

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

PRINTED: 06/28/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G060	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER SMITH STREET HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 112 SMITH STREET CLEVELAND, NC 27013		
(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 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure staff were sufficiently trained in hygiene methods specific to ensuring hand soap, toilet paper and hand towels were accessible in the bathroom for 6 of 6 clients (#1, #2, #3, #4, #5, and #6). The finding is:</p> <p>Observations in the group home throughout the 6/25/24 - 6/26/24 survey revealed hand soap, toilet paper and hand towels were absent in two of the home's bathrooms. Continued observations throughout the survey revealed multiple clients to utilize the bathroom without hand soap, toilet paper or hand towels accessible.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 6/26/24 revealed they were unaware the bathroom did not have hand soap, toilet paper or hand towels. Continued interview with the QIDP revealed there should be hand soap, toilet paper and hand towels in the home and confirmed it is staff's responsibility to ensure appropriate hygiene items and products are accessible in each bathroom.</p>	W 189	<p>W 189</p> <p>RHA Health Services will provide each employee appropriate training to ensure they are able to perform their job duties effectively. The Program Manager and Qualified Professional (QP) will in-service all direct support staff to ensure proper hygiene methods are available to all people supported and direct care staff at all times. This will be monitored by the clinical team completing two Interaction Assessments per week for one month and then on a ongoing and routine basis. In the future the QP will ensure all direct care staff are in-service trained on proper hygiene methods.</p>	8/25/2024	
W 287	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used for the convenience of staff. This STANDARD is not met as evidenced by:</p>	W 287			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Melissa Lee* TITLE: **IDD Regional Administrator** (X6) DATE: **7/2/2024**

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 287	<p>Continued From page 1</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure restrictions to manage inappropriate client behavior were not used for the convenience of staff relative to client #4. The finding is:</p> <p>Observations throughout the recertification survey from 6/25/24-6/26/24 in client's #4's bedroom revealed a locked closet door. Continued observation revealed window alarms and plexi glass on the light in the bedroom. Further observations revealed the bed mattress missing along with the comforter, pillow and bed sheets. Subsequent observations revealed the mattress along with the comforter and bed sheets in the utility closet. Additional observations did not reveal a pillow.</p> <p>Interview with the staff B on 6/25/24 revealed client #4's mattress is placed in the utility closet during awake hours. Continued interview revealed the items are placed in the utility closet to prevent client #4 from destroying them. Further interview revealed client #4 has a history of destroying everything in his bedroom when he is exhibiting targeted behaviors.</p> <p>Observations on 6/26/24 at 7:00 AM revealed client #4 dragging his mattress and comforter across the hall and placed it inside the utility closet following verbal prompts from staff.</p> <p>Review of client #4's record on 6/26/24 revealed a behavior support plan (BSP) dated 10/23/23. Continued review revealed the following targeted behaviors; uncooperative, inappropriate social sexual behavior, physical aggression, property destruction, tantrums and AWOL. Further review of the BSP did not reveal that the restrictions</p>	W 287	<p>W 287</p> <p>RHA Health Services will refrain from developing behavior intervention techniques for the convenience of the direct care staff. The Behavior Specialist will consult with the Psychologist to determine if Client #4's Behavior Support Plan (BSP) needs to be updated to address removing the mattress from the bed each day. The clinical team members will complete a Mini Team to discuss and review the need of this restriction. The Behavior Specialist will ensure due process is completed appropriately before any restriction is implemented in the facility. The Behavior Specialist will in-service train the direct support staff as to the results of the Mini Team and Psychologist's recommendations and ensure due process is in place for each rights limitation. This will be monitored by the clinical team members completing two Interaction Assessments per week for one month and then on an ongoing and routine basis. This will also be monitored through behavior data collection and review by the Behavior Specialist each month for Client #4. In the future the Behavior Specialist will ensure all direct support staff are in-service trained on all BSPs in the facility and due process is in place before any restrictions are implemented.</p>	8/25/2024	

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W 287	Continued From page 2 placed on client #4's access to his bed and other belongings were in any way connected to client #4's target behaviors. Additional review of client #4's record revealed signed consents from the guardian dated 3/4/24 for the mattress to be taken off his bed during waking hours, window alarm, locked closet door, laundry room door locked, plexi glass over light in the bedroom, and knives locked. Continued review revealed signed consents from the human rights committee (HRC) dated 3/21/24. Interview with the program manager (PM) on 6/26/24 revealed that client's #4 BSP is current. Continued interview with the PM verified that there are consents in place verifying approval from the clients' legal guardian and HRC. Further interview did not reveal interdisciplinary team (IDT) or committee meetings to discuss the determination of need relative to removing the client's mattress off his bed. Subsequent interview with the PM verified that placing client's mattress in the utility closet is not connected to the client's BSP.	W 287	Type text here Type text here		
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, 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: Based on record review and interview, the facility failed to ensure adaptive equipment for 1 of 6 clients (#5) was furnished and maintained in good	W 436	W 436 RHA Health Services will furnish and maintain in good repair all needed adaptive equipment for the people supported in the facility. The Residential Team Leader (RTL) and/or QP will monitor all adaptive equipment needs for each person supported monthly. The RTL and QP will in-service the direct care staff to use each person's required adaptive equipment each day. Continued pg 4	8/25/2024	

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W 436	Continued From page 3 repair. The finding is: Observations during the dinner meal on 6/25/24 and the breakfast meal on 6/26/24 revealed client #5 to be provided with the following mealtime adaptive equipment: high sided dish, built up spoon, sip cup, and shirt protector. Continued observations revealed that a non-skid mat was not provided during either meal. Review of records on 6/26/24 revealed a Person-Centered Plan (PCP) for client #5 dated 11/28/23 and a nutritional evaluation dated 12/28/23 which both state, "Adaptive Equipment: high sided dish, shirt protector, non-weighted built up utensils, non-skid mat and sippy cup." Interview with the Program Manager (PM) on 6/26/24 confirmed that the PCP and the nutritional evaluation for client #5 are current and that client #5 should be provided with a non-skid mat during all meals.	W 436	Continued from pg 3 The RTL or QP will in-service all direct care staff to report immediately if any of the required adaptive equipment is broken, misplaced or needs to be replaced for any reason. This will be monitored by the clinical team members completing two Meal Assessments per week for one month and then on an ongoing and routine basis. In the future the QP will ensure all direct care staff are in-service trained on all adaptive equipment needs in the facility.		
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii) Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to serve food in a form consistent with the developmental levels and prescribed diets of 4 of 6 clients (#1, #2, #4 and #5). The findings are: A. The facility failed to ensure the prescribed diet for client #1. For example: Observations in the group home on 6/25/24 at	W 474			

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W 474	<p>Continued From page 4</p> <p>5:45 PM revealed the dinner meal to be pepper steak, rice, collard greens, corn bread, water and milk. Continued observations revealed staff to serve client #1 the pepper steak cut into large bite-size pieces and the cornbread in whole form.</p> <p>Observations in the group home on 6/26/24 at 7:40 AM revealed the breakfast meal to be turkey bacon, toast, bananas, watermelon, milk and water. Continued observations revealed staff to serve client #1 two whole slices of toast and watermelon cut into large chunks.</p> <p>Record review on 6/26/24 revealed a person-centered plan (PCP) for client #1 dated 1/10/24 and a nutritional evaluation dated 12/28/23 stating that client #1's current diet is 1800 calories, ½" consistency, heart healthy.</p> <p>Interview with the Program Manager (PM) confirmed that client #1's diet order is current, and that staff should have assisted him to prepare his food to ½" chopped consistency.</p> <p>B. The facility failed to ensure the prescribed diet for client #2. For example:</p> <p>Observations in the group home on 6/25/24 at 5:45 PM revealed the dinner meal to be pepper steak, rice, collard greens, corn bread, water and milk. Continued observations revealed staff to serve client #4 the pepper steak cut into large bite-size pieces and the cornbread in whole form.</p> <p>Observations in the group home on 6/26/24 at 7:40 AM revealed the breakfast meal to be turkey bacon, toast, bananas, watermelon, milk and water. Continued observations revealed staff to serve client #2 one whole slice of toast, a second</p>	W 474	<p>W 474</p> <p>RHA Health Services will serve all food is served in a form consistent with the developmental level of each person supported in the facility. The QP will in-service all direct support staff in the facility on the current diets and diet consistencies of the people supported in the home. This will be monitored by the clinical team members completing two meal assessments per week for one month and then on an ongoing and routine basis. In the future the QP will ensure all direct support staff have been in-service trained on all diets and diet changes as needed in the facility.</p>	8/25/2024	

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W 474	<p>Continued From page 5</p> <p>slice of toast cut into large pieces, whole bacon strips and banana slices.</p> <p>Record review on 6/26/24 revealed a person-centered plan (PCP) for client #2 dated 1/18/24 and a nutritional evaluation dated 1/30/24 stating that client #2's current diet is regular, chopped.</p> <p>Interview with the Program Manager (PM) confirmed that client #2's diet order is current, and that staff should have assisted him to prepare his food to a chopped consistency.</p> <p>C. The facility failed to ensure the prescribed diet for client #4. For example:</p> <p>Observations in the group home on 6/25/24 at 5:45 PM revealed the dinner meal to be pepper steak, rice, collard greens, corn bread, water and milk. Continued observations revealed staff to serve client #4 the pepper steak cut into large bite-size pieces and the cornbread in whole form.</p> <p>Observations in the group home on 6/26/24 at 7:40 AM revealed the breakfast meal to be turkey bacon, toast, bananas, watermelon, milk and water. Continued observations revealed staff to serve client #4 one slice of toast cut into large cubes, bacon cut into large bite-size pieces followed by two whole bacon strips and large banana slices. Further observations revealed that no Fiber One cereal was offered to client #4 during the breakfast meal.</p> <p>Record review on 6/26/24 revealed a person-centered plan (PCP) for client #4 dated 6/11/24 and a nutritional evaluation dated 12/28/23 stating that client #4's current diet is</p>	W 474		

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W 474	<p>Continued From page 6</p> <p>weight loss (1800 calorie), ¼" consistency, add bowl of Fiber One cereal with breakfast, double portions of vegetables and ½ portions of desserts.</p> <p>Interview with the Program Manager (PM) confirmed that client #4's diet order is current, and that staff should have assisted him to prepare his food to a ¼" chopped consistency and offered client #4 a bowl of Fiber One cereal with breakfast.</p> <p>D. The facility failed to ensure the prescribed diet for client #5. For example:</p> <p>Observations in the group home on 6/25/24 at 5:45 PM revealed the dinner meal to be pepper steak, rice, collard greens, corn bread, water and milk. Continued observations revealed staff to serve client #5 the pepper steak cut into large bite-size pieces, the cornbread in whole form, and a cup of 2% milk with drink thickener.</p> <p>Observations in the group home on 6/26/24 at 7:40 AM revealed the breakfast meal to be turkey bacon, toast, bananas, watermelon, milk and water. Continued observations revealed staff to serve client #5 toast cut into large cubes, bacon cut into large bite-size pieces, grits, whole fruit cocktail, large banana slices and 2% milk with chocolate syrup and drink thickener.</p> <p>Record review on 6/26/24 revealed a person-centered plan (PCP) for client #5 dated 11/28/23 and a nutritional evaluation dated 12/28/23 stating that client #5's current diet is regular, weight gain, double portions, ¼" consistency (chopped), nectar thick liquids. The evaluation further states, "Nutritional Related</p>	W 474			

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W 474	Continued From page 7 Orders: No nuts unless chopped and mixed with other foods, 4 oz pudding, custard, yogurt w/lunch and dinner, Ensure Pudding or Ensure Drink TID, whole milk with meals. Interview with the Program Manager (PM) confirmed that client #5's diet order is current, and that staff should have assisted him to prepare his food to a 1/4" chopped consistency and offered client whole milk with both of his meals.	W 474			
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 observations, record review and interviews, the facility failed to ensure that 1 of 6 clients (#2) was provided with appropriate utensils to allow him to eat as independently as possible in accordance with his highest functioning level. The finding is: Evening observations in the group home on 6/25/24 at 5:45 PM revealed staff to place a small maroon spoon and a fork at the place where client #2 sits at the dinner table. Continued observations revealed client #2 to move the maroon spoon to the middle of the table before sitting down at his place and beginning to eat with a regular fork. Further observations revealed staff to take the fork from client #2 and give it to another staff in the kitchen, then to give client #2 the maroon spoon with which client #2 ate the remainder of meal consisting of pepper steak, rice, collard greens and corn bread. Morning observations in the group home on	W 475	W 475 RHA will ensure all food items are served with appropriate utensils during all meals/snacks throughout the day. The QP will in-service the direct care staff to ensure all individuals are given appropriate utensils at every meal or snack daily. This will be monitored by the clinical team completing two Meal Assessments per week for one month and then on an ongoing and routine basis. In the future the QP will ensure all direct support staff are in-service trained on proper use of utensils.	8/25/2024	

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W 475	<p>Continued From page 8</p> <p>6/26/24 at 7:40 AM revealed the staff to place a maroon spoon and no other utensils at the place where client #2 sits at the table. Continued observations revealed client #2 to eat his entire meal of turkey bacon, toast and banana slices with the maroon spoon.</p> <p>Record review on 6/26/24 revealed a Person-Centered Plan (PCP) dated 1/18/24 and a nutritional evaluation dated 1/30/24 which both indicated client #2 requires no adaptive equipment during mealtimes.</p> <p>Interview with the Program Manager (PM) on 6/26/24 confirmed that client #2's PCP and nutritional evaluation are current and that staff should not offer client #2 adaptive equipment which is not prescribed.</p>	W 475	Continued from pg 3		