

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

PRINTED: 02/19/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G044		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/18/2025	
NAME OF PROVIDER OR SUPPLIER HEATH AVENUE HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST HEATH AVE SMITHFIELD, NC 27577			
(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>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> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) during meal preparation tasks. This affected 1 of 4 audit clients (#2). The finding is:</p> <p>During dinner preparation observations in the home on 2/17/25 from 3:36pm - 5:20pm, client #2 was prompted to remain in the kitchen to assist Staff C with meal preparation tasks. Throughout the observations, client #2 placed a lid on a pot, put trash in the trash can and rinsed glasses at the sink. As client #2 stood in the area watching, Staff C completed all other tasks without client #2's participation such as cooking vegetables on the stove, cooking pizza and fish in the oven, filling a pitcher with water, pouring drinks, stirring food on the stove, using the processor to grind food, putting a can of fruit in a bowl, operating the microwave and setting the table. Client #2 was not prompted or assisted to complete additional meal preparation tasks.</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 During an interview on 2/17/25, when asked why client #2 did not assist with any tasks for meal prep, Staff C stated, "I can't let her mess with the stove..I don't want her to get burnt." The staff indicated client #2 helps wash dishes when assisting in the kitchen. Review on 2/18/25 of client #2's IPP dated 2/16/25 revealed she "can assist with cooking simple fixings...can make simple sandwiches with assistance". Additional review of the client's Adaptive Behavior Inventory (ABI) last updated on 8/21/24 revealed she has partial independence with setting the table with dishes selected, identifying fruits, vegetables, dairy products, breads/cereals, and meats, preparing beverages with mixing required, preparing sandwiches, salads, frozen/canned foods in the microwave/oven, preparing meat dishes, fresh vegetables in the microwave/oven and preparing breakfast, lunch and dinner meals. Interview on 2/18/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 can participate with assisting in the kitchen as identified in her record given assistance from staff.	W 249			
W 257	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii) The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on record review and interview, the facility	W 257			

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W 257	<p>Continued From page 2</p> <p>failed to ensure the Individual Program Plan (IPP) was revised after clients failed to progress towards identified objectives. This affected 2 of 4 audit clients (#5 and #6). The findings are:</p> <p>A. Review on 2/17/25 of client #5's IPP dated 4/17/24 revealed objectives to wipe his mouth with 100% partial physical prompts for three consecutive review periods (initially implemented 10/22/21) and to place his socks in a dresser drawer with 75% partial physical prompts for four consecutive review periods (initially implemented 10/25/21). Additional review of progress notes for the objectives indicated the following:</p> <p>Wipe his mouth</p> <p>06/2024 - 0% 07/2024 - 0% 08/2024 - 0% 09/2024 - 0% 10/2024 - 0% 11/2024 - 0% 12/2024 - 0% 01/2025 - 0%</p> <p>Socks in drawer</p> <p>06/2024 - 0% 07/2024 - 0% 08/2024 - 0% 09/2024 - 0% 10/2024 - 0% 11/2024 - 0% 12/2024 - 0% 01/2025 - 0%</p> <p>Interview on 2/18/25 with the Habilitation Specialist (HS) confirmed the objectives were in</p>	W 257			

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W 257	<p>Continued From page 3</p> <p>need of revisions and data collection could also be an issue. Additional interview with the Qualified Intellectual Disabilities Professional (QIDP) indicated the objectives have been in place for too long and new goals may need to be implemented.</p> <p>B. Review on 2/17/25 of client #6's IPP dated 4/23/24 revealed objectives to brush her teeth for the allotted time 60% of the time for two consecutive review periods (initially implemented 1/25/22) and to brush her hair with 60% partial physical prompts for four consecutive review periods (implementation date unknown). Additional review of progress notes for the objectives indicated the following:</p> <p>Brush her teeth</p> <p>06/2024 - 100% (Step 2) 07/2024 - 50% (Step 2) 08/2024 - 0% (Step 2) 09/2024 - 0% (Step 2) 10/2024 - 0% (Step 2) 11/2024 - 0% (Step 2) 12/2024 - 0% (Step 2) 01/2025 - 0% (Step 2)</p> <p>Brush her hair</p> <p>06/2024 - 0% 07/2024 - 0% 08/2024 - 0% 09/2024 - 0% 10/2024 - 0% 11/2024 - 0% 12/2024 - 0% 01/2025 - 0%</p>			W 257			

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W 257	Continued From page 4 Interview on 2/18/25 with the HS confirmed the objectives were in need of revisions and data collection could also be an issue. Additional interview with the QIDP indicated the objectives have been in place for too long and new goals may need to be developed based on client #6's wants/needs.	W 257			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure written informed guardian consent was obtained for a restrictive behavior plan. This affected 1 of 4 audit clients (#3). The finding is: Review on 2/17/25 of client #3's Behavior Support Plan (BSP) dated 6/27/24 revealed an objective to refrain from behavior that could or does damage items, displaying this behavior on no (0) occasions for 12 consecutive months. Additional review of the plan included the use of Risperdal. Further review of the record did not indicate written informed consent for the BSP had been obtained from client #3's guardian.	W 263			
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) Interview on 2/18/25 with the Qualified Intellectual Disabilities Professional (QIDP) and Behavior Analyst revealed paperwork for client #3's guardian to sign has been sent with no response and no verbal consent has been obtained.	W 368			

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W 368	Continued From page 5 The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure client #5's physician's orders were followed as written. This affected 1 of 3 client's observed receiving medications. The finding is: Observations in the home on 2/18/25 revealed client #5 consuming his breakfast meal at 7:30am. During later observations of medication administration in the home on 2/18/25 at 8:34am, client #5 ingested Linzess 145mcg along with six other medications. Review on 2/28/25 of client #5's physician's orders signed 1/9/25 revealed an order for Linzess 145mcg, take 1 capsule by mouth once a day "before breakfast", 8:00am. Interview on 2/18/25 with the facility nurse confirmed client #5's physician's order was current and should be followed as written.	W 368			
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 document review and interview, the facility failed to ensure the fire drills were conducted at varying times and conditions. This had the potential to affect 6 of 6 clients (#1, #2, #3, #4, #5 and #6). The finding is: Review on 2/17/25 of fire drill reports for January	W 441			

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W 441	Continued From page 6 '24 - January '25 revealed 1st and 3rd shift drills were not conducted at various times across the shift. The reports noted the following: First Shift: 4/13/24 - 12:55pm July 2024 - 2:13pm 8/20/24 - 2:53pm 1/11/25 - 2:24pm Third Shift: 1/29/24 - 2:00am 2/5/24 - 2:00am 9/10/24 - 12:15am 12/18/24 - 12:15am Interview on 2/18/25 with the Qualified Intellectual Disabilities Professional (QIDP) and the Safety Coordinator confirmed fire drills should be varied across shifts.	W 441			
W 448	EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv) The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on document review and interviews, the facility failed to ensure all problems identified during evacuation drills were investigated and a plan to ensure difficulties will not reoccur was developed. This affected 1 of 4 audit clients (#6). The finding is: Review on 2/18/25 of the facility's fire drill reports for January '24 - January '25 revealed on 9/10/24 a drill was conducted at 12:15am (3rd shift) with	W 448			

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W 448	Continued From page 7 one staff present (Staff F) and six clients in the home. Additional review of the report included the statement, "Describe any problems or issues that occurred as well as any assistance provided while conducting this drill." The staff's response to this statement noted, "Wheelchairs is unable to do with one staff...[Client #3] didn't want to get up." Interview on 2/18/25 with Staff F revealed she was not able to lift and transfer client #6 during third shift fire drills since she requires the assistance of two people for all lifts. Additional interview indicated she has made management staff aware of this in the past; however, she has not been given any specific instructions for evacuating the home with client #6 during fire drills and no resolution to this issue has been provided. Review on 2/17/25 of client #6's Individual Program Plan (IPP) dated 4/23/25 revealed, "[Client #6] is diagnosed with spastic hemiplegia and uses a wheelchair to move about her environment. She has transfer guidelines and requires 2-person maximum assistance. She uses a mechanical lift for transfers which requires 2 staff..." Interview on 2/18/25 with the facility's Safety Coordinator revealed the safety committee has discussed the concerns of evacuations with client #6 since there is only one staff working on third shift and she does require a two-person lift; however, no clear recommendations or plan of action has been developed.	W 448			
W 488	DINING AREAS AND SERVICE CFR(s): 483.480(d)(4)	W 488			

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W 488	<p>Continued From page 8</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure clients ate in a manner which was not stigmatizing. This affected 2 of 4 audit clients (#3 and #5). The finding is:</p> <p>During dinner observations in the home on 2/17/25 at 5:20pm, client #3 and client #5 consumed their food with the lower portion of their clothing protector spread across the table top in front of them and the upper portion secured around their neck. At the meal, each client's plate was positioned on top of the lower portion of the clothing protector and a dycem mat was noted under the plate. Both clients were mainly fed by staff with some assistance to feed themselves a few spoonfuls of food. At the end of the meal, a small amount of food was noted on each client's clothing protector.</p> <p>Interview on 2/17/25 with Staff C revealed the clothing protectors for each client had been positioned in this manner to keep food from spilling on them while eating.</p> <p>Review on 2/17/25 of client #3's Nutritional Evaluation dated 4/2/24 revealed he consumes a soft/ground food consistency and is "assisted with meals" as needed. Additional review of client #3's Individual Program Plan (IPP) dated 4/12/24 did not indicate he required a clothing protector to be applied in the manner previously described.</p> <p>Review on 2/17/25 of client #5's IPP dated 4/17/24 revealed he consumes a ground</p>	W 488			

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W 488	Continued From page 9 consistency and also uses a clothing protector at meals. Additional review of client #5's plan did not indicate he required his clothing protector to be applied in the manner previously described. Interview on 2/18/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 and client #5 should not consume their meals with their clothing protectors used in the manner previously described.	W 488			