

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

PRINTED: 01/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G309	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/23/2024
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NAME OF PROVIDER OR SUPPLIER WASHINGTON STREET EAST GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 407 WEST WASHINGTON STREET LA GRANGE, NC 28551
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(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
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W 210	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure an audiology examination and Physical Therapy assessment were completed within 30 days of admission for 1 of 1 newly admitted clients (#5). The findings are:</p> <p>A. Review on 1/23/24 of client #5's record revealed she was admitted to the facility on 5/16/23. Additional review of the record did not reveal an audiology examination.</p> <p>Interview on 1/23/24 with the facility nurse confirmed an audiology examination had not been completed for client #5 since her admission.</p> <p>B. During observations throughout the survey on 1/22 - 1/23/24, client #5 ambulated throughout the home without assistance from staff or assistive devices. The client walked with a slow and steady gait with her right leg in a stiff posture causing a distinctive limp with every step. Although no assistance was provided for the client to stand from a seated position, she was observed to require between 30 - 50 seconds to completely stand up after being seated.</p> <p>Interview on 1/23/24 with Staff D revealed client #5 has arthritis in her knee which is painful at times and she takes longer to do things because she is "a little slow". The staff indicated she</p>	W 210	<p>W 210: The interdisciplinary team will meet with Nova's Physician and request that referrals are made for client #5 to be seen for an audiology exam and Physical Therapy assessment. Results of these appointments will be documented and changes will be made as deemed necessary by the respective specialists. The nursing department, QP/IID, Clinical Director and Program Director will monitor for compliance.</p>	3/23/24
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kimberly Plaster</i>	TITLE Program Director	(X6) DATE 1/30/24
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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 210	Continued From page 1 requires some assistance with tasks. Review on 1/22 - 1/23/24 of client #5's record revealed she was admitted on 5/16/23 and has a diagnosis of Dwarfism. The Individual Program Plan (IPP) noted she is ambulatory and walks with a limp and slow gait. Additional review of an admission application (no date) indicated, "Falls...Physical impairment - walking...Physical disability - walking (R) leg." During an interview on 1/23/24, the facility nurse and Program Director acknowledged client #5 walks slowly with a limp. Additional interview indicated the client has not received a PT evaluation since her admission.	W 210		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) 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. This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure all staff were sufficiently trained regarding the appropriate use of latex gloves. The finding is: During meal preparation and dining observations in the home throughout the survey on 1/22 - 1/23/24, various staff, including the Home Supervisor, wore latex gloves while performing cooking tasks and while assisting clients at the table with family style dining.	W 340	W 340: Staff will be in-serviced on when they do and don't need to wear latex gloves when related to their job duties. The RSS, QP/IID and Clinical Director will monitor for compliance.	3/23/24

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W 340	<p>Continued From page 2</p> <p>Interview on 1/22/24 with the Home Supervisor revealed she had been trained by previous supervisors to wear latex gloves while working in the kitchen and at the table while assisting with meals.</p> <p>During an interview on 1/23/24, when asked why she wore gloves while assisting clients at the meal, Staff C responded. "I don't know." The staff added they had been trained to wear gloves for cooking tasks and assisting with the meal because they are "handling food". The staff noted she had been working in the home since July.</p> <p>Review on 1/23/24 of a staff training audit form for bloodborne pathogens noted, "Wears gloves and other personal protective equipment at appropriate times? (examples: assisting with tooth brushing, bathing, during personal care such as shaving, menses care, specimen collection, first aid, dressing changes, handling blood body fluids)." Additional review of a copy of OSHA Regulations - Bloodborne Pathogens (no date) provided by the facility noted, "Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures...and when handling or touching contaminated items or surfaces."</p> <p>Interview on 1/23/24 with the Program Director indicated staff have not been told to wear latex gloves during meal preparation or while assisting clients with dining. Additional interview confirmed gloves should only be utilized when performing tasks involving personal client care or with the potential for exposure to blood and other bodily</p>	W 340			

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W 340	Continued From page 3 fluids.	W 340			