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

PRINTED: 12/08/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G044		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		B. WING			C		
	PROVIDER OR SUPPLIER AVENUE HOME			STREET ADDRESS, CITY, STATE, ZIP 105 EAST HEATH AVE SMITHFIELD, NC 27577	CODE	2/07/2023	
(X4) ID PREFIX TAG			ID PROVIDER'S PLAN OF CO. PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY)		N SHOULD BE E APPROPRIATE	SHOULD BE COMPLETE	
W 000	INITIAL COMMENTS		W O	00			
W 340	Intake #NC0021048	ES	W 34	40			
	other members of the appropriate protective measures that include training clients and shealth and hygiene in This STANDARD is Based on record reservices failed to ens	not met as evidenced by: views and interviews, nursing sure staff were sufficiently medications as ordered for 1					
i i	11/6/23, revealed clie and reported she had hospital while on hom diagnosed with Brond Client #2's guardian to would call the hospita	f nurse case notes, dated ent #2's guardian had called d taken client #2 to the ne leave. Client #2 was chitis and given medications. old the facility nurse that she all to retrieve paperwork for n prior to staff being able to ns.					
n P n	nated 11/6/23, revealed nedications due to a le Prednisone Tab 20mg nouth once every day Promethazine Sol DM mes daily as needed	diagnosis of Bronchitis: J - Take 2 (20mg) tablets by					

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 program participation.

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		34G044	B. WING			C	
	ME OF PROVIDER OR SUPPLIER ATH AVENUE HOME			STREET ADDRESS, CITY, STATE, 2 105 EAST HEATH AVE SMITHFIELD, NC 27577		12/07/2023	
PF	REFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI. TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W	11/6/23, revealed a Actions to be taker prescribed medicar Promethazine-dext 5ml by mouth four cough for up to 7 d Nurse must be call Prednisone 20mg t daily for 2 days, the 2 days, then one ta (Ends 11/13/23) Benzonatate 100m by mouth twice per Review on 12/7/23 records (MAR) reveadministered as pre 11/9/23, 11/10/23, a Benzonatate 100m prescribed on 11/7/11/11/23, and 11/12 revealed Promethaz to only be administed Interview on 12/7/23 mother had brought to the doctor. Client to give her medicine staff had given her c "No. Not at first." Cli given her medicine Interview on 12/7/23 #2 did have Bronchi been prescribed three	of Mini-Team Reports, dated a new diagnosis of Bronchitis. In were to begin the following tions: cromethorphan Liquid: Take times per day as needed for ays (Ends 11/13/23). The ed prior to giving medication. ablet: Take 3 tablets by mouth an two tablet by mouth daily for blet by mouth for 2 days. If g capsule: Give one capsule day for 7 days. If medication administration ealed Prednisone 20mg was escribed on 11/7/23, 11/8/23, and the morning of 11/11/23. If was administered as 23, 11/8/23, 11/9/23, 11/10/23, 1/23pm. Further review zine-dextromethorphan Liquid ered on 11/12/23. If with client #2 revealed her ther medicine after taking her #2 stated she had asked staff toough syrup, client #2 replied, tent #2 then stated staff had	W 3	40			

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	PROVIDER OR SUPPLIER AVENUE HOME	***************************************		STREET ADDRESS, CITY, STATE, ZIP CO 105 EAST HEATH AVE SMITHFIELD, NC 27577		2/07/2023	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
•	that she was unawa medication administ medications. Interview on 12/7/23 director revealed cliwith Bronchitis on 1 had taken her to the communicated with called the hospital to additional medication client #2's mother pi 11/11/23 and kept he When asked if client syrup from 11/7/23 twith her mother, the #2 had only received came back from her When asked how it will client #2 needed the nursing director stated that sadministering the constated the nurse should have suppressioned. The nursing director the couneed. The nursing director director the nursing director the couneed. The nursing directors director the nursing director the couneed. The nursing directors directors the nursing director the nursing director.	ge 2 are of any issues with tration of any of these B with the facility nurse ent #2 had been diagnosed 1/6/23, after client #2's mother hospital. The nurse director client #2's mother and then confirm doctor orders for ms. The nurse director stated cked her up on the evening of er to the evening of 11/12/23. #2 had received cough of 11/11/23 when going home nurse director stated client I cough medication when she mother's visit on 11/12/23. Was determined whether cough syrup or not, the ed the other medications issed coughing. The nursing taff were to call prior to ugh syrup. The nurse director uld have been called if client gh syrup to determine the rector stated that staff had as or administered cough	W 3	40			

Heath Group Home Plan of Corrections For Complaint Investigation December 7, 2023

W340-Nursing

Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.

All staff will be re-trained in all RHA medication protocols. Staff will notify nursing prior to giving PRN medications and PRN medications will be administered per doctor's order.

PRN medication will be monitored by nursing through our electronic medical record at least 3x a week for the next two months.

By: February 5, 2023