STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G077	A. BUILDING _____ B. WING _____	C 10/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONNIE LANE GROUP HOME	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
E 015	Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1) [(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually.] At a minimum, the policies and procedures must address the following: (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal. *[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures. (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following: (A) Food, water, medical, and pharmaceutical	E 015		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G077	A. BUILDING _____ B. WING _____	C 10/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONNIE LANE GROUP HOME	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
E 015	Continued From page 1	E 015		

supplies.

(B) Alternate sources of energy to maintain the following:

(1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.

(2) Emergency lighting.

(3) Fire detection, extinguishing, and alarm systems.

(C) Sewage and waste disposal.

This STANDARD is not met as evidenced by:
The facility failed to ensure the provision of subsistence needs for clients and staff, regardless of whether they evacuate or shelter in place, included, but was not limited to, food and water, as required by Emergency Preparedness Plan (EPP) regulations. The finding is:

Observations conducted on 10/22/19 of the group home's designated pantry area containing EPP subsistence supplies revealed the following: 3 one-gallon water containers, 1 large transparent plastic container full with an assortment of canned, ready to eat food items.

Review on 10/22/19 of the facility's EPP manual titled "Bonnie Lane Emergency Preparedness Plan" dated October 2017, notably revealed policy and procedures, risk assessments, and collaboration with county emergency preparedness officials. Continued review of the facility's EPP manual, and substantiated by staff, revealed the following; water supplies will include enough for up to 3 days for 6 residents and 4 staff.

Interview on 10/22/19 with the qualified intellectual disabilities professional (QIDP) and home manager (HM) confirmed subsistence

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G077	A. BUILDING _____ B. WING _____	C 10/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONNIE LANE GROUP HOME	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
E 015	Continued From page 2 supplies should include enough water for up to 3 days for 6 clients and 4 staff. Continued interview with the QIDP confirmed the group home does not currently have sufficient, designated, subsistence EPP supplies such as water, for clients and staff, to meet current EPP regulations regardless of whether they evacuate or remain in place, at the group home.	E 015		
W 000	INITIAL COMMENTS No deficiencies were cited as a result of a complaint survey conducted on 10/21/19 for Intake #NC00156681.	W 000		
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, record review and staff interviews the facility failed to esure staff training related to sanitation and safety of food item consumption for client #4. The findings are: Observations on 10/22/19 at 7:35 AM revealed client #4 to pick up a cup of hot coffee from the kitchen counter brought in by staff A. Client #4 was observed to attempt to drink the hot coffee but instead spilled it on himself and the kitchen counter and floor. Continued observations 7:45AM on 10/22/19 revealed Staff B to leave a cold drink unattended into group home in the living room were client #4 was sitting and doing activities. This surveyor called attention to the	W 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G077	A. BUILDING _____ B. WING _____	C 10/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONNIE LANE GROUP HOME	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 189	Continued From page 3 drink as client #4 attempted to drink from the beverage. Record review on 10/22/19 for client # 4 revealed a person centered plan (PCP) dated 3/11/19 containing a behavior support plan with target behavior of Pica for client #4. Interview with staff members B and C revealed they were unsure if they should bring drinks into the home. Continued interview with the facility qualified intellectual disabilities professional (QIDP) on 10/22/19 at 10:00 AM confirmed staff should not leave hot or cold drinks in common areas the group home where client #4 would have access to ingest them.	W 189		
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 staff interview, the team failed to assure sufficient interventions to address the communication needs for 2 of 3 sampled clients (#3 and #4). The findings are: A. The team failed to assure sufficient	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G077	A. BUILDING _____ B. WING _____	C 10/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONNIE LANE GROUP HOME	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 249	Continued From page 4	W 249		

interventions to address the communication needs for client #3. For example:

During observations at the group home on 10/21/19 and 10/22/19 revealed client #3 to be nonverbal. Staff were observed prompting the client verbally and with gestures. Examples of activities prompted included: snack preparation, going to his bedroom, choosing an activity from the closet, washing hands, dinner, and clearing the table. Further observations on 10/22/19 at 5:33 AM revealed staff prompting client verbally and with gestures. Examples of activities prompted included: choosing morning snack, activity from the closet,No communication tools were observed being used with client #3 during the observations.

Review of client #3's record on 10/22/19 revealed a person centered plan (PCP) dated 6/28/19. The PCP indicated the client had a current communication objective indicating the client will make a choice when presented with picture choices and a question prompt. Continued record review revealed staff will provide the client the opportunity to utilize independent touching of items in a communication album related to choices for chores and activities. Further review of the record revealed a communication evaluation completed 5/30/19 which recommended continuation of formal training to increase use of picture choices.

Interview on 10/22/19 with the facility qualified intellectual disabilities professional (QIDP) and group home manager confirmed client #3's communication program objective to use a picture album is current and staff should be implementing as prescribed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G077	A. BUILDING _____ B. WING _____	C 10/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONNIE LANE GROUP HOME	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 249	Continued From page 5 B. The team failed to implement the communication objective listed on the 3/11/19 PCP for client #4. Review of the PCP for client #4 revealed a communication objective "to go to the designated area noted in a TEACCH picture schedule after the presentation of a picture and a verbal cue with 90% accuracy." Continued review of the PCP revealed a communication evaluation for client #4 dated 2/11/19 with recommendations of labeling the common environment with picture signs, using manual signing with client #4, and continuing to train client #4 to respond to the TEACCH schedule in the home. Observations in the group home on 10/21-10/22/19 survey revealed client #4 to sit in the kitchen area from 4:15 PM until 4:45 PM with staff A attempting to transition client #4 to his room without success by asking client #4 to "come on let's go to your room". Client #4 did not comply with staff's request but continued to sit in the kitchen area. Further observations at 5:20 PM on 10/21/19 revealed staff B attempting to request client #4 to go to the bathroom to wash his hands for the dinner meal, utilizing only a verbal prompt of "let's go to the bathroom". Client #4 ambulated to the bathroom with staff A after 6 minutes of repeated verbal prompts and sitting in the floor for 4 minutes. Continued observations on 10/22/19 at 7:15 AM revealed staff C to request client #4 to transition from the breakfast table to the living room. After 3 minutes of repeated verbal requests client #4 entered the living room area. During all of the above observations there was no utilization of a TEACCH schedule or picture cues by staff members to assist client #4 to make transitions from activity to activity, or from room to room in	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G077	A. BUILDING _____ B. WING _____	C 10/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONNIE LANE GROUP HOME	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 249	Continued From page 6 the group home. Interview with the QIDP on 10/22/19 confirmed client #4 has a training program to utilize a TEACCH picture schedule with picture and verbal cues for transitions to one task to another, and from one area of the the home to another. Continued interview with the QIDP confirmed staff members need to utilize a TEACCH schedule and picture symbols for all transitions from one task and one area of the home for client #4.	W 249		