

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/13/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOLLINGSWOOD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>214 HOLLINGSWOOD DRIVE STATESVILLE, NC 28677</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 288	<p><b>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</b> CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure techniques used to manage inappropriate behavior for 1 of 4 sampled clients (#3), were not used as a substitute for an active treatment program. The finding is:</p> <p>Observation in the group home on 11/12/19 at 4:20 PM revealed client #3 to watch television in the living room. Continued observation revealed staff A to verbally prompt client #3 to get her coat from her room for the dinner outing. Client #3 was observed to verbally report to staff A, "I cant, it's locked". Additional observation revealed staff A to leave the living room and return with a key, client #3 then followed the staff to the client's room and client #3 retrieved her coat from her closet.</p> <p>Review of records for client #3 on 11/13/19 revealed an individual support plan (ISP) dated 9/6/19. Review of the 9/2019 ISP revealed client #3 may at times require assistance to choose appropriate clothing. The ISP further identified client #3 may choose to wear pants that are too loose or seasonally inappropriate and this can bring about behaviors because she will refuse to change. Continued record review revealed a behavior support plan (BSP) dated 10/4/18. Review of the BSP revealed target behaviors of</p>	W 288			

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.

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

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W 288	<p>Continued From page 1</p> <p>non-cooperation, loud vocalizations, attention seeking behavior, tantrum behavior and toileting accidents. Further review of the BSP did not reveal locking client #3's closet as an intervention or prevention strategy to support client #3 with inappropriate behavior.</p> <p>Interview on 11/12/19 with client #3 revealed the client to report she does not keep a key to her bedroom closet. Interview with the qualified intellectual disabilities professional (QIDP) on 11/13/19 revealed client #3's bedroom closet is kept locked as the client has behaviors related to changing clothes repeatedly and will dress seasonally inappropriate. Additional interview with the QIDP verified the use of locking client #3's closet is not part of the current behavior plan for the client.</p>	W 288			