

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

PRINTED: 05/14/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G077</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/11/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>BONNIE LANE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>121 BONNIE LANE</b> <b>STATESVILLE, NC 28625</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 154	<p><b>STAFF TREATMENT OF CLIENTS</b> CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews the facility failed to conduct a thorough investigation of allegations by failing to request nursing to physically observe all clients in the home for possible injuries, therefore not providing safeguard to all clients, nor gaining all possible physical evidence of the investigation. The findings are:</p> <p>Review of facility records during a complaint investigation on 4/11/19 revealed there was an internal investigation initiated by the facility on 3/29/19 and a second investigation on 4/1/19. Review of the 3/29/19 investigation revealed the investigation was initiated because of staff complaints against another of "not doing her job". Review of the 4/1/19 internal investigation revealed the investigation was initiated as a result of receiving allegations of maltreatment by staff of clients #1, #2, and #3 from the 3/29/19 investigation.</p> <p>Further record review revealed the 3/29/19 internal investigation was prompted and conducted by the facility after a staff (A) complained that other staff in the home were not completing their duties as assigned. Further document review revealed allegations of abuse reported by two new staff (B and C) who observed staff (A) pushing client #1's head toward the floor 10-15 times on 3/24/19 during a therapeutic intervention. Subsequent review</p>	W 154			

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 154	<p>Continued From page 1</p> <p>revealed Staff (B and C) reported also on 3/29/19 both had observed Staff (D) smacking client #2 in the mouth, over his mouth piece and directly on his mouth 5-6 times on 3/24/19. Review of the facility's investigative conclusions revealed Staff D was terminated on 4/10/19 as a result of abuse to clients #1,#2 and #3. Staff D was also reported to law enforcement for the maltreatment of clients #1,#2,and #3. Staff A was terminated on 4/10/19 for implementing an emergency intervention, not reporting the intervention to administration and not following client #1's behavior support plan (BSP) correctly. Staff F was terminated on 4/10/19 for admission of sleeping at work. Staff E was also terminated on 4/10/19 for not reporting client maltreatment previously reported to her by Staff B and C.</p> <p>Additional record review revealed the facility administrator requested the facility nurse to do a physical exam of client #1 on 04/1/19. Subsequent record review revealed although maltreatment of client #1, #2, and #3 was substantiated by Staff D only client #1 was requested by the administration to have a full physical exam because of his high risk condition from a previous (non-related injury.) The facility nurse observed the other clients in the home and no injuries were obvious. Based on the nurses observations no physical examinations of other clients in the home were requested by administration.</p> <p>Interview with facility administration and the facility nurse on 4/11/19 confirmed that nursing did observe but did not conduct an exam on clients in the home except for client #1 during the 3/29/19 or 4/1/19 investigations. Continued interview confirmed the amount of nursing</p>	W 154			

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W 154	<p>Continued From page 2</p> <p>involvement in a facility investigation is determined by administration. Nursing staff further revealed nursing conducts an exam only with clients they are requested to examine by administration during an investigation. Further interview revealed nursing staff is not privy to any aspects other than what is revealed by administration and requested of nursing services during a facility investigation.</p> <p>Subsequent interviews with the nurse and administrator on 4/11/19 confirmed facility administration did not request that all clients be examined during the investigation. Client #1 received a full physical exam for injuries during the investigative period however, a thorough investigation was not completed as all clients in the home at the time of the substantiated maltreatment/abuse, were not examined for possible injuries and complete evidence was not gathered by the facility.</p>	W 154		