

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

PRINTED: 04/23/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G077	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER BONNIE LANE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 121 BONNIE LANE STATESVILLE, NC 28625
---	---

(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>STAFF TREATMENT OF CLIENTS 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 thorough investigations of the 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>Facility record reviews on 4/11/19 revealed there were 2 internal investigations conducted by the facility on 3/31/19 Continued record review revealed the first internal investigation was prompted and conducted by the facility after a staff member Mary Stephenson complained that other staff in the home were not completing their duties as assigned . Further record review revealed as staff were interviewed additional allegations of abuse were then reported by two new staff members, who stated they observed staff Mary Stephenson pushing client's William's head toward the floor 10-15 times on 3/24/19. Also reported by new staff members was current staff Brianna Sherrill, was observed smacking client Valentino in the mouth, over his mouth piece and directly on his mouth approximately 6 times on 3/24/19. Further record review revealed the facility administrator requested the nurse to physically exam only one client William, on 4/1/19. Subsequent record review revealed the other 5 clients in the home were casually</p>	W 154	<p>W154-The Quality Assurance Specialist will inservice all clinical members, who conduct facility investigations, on the proper procedures of completing a thorough investigation which includes requesting all people supported be physically examed by a nurse when there are multiple allegations of physcial abuse. Investigations that involve an allegation of physical abuse will be reviewed by the Quality Assurance Specialist for a period of six months and then on a routine basis. In the furture, the Facility Administrator will ensure all alleged violations are thoroughly investigated.</p>	6/10/19
-------	---	-------	--	---------

RECEIVED

JUN - 7 2019

DHSR NH L & C
Black Mountain / WRO

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Michelle M. Robinson</i>	TITLE IDD Operations Director	(X6) DATE 6/7/19
--	---	----------------------------

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.

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

PRINTED: 04/23/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G077	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/11/2019
NAME OF PROVIDER OR SUPPLIER BONNIE LANE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 121 BONNIE LANE STATESVILLE, NC 28625		
(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	Continued From page 1 observed by the nurse, but were not examined to determine if there was any possible injuries to other clients in the home, although maltreatment of William was substantiated. Interview with facility administration and the facility nurse on 4/11/19 confirmed that nursing did not examine all clients for evidence of possible injuries, abuse or neglect during these investigations. Continued interview confirmed the amount of nursing involvement in a facility investigation is determined by administration i.e. nursing only responds to what they are specifically requested to do and exam only clients they are specially requested to examine during an investigation. Further interview revealed nursing staff is not privy to aspects other than what is revealed by administration during a facility investigation. Subsequent interviews with the nurse and administrator on 4/11/19 confirmed facility administration did not request that all clients be examined and only client, William, was examined for injuries. Therefore a thorough investigation was not completed as all clients who had been in the home at the time of the substantiated abuse, were not examined for possible injuries.	W 154		6/10/19	