STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G341	A. BUILDING _____ B. WING _____	09/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODING PLACE GROUP HOME	**112 WOODING PLACE KINGS MOUNTAIN, NC 28086**

(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	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the team failed to ensure a communication objective was implemented with sufficient frequency to support the achievement of the objective for 1 of 3 sampled clients (#4). The finding is: Observations in the group home on 9/5/18 from 4:05 PM to 5:00 PM revealed client #4 to be non-verbal and communicating with head nods and gestures. Staff were observed to prompt client #4 verbally, with gestures, and use of sign language. Client #4's activities during this period of time included going to the bathroom, assisting with preparing and having a snack, receiving medications, playing a card game and going outside to get on the van. Continued observations on 9/6/18 from 6:20 AM to 8:25 AM revealed client #4's activities to include going to the bathroom, receiving medications, assisting with and having breakfast, brushing teeth, taking out trash, and getting on the van. At 7:45 AM, a staff member asked the client if he was finished with breakfast. Client #4	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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W 249	Continued From page 1 did not respond, and the staff member demonstrated the sign for "finished" and prompted the client to demonstrate the sign. This was the only time during all observations that client #4 was prompted to use a manual sign. Review of the record for client #4 on 9/6/18 revealed an individual support plan (ISP) dated 8/9/18. Review of the ISP revealed a current communication objective for the client to use sign language to express wants and needs with 80 percent accuracy for three consecutive months. Further review of the objective revealed the signs included: bathroom; eat; drink; outside; music; more; finished; yes and no. The directive steps for the objective indicated the client should be given the opportunity to express desires using sign language. If the client did not respond with sign language, then staff should model the sign in attempt to get the client to repeat the sign. The steps for the objective also indicated it should be run several time a day. Interview with the qualified intellectual disabilities professional on 9/6/18 confirmed staff should have completed the communication program as prescribed during multiple opportunities to assure the achievement of the objective.	W 249		