

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

PRINTED: 07/25/2025
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 07/23/2025
NAME OF PROVIDER OR SUPPLIER SMITH STREET HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 112 SMITH STREET CLEVELAND, NC 27013		
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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 observations and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to ensure routine cleaning, repairs and maintenance at the group home were completed in a timely manner, affecting 6 out of 6 clients (#1, #2, #3, #4, #5, #6). The finding is:</p> <p>Observations throughout the 7/22/25 - 7/23/25 survey revealed several repairs needed inside the group home to include broken living room and dining room furniture, missing window coverings in bedrooms belonging to client #3, client #4 and client #6, a missing toilet tank cover, holes in several bedroom walls, a missing floor threshold at the bedroom belonging to client #3, a strong odor of urine in the bedroom belonging to client #5, and a general need for deep cleaning in the whole home.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 7/23/25 revealed confirmed these items are broken and/or in need of cleaning, repair or replacement.</p>	W 104	<p>W104</p> <p>The business manager will in-service the maintenance coordinator on completing work orders in a timely manner. The clinical team will complete 1 environmental assessment per week for a period of 30 days and then on a routine basis to ensure all work orders have been addressed. In the future, the maintenance coordinator will ensure all work orders are completed.</p>	9/21/25	
W 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure privacy for 3 of 5 clients (#1, #2,</p>	W 130			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

IDD Regional Administrator 7/28/25

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 130	<p>Continued From page 1</p> <p>#5) during care and treatment. The findings are:</p> <p>A. Observations in the group home on 7/22/25 at 5:15 PM, revealed client #1 to be naked in the shower with no door or curtain and with the bathroom door open. Continued observation revealed staff to walk by and leave the door open and to return at 5:18 PM and close the door part way, but still leave the client visible from the hallway. Further observation revealed the staff to return to the bathroom at 5:20 PM and again leave the door open while client #1 was showering.</p> <p>Review of records on 7/23/25 revealed a person-centered plan (PCP) for client #1 which includes an expired goal to participate in learning about privacy.</p> <p>B. Observations in the group home on 7/22/25 at 5:15 PM revealed client #2 to walk out of the bathroom naked and continue to his bedroom. There were other clients, staff and surveyor in the hallway at the time.</p> <p>Review of records on 7/23/25 revealed that client #2 previously had a goal to participate in learning about privacy, but that the current PCP dated 2/12/25 does not contain a goal related to privacy.</p> <p>C. Observations in the group home on 7/22/25 at 5:35 PM revealed client #5 to be on his bed, next to the open bedroom door. Continued observation revealed staff to be changing client #5's adult briefs and client #5's body to be exposed to anyone standing in the hallway.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 7/23/25 confirmed that all</p>	W 130	W130 A,B,C The Program Manager will in-service all DSPs on privacy and ensuring all People Supported have privacy within the home. The clinical team will complete interaction assessments 2x a week for a period of 30 days and then on a routine basis to ensure People Supported have privacy. In the future, all DSPs will ensure People Supported have privacy in the home.	9/21/25	

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W 130	Continued From page 2 clients should be given privacy during care and treatment.	W 130			
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 and interview, the facility failed to ensure that clients were provided proper training in the area of medications. This affected 5 out of 5 clients observed during medication administration (#1, #2, #4, #5, #6). The finding is: During medication administration observation in the home on 7/23/25, staff A was observed to administer medications to clients #1, #2, #4, #5 and #6 without informing the clients about what medications were being administered, what the medications are prescribed to treat, any potential side effects of the medications, or what to do in the event of side effects. Interview with the facility nurse confirmed that staff should have provided education to all clients regarding their medications, indicated uses, and potential side effects.	W 340	W340 The nurse will in-service all staff on completing medication passes properly per policy. The clinical team will complete medication pass assessments 2x a week for a period of 30 days and then on a routine basis. In the future, the nurse will ensure all staff are trained on proper medication passes.	9/21/25	
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) 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:	W 368			

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W 368	Continued From page 3 Based on observation, record review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 1 client (#2) observed during medication administration. The finding is: During observations in the home on 7/23/25 at 8:48 AM, client #2 was observed to enter the medication room with staff to take his morning medications. Continued observation revealed that client #2 was given one Omeprazole 20mg tablet, along with his other morning medications. Review on 7/23/25 of client #2's physician's orders dated 7/23/25 revealed an order reading, "OMEPRAZOLE CAP 20MG - TAKE 1 TABLET BY MOUTH FOUR TIMES A WEEK ON M/W/F/SAT AT 07:00." Interview on 7/23/25 with the facility nurse confirmed the Omeprazole tablet should have been given sometime between 6:00 AM and 8:00 AM.	W 368	W 368 Cross reference W340	9/21/25	
W 463	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(4) The client's interdisciplinary team, including a qualified dietitian and physician must prescribe all modified and special diets. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 2 of 6 sampled clients (#4, and #5) received their specially prescribed diet as ordered by the interdisciplinary team. The findings are: A. Observation during the evening meal on	W 463			

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W 463	<p>Continued From page 4</p> <p>7/22/25 revealed the meal to consist of baked spaghetti, creamed corn, yogurt, water and juice. Continued observation revealed that client #5 was served all of the menu items above but was not provided with whole milk or chocolate milk mixed with Carnation Instant Breakfast.</p> <p>Record review revealed a Person-Centered Plan (PCP) for client #5 dated 10/17/24 indicating the client's diet order to be ¼" consistency, regular, nectar thick liquids, 4oz pudding, custard or yogurt with lunch and dinner, whole or chocolate milk with Carnation Instant Breakfast with breakfast and dinner.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 7/23/25 confirmed that client #5 should have been served whole or chocolate milk with Carnation Instant Breakfast for dinner. Continued interview with the QIDP confirmed that all clients should be served their specially prescribed diets at every meal.</p> <p>B. Observation during the morning meal on 7/23/25 revealed the meal to consist of oatmeal with brown sugar, butter and cinnamon, fruit cocktail, sausage patties, juice and water. Continued observation revealed client #4 to be served all of the above items but was not provided with a bowl of Fiber One cereal.</p> <p>Record review revealed a PCP for client #4 dated 4/17/25 indicating the client's diet order to be ¼" consistency, 1800 cal weight loss, 1 bowl Fiber One cereal with breakfast, No caffeine, diet, caffeine free sodas, seconds of vegetables only, half portions of dessert.</p> <p>Interview with the QIDP on 7/23/25 confirmed that</p>	W 463	<p>W463 A & B</p> <p>The Qualified Professional will in-service all staff on diet orders and consistencies for all People Supported. The clinical team will monitor through mealtime assessments 2x a week for a period of 30 days and then on a routine basis to ensure all People Supported receive the correct prescribed diet consistency. In the future, the Qualified Professional will ensure all DSPs are trained on diet orders and consistencies for all People Supported.</p>	9/21/25	

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W 463	Continued From page 5 client #4 should have been served a bowl of Fiber One cereal with breakfast. Continued interview with the QIDP confirmed that all clients should be served their specially prescribed diets at every meal.	W 463			
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 interview, the facility failed to serve food in a form consistent with the developmental levels and prescribed diets of 5 of 6 clients (#1, #2, #3, #4 and #5). The findings are: A. The facility failed to ensure the prescribed diet consistency for client #1. For example: Observations in the group home on 7/22/25 at 4:55 PM revealed the dinner meal to be baked spaghetti, creamed corn, yogurt, water and juice. Continued observations revealed staff to serve client #1 the baked spaghetti without modifying the texture to 1/4" consistency. Further observation revealed client #1 to consume the entire meal. Observations in the group home on 7/23/24 at 7:45 AM revealed the breakfast meal to be oatmeal with brown sugar, butter and cinnamon, fruit cocktail, sausage patties, juice and water. Continued observations revealed staff to serve client #1 two 2 sausage patties cut into large chunks. Record review on 7/23/25 revealed a person-centered plan (PCP) for client #1 dated	W 474	W474 A-E Cross reference W463	9/21/25	

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W 474	<p>Continued From page 6</p> <p>10/8/24 stating that client #1's current diet is ¼" consistency, Heart Healthy, 1800 calories.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 7/23/25 confirmed that client #1's diet order is current, and that staff should have assisted him to prepare his food to ¼" consistency.</p> <p>B. The facility failed to ensure the prescribed diet consistency for client #2. For example:</p> <p>Observations in the group home on 7/22/25 at 4:55 PM revealed the dinner meal to be baked spaghetti, creamed corn, yogurt, water and juice. Continued observations revealed staff to serve client #2 the baked spaghetti without modifying the texture to chopped consistency. Further observation revealed client #2 to consume the entire meal.</p> <p>Observations in the group home on 7/23/24 at 7:45 AM revealed the breakfast meal to be oatmeal with brown sugar, butter and cinnamon, fruit cocktail, sausage patties, juice and water. Continued observations revealed staff to serve client #2 two 2 whole sausage patties. Further observation revealed client #2 to pick up the sausage patties and eat them whole with his hands.</p> <p>Record review on 7/23/25 revealed a PCP for client #2 dated 2/12/25 stating that client #2's current diet is regular, chopped.</p> <p>Interview with the QIDP on 7/23/25 confirmed that client #2's diet order is current, and that staff should have assisted him to chop his food.</p>	W 474			

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W 474	<p>Continued From page 7</p> <p>C. The facility failed to ensure the prescribed diet consistency for client #3. For example:</p> <p>Observations in the group home on 7/23/24 at 7:45 AM revealed the breakfast meal to be oatmeal with brown sugar, butter and cinnamon, fruit cocktail, sausage patties, juice and water. Continued observations revealed staff to serve client #3 two 2 whole sausage patties. Further observation revealed client #3 to pick up the sausage patties and eat them whole with his hands.</p> <p>Record review on 7/23/25 revealed a PCP for client #3 dated 6/10/25 stating that client #3's current diet is 1" consistency meats, other foods whole, high calorie snacks.</p> <p>Interview with the QIDP on 7/23/25 confirmed that client #3's diet order is current, and that staff should have assisted him to cut his sausage to 1" consistency.</p> <p>D. The facility failed to ensure the the prescribed diet consistency client #4. For example:</p> <p>Observations in the group home on 7/22/25 at 4:55 PM revealed the dinner meal to be baked spaghetti, creamed corn, yogurt, water and juice. Continued observations revealed staff to serve client #4 the baked spaghetti without modifying the texture to 1/4" consistency. Further observation revealed client #4 to begin coughing at 5:01 PM and to consume the entire meal.</p> <p>Observations in the group home on 7/23/24 at 7:45 AM revealed the breakfast meal to be oatmeal with brown sugar, butter and cinnamon, fruit cocktail, sausage patties, juice and water.</p>	W 474			

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W 474	<p>Continued From page 8</p> <p>Continued observations revealed staff to serve client #2 two 2 whole sausage patties. Further observation revealed client #2 to pick up the sausage patties and eat them whole with his hands.</p> <p>Record review on 7/23/25 revealed a PCP for client #4 dated 4/17/25 stating that client #4's current diet is ¼" consistency, 1800 cal weight loss, 1 bowl Fiber One cereal with breakfast, No caffeine, diet, caffeine free sodas, seconds of vegetables only, half portions of dessert.</p> <p>Interview with the QIDP on 7/23/25 confirmed that client #4's diet order is current, and that staff should have assisted him to chop his food to ¼" consistency.</p> <p>E. The facility failed to ensure the prescribed diet consistecy for client #5. For example:</p> <p>Observations in the group home on 7/22/25 at 4:55 PM revealed the dinner meal to be baked spaghetti, creamed corn, yogurt, water and juice. Continued observations revealed staff to serve client #5 the baked spaghetti without modifying the texture to 1/4" consistency. Further observation revealed client #5 to begin coughing at 5:02 PM and to consume the entire meal.</p> <p>Observations in the group home on 7/23/24 at 7:45 AM revealed the breakfast meal to be oatmeal with brown sugar, butter and cinnamon, fruit cocktail, sausage patties, juice and water. Continued observations revealed staff to serve client #5 two 2 sausage patties cut into large chunks. Further observation revealed client #5 to eat the sausage patties.</p>	W 474			

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W 474	Continued From page 9 Record review revealed a Person-Centered Plan (PCP) for client #5 dated 10/17/24 indicating the client's diet order to be ¼" consistency, regular, nectar thick liquids, 4oz pudding, custard or yogurt with lunch and dinner, whole or chocolate milk with Carnation Instant Breakfast with breakfast and dinner. Interview with the QIDP on 7/23/25 confirmed that client #5's diet order is current, and that staff should have assisted him to chop his food to ¼" consistency.	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 interview, the facility failed to ensure that meals were served with appropriate utensils for 3 of 6 clients (#3, #4, #6) to eat as independently as possible according to their highest functioning level. The findings are: A. The facility failed to provide appropriate eating utensils for client #3. For example: Observations in the group home on 7/22/25 at 4:55 PM revealed the dinner meal to be spaghetti, creamed corn, yogurt, water and juice. Continued observations revealed staff to set client #3's place at the table with a regular plate, cup and spoon, but no fork or knife. Observations in the group home on 7/23/24 at 7:45 AM revealed the breakfast meal to be oatmeal with brown sugar, butter and cinnamon, fruit cocktail, sausage patties, juice and water.	W 475	W475 A, B, & C The Qualified Professional will in-service all staff on the adaptive equipment prescribed to the People Supported. The clinical team will monitor through mealtime assessments 1x a week for a period of 30 days and then on a routine basis to ensure People Supported have the proper adaptive equipment during mealtime. In the future, the Qualified Professional will ensure all staff are trained on adaptive equipment.		

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W 475	<p>Continued From page 10</p> <p>Continued observations revealed staff to set client #3's place at the table with a regular plate, cup and spoon, but no fork or knife.</p> <p>Record review on 7/23/25 revealed a person-centered plan (PCP) for client #3 dated 6/10/25 which indicates client #3 requires no adaptive equipment for meals.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) confirmed that client #3's PCP is current, and that staff should have provided him with a full set of regular utensils during mealtimes.</p> <p>B. The facility failed to provide appropriate eating utensils for client #4. For example:</p> <p>Observations in the group home on 7/22/25 at 4:55 PM revealed the dinner meal to be spaghetti, creamed corn, yogurt, water and juice. Continued observations revealed staff to set client #4's place at the table with a regular plate, cup and spoon, but no fork or knife.</p> <p>Observations in the group home on 7/23/24 at 7:45 AM revealed the breakfast meal to be oatmeal with brown sugar, butter and cinnamon, fruit cocktail, sausage patties, juice and water. Continued observations revealed staff to set client #4's place at the table with a regular plate, cup and spoon, but no fork or knife.</p> <p>Record review on 7/23/25 revealed a PCP for client #4 dated 4/17/25 which indicates client #4 requires no adaptive equipment for meals.</p> <p>Interview with the QIDP confirmed that client #4's PCP is current, and that staff should have</p>	W 475			

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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	
W 475	Continued From page 11 provided him with a full set of regular utensils during mealtimes. C. The facility failed to provide appropriate eating utensils for client #6. For example: Observations in the group home on 7/22/25 at 4:55 PM revealed the dinner meal to baked spaghetti, creamed corn, yogurt, water and juice. Continued observations revealed staff to set client #6's place at the table with a regular plate, cup and spoon, but no fork or knife. Observations in the group home on 7/23/24 at 7:45 AM revealed the breakfast meal to be oatmeal with brown sugar, butter and cinnamon, fruit cocktail, sausage patties, juice and water. Continued observations revealed staff to set client #6's place at the table with a regular plate, cup and spoon, but no fork or knife. Record review on 7/23/25 revealed a PCP for client #6 dated 3/25/25 which indicates client #6 requires no adaptive equipment for meals. Interview with the QIDP confirmed that client #6's PCP is current, and that staff should have provided him with a full set of regular utensils during mealtimes.	W 475			
W 481	MENUS CFR(s): 483.480(c)(2) Menus for food actually served must be kept on file for 30 days. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure staff were adequately trained to follow approved menus and	W 481			

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W 481	<p>Continued From page 12</p> <p>document changes to the menu. The finding is:</p> <p>Evening observations in the group home on 7/22/25 revealed the clients to eat dinner at 4:55 PM. Dinner observations revealed the clients to eat baked spaghetti, creamed corn, yogurt, juice and water.</p> <p>Morning observations in the group home on 7/23/25 revealed the clients to eat breakfast at 7:45 AM. Breakfast observations revealed the clients to eat oatmeal with brown sugar, butter and cinnamon, sausage patties, fruit cocktail, juice and water.</p> <p>Morning observations further revealed that the clients' lunches for the day had been prepared and were in the refrigerator. Each meal consisted of leftover baked spaghetti, a fruit cup and a cookie.</p> <p>Review of the group home's menus which were present in the kitchen revealed that the evening meal on 7/22/25 should have been chicken tortilla soup, crackers, green salad, milk and water. Continued review of the home's menus revealed that the breakfast meal on 7/23/25 should have been a 2-egg cheese omelet, 1 baked hashbrown patty, 2 slices of toast, 1 tsp of butter, jelly and milk. Further review of the home's menus revealed that the lunch meal on 7/23/25 should have been a turkey club sandwich, lettuce, tomato, baked chips, grapes and water.</p> <p>Interview with the staff who was preparing breakfast in the home revealed that the staff do not follow the prepared menus, but rather, cook whatever they believe the clients will eat based on their known preferences.</p>	W 481	W481	9/21/25	

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W 481	Continued From page 13 Interview with the qualified intellectual disabilities professional (QIDP) on 7/23/25 confirmed that staff should follow the prepared menu when preparing client meals.	W 481			