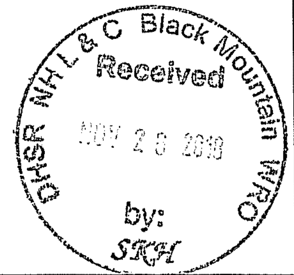
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G248	A. BUILDING ______ B. WING ______	11/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLINGSWOOD GROUP HOME	214 HOLLINGSWOOD DRIVE STATESVILLE, NC 28677

(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 interviews, the facility failed to assure 1 of 3 sampled clients (#6) received needed interventions in sufficient number and frequency to support the achievement of a communication objective included in the person centered plan (PCP). The finding is: Observations conducted in the group home during the afternoon of 11/7/18 revealed client #6 was prompted and assisted by staff to participate in various leisure activities and household chores and was further prompted to load onto the facility's van at 4:35 PM for a dinner outing in the community. Continued observations in the group home during the morning of 11/8/18 revealed client #6 awakened at 7:10 AM and walked to the kitchen where staff was observed to verbally prompt client #6 to participate in her morning routine including dressing and preparing for the day's activities. Continued observations during the morning of 11/8/18 revealed staff verbally prompted client #6 at frequent intervals to eat breakfast, as well as to participate in leisure activities and household chores. Client #6 was	W 249	W249 A team meeting was held to discuss client #6 current Communication Program and TEEACH object schedule. The TEEACH object schedule will be implemented in the home and at the Vocational Center. The team will in-service the staff on the Communication Program and TEEACH objects and schedule. The QP will continue to consult with the TEEACH Autism Program to set up a training for the clinicians and staff. The clinical team will monitor 2x a week for 1 month through interaction assessments to ensure staff are following client #6 TEEACH object schedule. In the future, the QP will ensure that all client's individual program plans are trained, implemented and assessed. 	1/8/18

DHSR NH L&C Black Mountain WRO Received NOV 26 2018 by: SKH

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	11/22/18

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 249	Continued From page 1 observed to respond to these verbal prompts with loud vocalizations and non-compliance. Further observations at 8:45 AM revealed staff verbally prompted client #6 to load onto the facility van to travel to the day program. Staff was not observed to utilize any objects or other communication system during survey observations. Review of the record for client #6, conducted on 11/8/18, revealed a PCP dated 10/26/18 which included a communication objective implemented on 8/29/18 stating "(client #6) will go to the designated activity location in her TEACCH object schedule after the presentation of an object and partial physical prompt with 90% accuracy". Further review of the record for client #6 revealed a Communication Evaluation dated 9/18/18 recommending staff use a total communication approach by using items other than words and body to communicate, including objects, pictures, demonstration, tactile cues and environmental cues. Continued review of the 9/18/18 Communication Evaluation revealed staff should use a TEACCH object schedule for transitions including a spoon for "eat", a doll shirt for "dress" and a small toy van for van travel, with further recommendations for staff to carry the object cues in a work apron in order to have them accessible and ready for use when needed. Interview conducted with the residential manager on 11/8/18 revealed the objects described in the communication objective for client #6 were currently kept in her program book. Interview conducted with the qualified intellectual disabilities professional on 11/8/18 verified staff should be using the TEACCH object schedule for client #6 to indicate time to dress, eat and load	W 249		

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W 249	Continued From page 2 onto the van.	W 249		