wipe after toileting, slow rate of eating, wear glasses, operate shredder, and pour coffee. Continued review of records revealed a completed vision consult with Dr. Vollmer on 8/31/21 with a recommendation for eyeglasses and a return visit in one year. Subsequent review of records revealed no follow-up appointment scheduled. Interview with the homes qualified intellectual disabilities professional (QIDP) on 1/31/23 verified the training objectives are current. Continued interview with the QIDP revealed client #1's glasses to be lost and no back up pair. Further interview with the QIDP revealed the facility will ensure a follow up eye appointment to obtain the prescribed glasses.	W 249			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses,	W 436			

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W 436	<p>Continued From page 4</p> <p>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:</p> <p>Based on observation and interview, the facility failed to furnish and maintain in good repair the use of adaptive equipment for 2 clients (#2 and #3). The findings are:</p> <p>B. The facility failed to maintain eyeglasses for client #2 as prescribed.</p> <p>During observations throughout the survey on 1/30/23 from 4:30pm until 6:00pm on 1/31/23 from 6:30am until 8:30am, client #2 was observed to participate in meals, leisure activities, medication administration, set place at table, and pump nectar thickener in cups. At no time during observation was client #2 prompt to wear his eyeglasses.</p> <p>Review of client's #2 record revealed an eye exam consult dated 4/7/21. Continued review of the consult revealed client is diagnosed with astigmatism and cataracts, recommending new glasses.</p> <p>Interview with staff F on 1/31/23 revealed client #2 do wear eyeglasses but doesn't like to wear them and will break them.</p> <p>Interview with the qualified intellectual developmental professional (QIDP) on 1/31/23 revealed client #2 does have a new prescription for eyeglasses. Continued interview with the QIDP revealed the client's glasses has been broken but uncertain of the length of time. Further interview revealed the client's insurance will not fill the current prescription but the agency</p>	W 436			

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W 436	<p>Continued From page 5 will ensure his glasses are ordered as prescribed.</p> <p>A. Observation in the group home throughout survey on 1/30/23 from 4:00 PM until 6:00 PM and on 1/31/23 from 6:30 AM until 8:30 AM revealed client #3 to ambulate in a wheelchair absent a pin released seatbelt and a padded left arm rest. Continued observation in the group home for 1 of 2 days of observation revealed client #3 to wear his prescribed soft seizure helmet. Further observation in the group home for 2 of 2 days of observation revealed client #3 to participate in meals, leisure activities, medication administration, set place at table, clear table, and take dishes to the kitchen sink.</p> <p>Review of records on 1/31/23 revealed an addendum to the behavior support plan (BSP) dated 1/18/22. Continue review of BSP revealed client #3 will be limited in his ability to get out of his wheelchair and will be secured in his chair using a reverse pin-release on the seatbelt that he cannot unfasten to ensure his safety. Further review of records revealed client #3's adaptive equipment to consist of a soft helmet, pin release seat belt, wheel chair, compression hose to bilateral lower extremities while awake an up in chair, high sided divided dish, small spoon, sip cup with no button valve, dycem mat, and shirt protector.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 1/31/23 revealed client #3's BSP is current. Continued interview with the QIDP revealed client #3 is supposed to be buckled in his wheelchair for safety with the pin released seat belt and be wearing his seizure helmet. Further interview with the QIDP revealed</p>	W 436			

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W 436	Continued From page 6 client #3 currently is using a spare/borrowed wheel chair with a non-functioning pin release seatbelt absent padding on the left arm rest. Subsequent interview with the QIDP verified that all needed repairs are being completed on client #3's wheelchair effected this date.	W 436		