

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

PRINTED: 02/11/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G141	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/09/2021
NAME OF PROVIDER OR SUPPLIER FRANKLIN GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1101 FRANKLIN BLVD GASTONIA, NC 28054		
(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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure that privacy was maintained for 1 of 3 sampled clients (#5). The finding is:</p> <p>Observations at the group home on 2/9/21 from 6:45 AM - 7:00 AM revealed client #5 to exit the bathroom to enter his bedroom, leaving his bedroom door open. Continued observation revealed client #5 to begin dressing next to his bed with the bedroom door open. Further observation revealed staff D to enter client #5's bedroom and provide a verbal directive for client #5 to finish getting dressed. Staff B was then observed to exit the client's room leaving the door opened.</p> <p>Subsequent observation revealed staff E to walk by client #5's room to say good morning, standing in the doorway with the door opened. Staff E was then observed to provide a verbal directive to client #5 to put on his clothes and come to the front room. Additional observation revealed staff E to walk away from the client #5's doorway to assist another client. At no time was client #5 provided privacy while dressing in his room.</p> <p>Interview with the QIDP (qualified intellectual developmental professional) on 2/9/21 confirmed client #5 should have been provided privacy while dressing and when staff entered the bedroom. Further interview with the QIDP confirmed staff</p>	W 130			

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 130	Continued From page 1 should have knocked on client #5's door prior to entering then prompted client #5 to close his bedroom door or closed it for him.	W 130			