

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

PRINTED: 03/06/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/05/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>HEATH AVENUE HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 EAST HEATH AVE SMITHFIELD, NC 27577</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 249	<p><b>PROGRAM IMPLEMENTATION</b> 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 and services as identified in the Individual Program Plan (IPP) in the areas of adaptive equipment and medication administration. The findings are:</p> <p>A. During dinner observations in the home on 3/4/24, client #4 was observed not to be using his dycem mat. At no time was client #4 offered his dycem mat.</p> <p>Review on 3/5/24 of client #4's IPP dated 5/5/23 revealed he uses a dycem mat for all meals.</p> <p>During breakfast observations in the home on 3/4/24, client #1 was observed not to be using her inner lip plate. At no time was client #1 offered her inner lip plate.</p> <p>Review on 3/4/24 of client #1's IPP dated 1/26/24 revealed she uses a inner lip plate for all meals.</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>During breakfast observations in the home on 3/4/24, client #2 was observed not to be using her dycem mat. At no time was client #2 offered her dycem mat.</p> <p>Review on 3/4/24 of client #2's IPP dated 2/7/23 stated she uses a dycem mat during all meals.</p> <p>During breakfast observations in the home on 3/5/24, client #4 was observed not be using his plate guard and dycem mat. At no time was client #4 offered his plate guard and dycem mat.</p> <p>Review on 3/5/24 of client #4's IPP dated 5/5/23 revealed he uses a plate guard and dycem mat at all meals.</p> <p>Review on 3/5/24 of the facility diet list (no date) revealed the following: Client #1's adaptive equipment...inner lip plate; Client #2's adaptive equipment...dycem mat and Client #4's adaptive equipment...plate guard and dycem mat.</p> <p>During an interview on 3/5/24, Staff A confirmed the diets list for clients #1, #2 and #4 is current and should be followed as written.</p> <p>During an interview on 3/5/24, the Habilitation Specialist (HS) confirmed clients #1, #2 and #4 should be using their adaptive equipment during all their meals.</p> <p>B. During medication administration on 3/5/24, Staff B punched out pills, poured water and did not inform client #1 what medications she was taking. Client #1 did not participate at all with her medication administration.</p> <p>Review on 3/5/24 of client #1's IPP dated 1/26/24</p>	W 249			

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W 249	Continued From page 2 revealed, "...assist with punching pills from bubble pack. Recite names and uses of medication, obtain water...."  During medication administration on 3/5/24, Staff B punched out pills, poured water and did not inform client #2 what medications she was taking. Client #2 did not participate at all with her medication administration.  Review on 3/5/24 of client #2's IPP dated 2/7/24 revealed, "Can self-administer medication with help...assist with punching pills from bubble pack. Recite names and uses of medication, obtain water...."  During an interview on 3/5/24, Staff B stated that she normally punches and pours the water for both client #1 and client #2.  During an interview on 3/5/24, the HS stated both clients #1 and #2 should have been given the opportunity to punch their pills, pour their water and recite the names of their medications.	W 249			
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. This potentially affected all clients (#1, #2, #3, #4 and #5) residing in the home. The finding is:  Review on 3/4/24 of the facility's fire drills revealed there where no fire drills conducted in May, June, July, August and September 2023.	W 441			

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W 441	Continued From page 3  During an interview on 3/5/24, the Habilitation Specialist (HS) confirmed the fire drills were missing for May, June, July, August and September 2023.	W 441		