

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

PRINTED: 02/13/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER MARIE G. SMITH GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1921 PALMETTO DRIVE ALBEMARLE, NC 28001		
(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 104	<p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation, documentation review and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to assure the interior of the facility was safe and orderly. The finding is:</p> <p>A. Morning observations on 2/5/25 at 7:15AM revealed staff and client #1 to enter the bedroom to provide personal care. Continued observations revealed staff to close the door to maintain privacy during personal care. Further observations revealed staff to attempt to open the bedroom and to knock as the door would not open. Observations also revealed staff to call for the qualified intellectual disabilities professional (QIDP) and request that the door is opened. Additional observations revealed the QIDP to open the door and staff to state that the door was stuck and could not be opened from inside of the room.</p> <p>Subsequent observations at 7:45AM revealed staff to escort client #1 to his room to assist with personal care. Continued observations revealed staff to attempt to pull the door handle and again the door would not open from inside of the room. Further observation revealed staff to call for assistance and the QIDP to again open the bedroom door from the hallway.</p> <p>Review of the record for client #1 on 2/5/25 revealed a behavior support plan (BSP) dated 10/1/24 which indicated the following target</p>	W 104			

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 104	Continued From page 1 behaviors: social and property aggression, self-injurious behaviors (SIBs), wandering, tantrums, darting, refusal, and inappropriate toileting. Review of facility documentation did not reveal work orders relative to the door being damaged or the need to repair it. Interview with the QIDP on 2/5/25 revealed he was not aware how long the door had been "sticking" but understood that the door should open freely from inside of the room. Continued interview with the QIDP revealed staff will accompany client #1 to minimize target behaviors while in his room. Further interview with the QIDP revealed he understood the need for client #1 to have his bedroom door repaired and functioning properly due to aggressive and SIB behaviors. B. Observations in the group home on 2/4/25 revealed four clients (#1, #2, #3, and #4) to participate in the dinner meal which included chicken stir-fry, salad, sliced oranges, 2% milk, and water. Continued observations revealed staff to pour milk into a container and placed it on the dining room table. Subsequent observation revealed a jug of 2% milk was in the refrigerator with an expired date of 12/24/24. Interview on 2/4/25 with the qualified intellectual disabilities professional (QIDP) confirmed the 2% milk was expired and had been served to the residents. Continued interview with the QIDP stated there were a few jugs of milk in the freezer and have been removed.	W 104			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)	W 252			

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W 252	<p>Continued From page 2</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that elimination logs were documented for 1 of 3 sampled clients (#4). The finding is:</p> <p>Review of the record for client #4 on 2/5/25 revealed an individual program plan (IPP) dated 12/17/24 which indicated the client has the following diagnoses: intellectual disability, unspecified, Autism Spectrum Disorder (ASD) and PICA diagnosis. Continued review of the IPP revealed staff must monitor client #4's bowel movements for inedible objects due to PICA diagnosis. Review of the IPP also revealed staff must complete room checks and clean the client's room daily to continue monitoring for inedible objects.</p> <p>Subsequent review of the record for client #4 revealed an elimination log dated 1/22/25 which indicated the bowel movement size, amount, and any concerns. Review of the record for client #4 did not reveal an elimination record since 1/22/25.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 2/5/25 revealed staff have been trained to enter elimination logs daily for client #4 to ensure there are no inedible objects in his stool based on the client's PICA diagnosis. Continued interview with the QIDP verified that client #4's goals and objectives are current.</p>	W 252			

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W 252	Continued From page 3			W 252			
W 474	<p>Further interview with the QIDP revealed staff should continue to complete elimination logs daily until the intervention has been discontinued.</p> <p>MEAL SERVICES CFR(s): 483.480(b)(2)(iii)</p> <p>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 interview, the facility failed to ensure food was served in a form consistent with the developmental level for 1 of 3 audit clients (#4). The finding is:</p> <p>Observation in the group home on 2/4/25 revealed client #4 to participate in the dinner meal which included chicken stir-fry, salad, sliced oranges, a cup of milk, and water. Continued observations revealed staff to pour ranch dressing on client #4's salad and poured him a cup of milk . Further observations revealed that client #4 drank the cup of milk and ate 100% of his dinner meal.</p> <p>Record Review on 2/4/25 for client #4 revealed a diet order dated 11/19/24. Review of the diet order for client #4 indicates that the client is prescribed a heart healthy diet with avoiding milk products.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 2/5/25 confirmed client #4's diet as current. Continued interview with the QIDP confirmed that staff should have provided client #4 with his prescribed diet.</p>			W 474			