

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

PRINTED: 01/25/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G109	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2019
NAME OF PROVIDER OR SUPPLIER PENNY LANE II			STREET ADDRESS, CITY, STATE, ZIP CODE 2830 HIGHWAY 70 EAST CLAREMONT, NC 28610		
(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 484	<p>DINING AREAS AND SERVICE CFR(s): 483.480(d)(3)</p> <p>The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure prescribed adaptive equipment was consistently provided for 1 non-sampled client (#6). The finding is:</p> <p>Observations on 1/22/19 in the group home during afternoon snack at 3:20 PM, revealed client #6 assisting with the preparation of a drink. The drink preparation included using a thickener to create a pudding thick mixture which was served in a suction cup bowl. Further observations at 3:35 PM revealed client #6 at the dining table eating the pudding thick drink with a spoon. The suction cup bowl was observed to be unstable on the dining surface causing the staff person assisting the client to attempt to re-adhere and re-adjust the positioning of the bowl. The staff person was then observed getting a non-skid mat from the kitchen and placing it under the bowl which stabilized the bowl.</p> <p>Continued observations on 1/23/19 at 6:35 AM revealed client #6 in the kitchen area assisting with preparing a soft drink or tea drink. The drink preparation included using a thickener to create a pudding thick mixture which was served in a suction cup bowl. It should be noted that client #6 had already consumed a breakfast meal earlier in the morning. Further observations at 6:50 AM revealed client #6 at the dining table eating the</p>	W 484			

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 484	<p>Continued From page 1</p> <p>pudding thick drink with a spoon. The suction cup bowl was observed to be unstable on the dining surface causing the bowl to tip sideways, scoot toward the client, and eventually fall into the client's lap. No non-skid mat was observed to be used while the client was at the dining table.</p> <p>Review of the record for client #6 on 1/23/19 revealed a person centered plan (PCP) dated 8/13/18. The PCP included an occupational therapy assessment dated 5/14/18 which recommended client #6 to use as as adaptive equipment, a high sided dish, scoop bowl, meal tray, a non-skid mat or a dish with a suction cup, shirt protector and a curved weighted spoon. Interview with the qualified intellectual disabilities professional on 1/23/19 confirmed that client #6 should have either a functioning suction cup bowl/plate or a non-skid mat during all dining.</p>	W 484			