PRINTED: 07/25/2018 FORM APPROVED OMB NO. 0938-0391

, ,	ROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
	34G018	B. WING		07/17/	/2018
NAME OF PROVIDER OR SUPPLIER SPRINGDALE LANE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 934 SPRINGDALE LANE GASTONIA, NC 28052	•	
(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDE	BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE C	(X5) COMPLETION DATE
W 137 PROTECTION OF CLIENT CFR(s): 483.420(a)(12) The facility must ensure the Therefore, the facility must have the right to retain and personal possessions and of the Based on record review and failed to ensure 1 of 3 sammon-sampled client (#2) we retain personal possessions electronics. The finding is: A. The facility failed to assured the right to a personal revealed an individual suppersonal to a personal possession of the revealed an individual suppersonal formunication objective tha "Kindle". Review of the IS communication objective tha "Kindle". Review of the cobjective dated 11/1/17 revealed an individual suppersonal prompts, 100% consecutive months. Addit communication objective mathroughout the day staff will schedule with 3 picture cues client #1 will take the picture box, then complete the task further referenced the use of address leisure time in client. Interview with the qualified professional (QIDP) revealed personal Kindle device that	e rights of all clients. ensure that clients use appropriate clothing. et as evidenced by: nd interview, the facility pled clients (#1) and 1 re provided the right to s relative to ure client #1 was onal possession example: nt #1 on 7/17/18 oort plan (ISP) dated P revealed a nat included the use of ommunication ealed client #1 will edule when given 4 or of the time for 6 ional review of the nethodology revealed I set up the client's es. At each transition e off and put it in the c. The methodology of a kindle device to nt #1's daily schedule. d intellectual disabilities ed client #1 has a	W 13	37		

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.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G018	B. WING _			07/17/2018	
NAME OF PROVIDER OR SUPPLIER SPRINGDALE LANE GROUP HOME			'	STREET ADDRESS, CITY, STATE, ZIP CODE 934 SPRINGDALE LANE GASTONIA, NC 28052	•		
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W 137	group home office is client's do need to a the office to obtain a with the QIDP revea device is kept in the and to keep other cl client's room and tak with the QIDP verific device could be cha and there has been taken by another client. B. The facility failed assured the right to relative to electronic. Observation in the revealed the QIDP to device, belonging to group home office we electronic device for Review of records revealed an ISP data. ISP revealed a living will complete the state to open and particip hard copy book with gather materials need book, 75% of the time. Interview with the Opersonal IPAD is kelphome to charge the client's from entering it. The QIDP further office is always kept	IDP further indicated the always kept open however sk for assistance in going into my items. Further interview led client #1's electronic office to charge the device itent's from entering the king it. Subsequent interview at the client's electronic riged from the client's room no history of the item being itent. It o assure client #2 was a personal possession s. For example: group home on 7/17/18 or pull out a electronic tablet client #2, from a desk in the while attempting to locate an	W 1	37			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	ILTIPLE CONSTRUCTION (X DING			X3) DATE SURVEY COMPLETED	
		34G018	B. WING			07/·	17/2018	
	ROVIDER OR SUPPLIER ALE LANE GROUP HOM	E		STREET ADDRESS, CITY, STATE, ZIP COD 934 SPRINGDALE LANE GASTONIA, NC 28052	Æ			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE		(X5) COMPLETION DATE	
W 137	the QIDP verified the could be charged from	e 2 Subsequent interview with client's electronic device m the client's room and there of the item being taken by	w	137				
W 249	each client must rece treatment program co interventions and ser and frequency to sup	isciplinary team has ndividual program plan, sive a continuous active	W	249				
	Based on observation interview, the team far interventions to address needs for 2 of 3 samp. The finding is: A. The team failed to interventions to address needs for client #1. For Observations in the client #1 revealed the non-verbal and staff prompting and verbal observed supporting	ess the communication For example: group home on 7/17/18 of e client to be mostly prompting him using physical izations. Staff was client #1 with transitions of						
	A. The team failed to interventions to addre needs for client #1. F Observations in the client #1 revealed the non-verbal and staff prompting and verbal observed supporting his morning routine to bathroom, hand wash	ess the communication For example: group home on 7/17/18 of e client to be mostly prompting him using physical izations. Staff was client #1 with transitions of						

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NAME OF PROVIDER OR SUPPLIER SPRINGDALE LANE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CO 934 SPRINGDALE LANE GASTONIA, NC 28052			
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W 249	and verbal gestures there were no obsergroup home on 7/16, outing the client part. Review of records of revealed an individual 10/25/17. Review of communication objective of the communication of the communication of the communication revealed throughout client's schedule with transition client #1 wit in the box, then comethodology further kindle device to additionally schedule. Interview with the quiprofessional (QIDP) communication objective in the ISP. Further interconfirmed there was the group home for the know why. B. The team failed to interventions to addinated for client #5. Observations in the 7/16-17/2018 of client.	oing for a walk with physical only. It should be noted wations of client #1 in the /17 due to a community icipated in with staff. For client #1 on 7/17/18 all support plan (ISP) dated if the ISP revealed a ctive implemented 11/1/17. unication objective revealed picture symbol schedule verbal prompts, 100% of the remonths. Additional review in objective methodology the day staff will set up the in 3 picture cues. At each ill take the picture off and put implete the task. The referenced the use of a ress leisure time in client #1's crive was a current objective en implemented as written in criview with the QIDP in o communication board in the client although she did not on assure sufficient ess the communication For example:	W 24			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
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W 249	throughout the survey room, participating in the bathroom, hand we meal participation, showalk with physical an exception of a picture administration on 7/1. Review of records for revealed an ISP date ISP revealed a communication skills, and almost non-existent. communication evalution visual support in the fical calendars, and tasks increase the client's under independence. Interview with the group 7/17/18 revealed clients should be used for all support communication with the facility HM returned the picture cues at time the need for new cardinterview with the QIE have been supported.	cal prompting and was further observed with various transitions to include going to the med leisure activities, going to vashing, setting the table, owering and going for a diverbal gestures with the cue used for medication 7 only. The client #5 on 7/17/18 do 9/20/17. Review of the unication evaluation dated ent #5 to have poor diversation skills to be Further review of the ation revealed receptive	W 2	249		
W 371	DRUG ADMINISTRA CFR(s): 483.460(k)(4		W 3	371		
	The system for drug t	administration must assure				

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W 371	Continued From page	ge 5	W 371		
	medications if the ir determines that self	-administration of medications pjective, and if the physician			
	Based on observatinterviews, the system failed to assure 2 of observed during the provided the opport medication self-adm teaching related to a system.	s not met as evidenced by: ions, record review and em for drug administration 2 clients (#1 and #5) e medication pass were unity to participate in ninistration or provided name, purpose and side ns administered. The findings			
	assure client #5 was the name, purpose medications receive	drug administration failed to s provided teaching related to or possible side effects of ed, or the opportunity to iministration of medication aple:			
	4:20 PM revealed c to the medication ad administration of aff #5 was observed to administration close staff accessed all m medications into a p to the client with no purpose or side effe observed to take all water poured by sta area. Observation of	group home on 7/16/18 at lient #5 to be verbally directed dministration area for ternoon medications. Client walk to the medication at and stand near staff while dedications, punched all paper cup and handed the cup education relative to name, etcs. The client was further medications with a cup of off and exit the medication on 7/17/18 at 8:08 AM abally and with the use of a			

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W 371	closet for administratic Continued observation medications and purpaper cup while provided relative to name and Review of records for revealed a medicatic assessment dated 6, medication self admirevealed client #5 to to punch out medication and the ability to get medicated. Additional review the ability to get medicated to the medication. Interview with medication #5 relative to in had a change in medication. Interview 7/17/18 revealed cliewith education relative effects with the admirect Further interview with should have been proposed to the system for diassure client #1 was the name, purpose of medications received medications received.	ent #5 to the medication tion of morning medications. On revealed staff to access all ach all medications into a widing education to the client purpose of medications. In client #5 on 7/17/18 on self administration (6/18. Review of the nistration assessment be inconsistent with dexterity tion from the medication ew revealed client #5 to have dication from the medication on cup. In administration staff on the edication such getting a new with the facility nurse on the edications of all medications. In nursing revealed client #5 to have the nursing revealed have the nurs	W 37		
		/18 at 8:15 AM revealed staff nt #1 to the medication closet			

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	ROVIDER OR SUPPLIER ALE LANE GROUP HO	ME		STREET ADDRESS, CITY, STATE, Z 934 SPRINGDALE LANE GASTONIA, NC 28052	IP CODE		
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W 371	Continued observati medications and pur paper cup while pro relative to name and The client was obse with water and exit the Review of records for revealed a medication self admirevealed client #1 to assistance to punch medication card. In 7/17/18 revealed client provided the opportu	morning medications. ion revealed staff to access all nch all medications into a viding education to the client d purpose of medications. rved to take all medications	W	371			