STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G018	A. BUILDING ______ B. WING ______	07/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGDALE LANE GROUP HOME	934 SPRINGDALE LANE GASTONIA, NC 28052

(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 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained relative to ensuring paper supplies were accessible in bathrooms for 2 of 4 sampled clients (#1 and #4). The finding is: Observation in the group home on 7/14/19 revealed three operational bathrooms utilized by the residents of the group home. Further observation of the bathroom that included a bathtub revealed no paper products to be located in the bathroom. Observation on 7/14/19 at 4:45 PM revealed client #4 to enter the bathroom with no paper products, close the door and to exit the bathroom wiping his hands on his clothing to dry his hands. Observation at 4:55 PM revealed staff B to enter the bathroom, with no paper supplies, with client #1. Staff B was observed to enter the bathroom with the client, to close the door and to verbally acknowledge with client #1 the need to go to another bathroom due to no paper supplies. Further observation revealed staff B to exit the bathroom with client #1 and enter a different bathroom. Observation at 5:55 PM revealed client #1 to enter the bathroom with no paper supplies with staff B and to exit and walk to another bathroom for paper towels. Observation in the group home on 7/15/19 revealed the bathroom with a bathtub to remain	W 189	Immediately, the HM will check all bath rooms and assure they have both toilet paper and paper towels. All staff will be inserviced regarding the practice of assuring that paper products are always in each bathroom and the kitchen and med room sink. This training will be signed and both the QIDP and HM will be responsible for adding this inservice to the staff meetings schedule so that all staff will receive up to 3 in services each year to prevent any future occurrence. It will be the HM's responsibility to check the bathrooms daily and assure they are adequately supplied with the necessary paper products. RECEIVED AUG - 8 2019 DHSR NH L & C Black Mountain / WRO	9.15.19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Sonda S. Stillwell	Director of ICF	8.5.19

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.

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W 189	Continued From page 1 with no paper supplies. Continued observation at 7:35 AM revealed client #1 to walk with the qualified intellectual disabilities professional (QIDP) to the bathroom with no paper supplies and to wash his face and brush his teeth. Further observation revealed client #1 and the QIDP to exit the bathroom and return to morning activities. Interview with the QIDP on 7/15/19 verified all bathrooms in the group home should have been paper products. Further interview with the QIDP, verified by observation, revealed the supply closet of the group home was kept unlocked with bathroom paper products to allow for supplies to be replaced in the group home when needed.	W 189		9.15.19
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on review of records and interview, the team failed to ensure the individual habilitation plan (IHP) for 1 of 4 sampled clients (#5) included objective training to address needs relative to behavior management. The finding is: Observation in the group home on 7/15/19 at 8:50 AM revealed client #5 to walk to the kitchen to participate in breakfast preparation. Client #5 was observed to prepare waffles with syrup and pour beverages with staff E assistance and to take all items to a place setting at the dining	W 227	The IDT for the Springdale home will review each person's BSP to determine if any new or forgotten behaviors have been omitted. Specifically for person #5, the QIDP will coordinate the Psychological Associate to complete a new evaluation specifically assessing for new behaviors such as her food seeking, give the team guidance in the programming needed to teach her alternatives to food seeking behavior. It will be the QIDP's responsibility to check the staff and data weekly to assure her extra food consumed is being tracked and that any new formal goals introduced are running correctly. The Psychological Associate will be responsible for completing a quaretly review and note for person #5.	9.15.19

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W 227	Continued From page 2 table. Further observation revealed client #5 to eat all her breakfast and to walk to the kitchen pantry to access cereal. Continued observation of client #5's morning meal revealed Staff E to redirect client #5 to put the cereal back in the pantry and to verbally prompt the client to other activities that the client refused. Subsequent observation revealed client #5 to remain in the kitchen and return to the pantry and again bring out a bag of cereal. Staff was again observed to verbally redirect client #5 to return the cereal while offering other activity suggestions to which client #5 refused. Observation at 9:10 AM revealed the group home manager to walk by the kitchen area and instruct staff E to assist client #5 with having cereal. Observation of the breakfast menu on 7/15/19 revealed the menu to include: 1/2 c. of orange juice, 3 waffles, 2T of syrup, milk and coffee. Review of records for client #5 on 7/15/19 revealed an individual habilitation plan (IHP) dated 9/20/18. Review of the IHP revealed a behavior support Plan (BSP) for target behaviors of anxiety/running: leaving out of area, entering other client rooms, crying, self injurious behavior, crawling, pulling of staff and taking off clothing. Continued record review revealed no program or training objective to address food seeking behavior or formal interventions to support staff with consistency in addressing client #5's behavior of food seeking. Interview with the facility qualified intellectual disabilities professional (QIDP) on 7/15/19 revealed client #5 will at times attempt to eat additional food after having a snack/meal usually in the afternoons. Continued interview with the	W 227		

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W 227	Continued From page 3 QIDP verified client #5's food seeking behavior was not tracked or monitored and it was unknown how often the client was getting excess food as the behavior was not documented. The QIDP further verified formal strategies had not been developed to assist staff with consistency in preventing or redirecting client #5's food seeking behavior.	W 227		
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 observations, interviews and review of records, the team failed to ensure objectives listed on the individual habilitation plans (IHPs) for 3 of 4 sampled clients (#1, #4 and #5) were implemented correctly and with sufficient frequency to support the achievement of the objectives relative to communication and medication management. The findings are: A. The team failed to ensure the communication objective for client #1 was implemented as prescribed. Observations throughout the 7/14-15/19 survey revealed client #1 to transition to various activities	W 249	The QIDP will be responsible for re-teaching all staff on the formal ISP goals for each person. It will be the QIDP's responsibility to check the weekly data to ensure it has been documented correctly and with enough frequency. All five persons' records will be reviewed to assure there are no other goals which should be re-taught.	9.15.19

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SPRINGDALE LANE GROUP HOME	**934 SPRINGDALE LANE** **GASTONIA, NC 28052**

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W 249	Continued From page 4 to include leisure activities, meal preparation, bathroom, wash hands, brush teeth, medication administration and loading the facility van with only verbal prompts from staff. Observation on 7/15/19 at 7:33 AM revealed staff to verbally prompt client #1 for laundry while also showing the client a picture cue card to transition the client to the laundry room. Observation on 7/15/19 at 8:10 AM revealed the group home manager (HM) to verbally prompt client #1 to the medication administration area. Client #1 was observed to walk with the HM to the medication administration area of the group home and then to return to the living room before taking any medication. The HM was observed to redirect client #1 back to the medication area multiple times with verbal prompting as the client wandered off from the medication area multiple times. At no time was it observed during the redirection of client #1 to the medication area for a picture cue card to be used for communication. Review of records for client #1 on 7/15/19 revealed an individual habilitation Plan (IHP) dated 10/25/18. Review of the IHP revealed a communication program dated 7/23/18. Further review of the 7/23/18 communication program revealed client #1 will follow a one object picture cue schedule for 12 consecutive months with 5 or less verbal and gestural prompts at 80% of the time. The communication objective revealed at each transition staff will ask client #1 to refer to his schedule and take off the picture of the next activity and put it in the box. Interview with the qualified intellectual disabilities professional (QIDP) on 7/15/19 verified client #1's communication program remains current and involves the use of picture cues for transitions.	W 249		

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W 249	Continued From page 5 Further interview with the QIDP revealed client #1's communication program should have been implemented as prescribed throughout the survey to support all transitions for client #1. B. The team failed to ensure the medication administration objective for client #4 was implemented as prescribed. Observation in the group home on 7/15/19 at 8:35 AM revealed the HM to verbally prompt client #4 to the medication room while also using a picture cue card to communicate with the client. Client #4 was observed to walk to the medication area and participate in the medication administration by accessing water and holding a paper cup that the HM punched the client's medication into. The HM was observed to verbally tell client #4 the name and purpose of all medications. Client #4 was then observed to take all medications with water the client had poured from the med room sink. Review of records for client #4 on 7/15/19 revealed an IHP dated 10/17/18. Review of the IHP revealed a training objective for medication administration implemented 10/11/17 that revealed by 9/30/19 client #4 will be able to name one of her medications at 75% of the time using verbal and gestural prompts for 6 consecutive months. Further review of the medication administration objective revealed staff will ask client #4 to name one of her medications and what she takes the medication for. Staff will give client #4 a verbal cue. If client #4 has not responded to the verbal cue after 5 seconds, staff will offer another verbal cue paired with a gestural cue. If client #4 still has not attempted the step after this cue, staff will offer 1 partial physical	W 249		

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W 249	Continued From page 6 prompt. If client #4 has still not attempted the step, staff will offer a full physical assist with hand over hand. Interview with the QIDP on 7/15/19 verified client #4's medication administration program remains current and should have been implemented as prescribed. C. The team failed to ensure the communication objective for client #5 was implemented as prescribed. Observations throughout the 7/14-15/19 survey revealed client #4 to transition to various activities to include shower, meal preparation and loading the facility van with only verbal prompts from staff. Observation on 7/14/19 at 4:50 PM revealed client #5 to arrive home from a car ride in the community, refuse verbal prompts by staff B to get out of the car and to drop to the ground of the driveway after getting out of the car. The QIDP was observed to stay outside with client #5 while verbally prompting the client to get up and providing verbal options such as "drink" to redirect the client to which the client refused. Continued observation revealed client #5 to get up and walk around the group home yard with the QIDP before leaving the driveway to walk down the street of the group home. Subsequent observation revealed administration staff to arrive at the group home to pick up client #5 for another car ride in the community. At no time during this observation was any prompting conducted by staff other than verbal prompts to communicate with client #5. Observation in the group home on 7/15/19 at 8:50 AM revealed client #5 to walk to the kitchen to	W 249		

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W 249	Continued From page 7 participate in breakfast preparation. Client #5 was observed to prepare waffles with syrup and pour beverages with staff E assistance and to take all items to a place setting at the dining table. Further observation revealed client #5 to eat all her breakfast and to walk to the kitchen pantry to access cereal. Continued observation of client #5's morning meal revealed Staff E to verbally redirect client #5 to put the cereal back in the pantry and to verbally prompt the client to other activities that the client refused. Subsequent observation revealed client #5 to remain in the kitchen and return to the pantry and again bring out a bag of cereal. Staff was again observed to verbally redirect client #5 to return the cereal while offering other activity suggestions to which client #5 refused. Observation at 9:10 AM revealed the group home manager to walk by the kitchen area and instruct staff E to assist client #5 with having cereal. At no time during this observation was any prompting conducted by staff other than verbal prompts to communicate with client #5. Review of records for client #5 on 7/15/19 revealed an IHP dated 9/20/18. Review of the 9/20/18 IHP revealed a communication objective implemented 7/23/18. Review of the 7/23/18 communication objective revealed client #5 will follow a one object picture cue schedule for 12 consecutive months 80% of the time. Further review of the communication objective revealed at each transition staff will ask client #5 to refer to her schedule and take the picture off the next activity and put it in the box. Continued review of client #5's IHP revealed a behavior support plan (BSP) dated 5/21/18.	W 249		

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W 249	Continued From page 8 Review of client #5's BSP revealed target behaviors of anxiety/running with behavior identified as leaving out of area, entering other client rooms, crying, self injurious behavior, crawling, pulling of staff and taking off clothing. Further review of the BSP identified prevention strategies to target behaviors to include when making requests of client #5 throughout the day, be sure to provide a visual representation of the request with a natural object of the request. Additional record review for client #5 on 7/15/19 revealed a communication evaluation dated 9/20/18. Review of the communication evaluation revealed speech coupled with visual supports and gestures seem to work best for client #5. Continued review of the current communication evaluation revealed communication strategies to include: receptive visual supports in the form of schedules, calendars, and task sequence should be used to increase understanding and develop independence. Interview with staff B on 7/14/19 revealed client #5 often will refuse to come back into the group home after going out and can often be redirected with books or a physical object such as a book. Interview with the QIDP on 7/15/19 verified client #5's communication program was current and should be implemented as prescribed. Further interview with the QIDP verified she did not use a physical object to redirect client #5 on 7/14/19 and car rides with music have also been an effective strategy for client #5 although the strategy is not identified in client #5's behavior plan. The QIDP further confirmed client #5's schedule and visual cues should have been used for transitions and communication on 7/15/19.	W 249		

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W 460	Continued From page 9	W 460		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to collaborate on recommendations for a prescribed diet for 1 of 4 sampled clients (#5). The finding is: Observation in the group home on 7/15/19 at 8:50 AM revealed client #5 to walk to the kitchen to participate in breakfast preparation. Client #5 was observed to prepare waffles with syrup, pour beverages with staff E assistance and to take all items to a place setting at the dining table. Further observation revealed client #5 to eat all her breakfast and to walk to the kitchen pantry to access cereal. Continued observation of client #5's morning meal revealed Staff E to redirect client #5 to put the cereal back in the pantry and to verbally prompt the client to other activities that the client refused. Subsequent observation revealed client #5 to remain in the kitchen and return to the pantry and again bring out a bag of cereal. Staff was again observed to verbally redirect client #5 to return the cereal while offering other activity suggestions to which client #5 refused. Observation at 9:10 AM revealed the group home manager to walk by the kitchen area and instruct staff E to assist client #5 with having cereal. Observation of the breakfast menu on 7/15/19 revealed the menu to include: 1/2 c. of orange	W 460	The IDT for the Springdale Home will review all five persons' prescribed diets versus what staff believe they are actually inputting. Specifically person #5 has had a significant increase in her food seeking behaviors, so the Psychological Associate will re-review and work in concert with her GP to establish the best nutrition/menu plan for person #5. It is the QIDP's responsibility to assure all staff are adequately taught how to complete any formal or informal methods established to assure she eats as close to her ordered diet as possible. Progress notes will be completed at least quarterly by the QIDP to discuss what is or is not working.	9.15.19

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W 460	Continued From page 10 juice, 3 waffles, 2T of syrup, milk and coffee. Review of records for client #5 on 7/15/19 revealed an individual habilitation plan (IHP) dated 9/20/18. Further review of records for client #5 revealed a nutritional assessment dated 9/20/18 with a prescribed diet of 1500 calorie, low cholesterol, bite size pieces. Continued review of the 9/20/18 nutritional assessment revealed client #5 to weigh 209 lbs with an ideal body weight (IBW) range of 145-160 lbs. Subsequent review of the current nutritional assessment revealed the need of client #5 to lose weight/follow diet closely. Review of weight monitoring for client #5 revealed a weight of 218 lbs on 6/25/19, an increase of 9 lbs since the nutritional assessment on 9/20/18. Interview with the facility qualified intellectual disabilities professional (QIDP) on 7/15/19 revealed client #5 will at times attempt to eat additional food after having a snack/meal. Continued interview with the QIDP verified client #5's calorie intake was not tracked or monitored and it was unknown how often the client was getting excess food as the behavior was not documented. The QIDP further verified formal strategies had not been developed to assist staff with following the recommended calorie diet of client #5 when the client would attempt to seek additional food after a meal.	W 460		