

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

PRINTED: 02/11/2026  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/10/2026</b>
NAME OF PROVIDER OR SUPPLIER  <b>HEATH AVENUE HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 EAST HEATH AVE SMITHFIELD, NC 27577</b>		
(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 107	<p><b>COMPLIANCE W FEDERAL, STATE &amp; LOCAL LAWS</b> CFR(s): 483.410(b)</p> <p>The facility must be in compliance with all applicable provisions of Federal, State and local laws, regulations and codes pertaining to health. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to follow state law which requires staff obtain annual medication administration training. This had the potential to affect 6 of 6 clients in the home (#1, #2, #3, #4, #5 and #6). The finding is:</p> <p>Review on 2/9/26 of personnel records revealed the home manager (HM) was hired 3/28/23. Further review revealed the HM had not received medication administration training since 3/30/23.</p> <p>During an interview on 2/10/26, the human resources training coordinator revealed the HM had completed annual training for medication administration but was unable to locate documentation.</p>	W 107			
W 125	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure clients' had the right to dignity regarding the use of incontinence padding. This affected 1 of 3 audit clients (#1). The finding is:</p> <p>During observations in the home on 2/9/26 at</p>	W 125			

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 125	Continued From page 1 4:30pm, client #1 was observed to be sitting in a wheelchair on a styrofoam pad that was covered with a bath towel underneath her visible to everyone in the home.  Interview on 2/10/26 with the home manager (HM) revealed she was unsure why client #1 was sitting on a styrofoam pad and a towel unless it was to ensure she was dried off after her shower.  Interview on 2/10/26 with the qualified intellectual disabilities professional (QIDP) confirmed client #1 should not have had a towel underneath her in her wheelchair.	W 125			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.  This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 3 of 3 audit clients (#1, #3, and #4). The findings are:  A. Review on 2/9/26 of client #1's record revealed formal training programs for meal prep with data to be collected twice weekly; toothbrushing with data to be collected twice daily and laundry with data to be collected daily.	W 252			

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W 252	Continued From page 2 Review on 2/10/26 of data collected for client #1 revealed all three goals had data documented 4 times in November 2025, no data in December 2025 and 2 times in January 2026.  B. Review on 2/9/26 of client #2's record revealed formal training programs for washing upper body with data to be collected daily, wiping with data to be collected daily, and cutting food with data to be collected daily.  Review on 2/10/26 of data collected for client #2 revealed all three goals had data documented 4 times in November 2025, no data in December 2025 and no data in January 2026.  C. Review on 2/9/26 of client #4's record revealed formal training programs for meal prep with data to be collected twice weekly, toothbrushing with data to be collected twice daily and laundry (implemented 1/19/26) with data to be collected daily.  Review on 2/10/26 of data collected for client #4 revealed for meal prep data was collected 4 times in November 2025, no data for December 2025 and twice in January 2026. Toothbrushing data was collected 4 times in November 2025, no data in December 2025 and twice in January 2026. Laundry data was collected once since implemented 1/19/26.  Interview on 2/10/26 with the facility habilitation specialist confirmed no further data could be located for client #1, #2 and #4.	W 252			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)	W 382			

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W 382	Continued From page 3 The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all drugs and biologicals were kept locked except when being prepared for administration. The finding is:  During observations of medication administration in the home on 2/9/26 at 4:10pm surveyor followed medication technician 1 (MT1) and client #5 into the medication room to observe medication pass. Client #5's medication was laying on the counter unattended. MT1 administered client #5's medications and exited the medication room to retrieve another client, leaving the medication cabinet door and the door to the medication room unlocked.  Interview on 2/10/26 with the nurse revealed all staff are instructed to lock the medication cabinet any time staff are not occupying the room. The nurse confirmed MT1 should have locked the cabinet when exiting to go and get other clients.	W 382			
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 observations, record review and interview, the facility failed to ensure 1 of 3 audit clients (#1) was taught to use and make informed	W 436			

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W 436	Continued From page 4 choices about the use of a pressure sensor pad for her wheelchair. The finding is:  Record review on 2/9/26 of client #1's Individual Program Plan (IPP) dated 1/3/26 revealed due to client #1's attempts to exit her wheelchair or bed without staff support, a pressure-sensitive audible alarm pad would be placed on both her bed and in the seat of her wheelchair.  During observations throughout the survey on 2/9/26 - 2/10/26 client #1 was not observed sitting on a pressure sensor pad in her wheelchair.  Interview with the home manager (HM) revealed she was aware that client #1 had an alarm on her bed but did not know of a pressure sensor pad that was to be utilized in her wheelchair.	W 436			
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1)  at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: The facility failed to assure fire drills were conducted quarterly for each shift of personnel as evidenced by interview and record verification. The finding is:  Review on 2/9/26 of the facility's fire drill evacuation reports revealed there was no second shift fire drill conducted for the quarter of October 2025 through December 2025.  Interview with the home manager (HM) confirmed no documentation could be located for a second shift fire drill for October 2025 through December 2025.	W 440			
W 460	FOOD AND NUTRITION SERVICES	W 460			

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W 460	<p>Continued From page 5 CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 3 of 3 audit clients (#1, #2 and #4) received their specially prescribed diet as indicated. The findings are:</p> <p>A. During observations in the home on 2/9/26 at 5:30pm, client #1 sat down at the table for dinner. Client #1 received a whole piece of meatloaf, mashed potatoes and chopped cabbage.</p> <p>Further observations on 2/10/26 at 7:17am, client #1 sat down for breakfast and received a whole piece of sausage and oatmeal.</p> <p>Record review on 2/10/26 of client #1's physician orders (dated 1/29/26) revealed a prescribed diet of regular, with meats cut 1/2 inch consistency.</p> <p>B. During observations in the home on 2/9/26 at 5:30pm, client #2 sat down at the table for dinner. Client #2 received a whole piece of meatloaf, mashed potatoes and chopped cabbage.</p> <p>Record review on 2/10/26 of client #2's physician orders (dated 1/29/26) revealed a prescribed diet of 1/2 to 1 inch consistency.</p> <p>C. During observations in the home on 2/9/26 at 5:30pm, client #4 sat down at the table for dinner. Client #4 received a whole piece of meatloaf, mashed potatoes and chopped cabbage.</p>	W 460			

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W 460	Continued From page 6  Further observations on 2/10/26 at 7:17am, client #4 sat down for breakfast and received a whole piece of sausage and oatmeal.  Record review on 2/10/26 of client #4's physician orders (dated 1/29/26) revealed a prescribed diet of weight loss 1500 calorie, low fat, high fiber, low salt diet, 1/2 to 1 inch consistency.  Interview on 2/10/26 with the home manager confirmed during dinner on 2/9/26 client #1, #2, and #4 should not have received a whole piece of meatloaf for dinner and client #1 and #4 should not have received a whole piece of sausage for breakfast.	W 460			