

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

PRINTED: 02/18/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G018	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/11/2021
NAME OF PROVIDER OR SUPPLIER SPRINGDALE LANE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, review of records and interview the individual support plan (ISP) failed to have sufficient training objectives or interventions for 2 of 3 sampled clients (#1 and #2). The findings are:</p> <p>A. The ISP for client #1 failed to include training to address rate of eating. For example:</p> <p>Observation in the group home during the dinner meal on 2/10/21 revealed client #1 to participate in the meal and staff to stand near the client. Continued observation revealed staff to provide multiple verbal prompts for client #1 to slow his rate of eating. Further observation revealed staff to physically prompt client #1 to slow his rate of eating with touching the clients arm and verbally prompting "wait" until the client had swallowed food he had in his mouth before taking additional bites.</p> <p>Observation in the group home during the breakfast meal for client #1 on 2/11/21 revealed observations consistent with observations at the dinner meal on 2/10/21. Observations revealed staff to sit next to the client and to provide supervision with verbal and physical ques to slow the client's rate of eating. Continued observation of client #1 at the breakfast meal revealed the</p>	W 227			

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 227	<p>Continued From page 1</p> <p>client to take large bites of a waffle that resulted in the client to begin coughing. Staff was observed to stop the client from eating until the client had stopped coughing and had no other food in his mouth.</p> <p>Review of records for client #1 on 2/11/21 revealed a nutritional assessment dated 12/21/20. Review of the 12/2020 nutritional assessment for client #1 revealed a recommended regular consistency, bite size diet. Continued review of the current nutritional assessment for client #1 revealed client #1 to need stand by assistance from staff.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) on 2/11/21 revealed client #1 has been known to eat fast depending on environmental triggers. Continued interview with the QIDP revealed he was unsure but thought client #1's current nutritional assessment referenced the need for stand by assistance during meals due to the client's history of stealing food. Further interview with the QIDP verified client #1 did not have a rate of eating program despite the identified need.</p> <p>B. The ISP for client #2 failed to include training to address exercise. For example:</p> <p>Review of records for client #2 revealed a nutritional assessment dated 12/21/20. Review of the 12/2020 nutritional assessment for client #2 revealed the client to weigh 185 lbs with a desired body weight (DBW) of 145-157 lbs. Continued review of the 12/2020 nutritional assessment revealed: Client #2 is above his DBW range and needs to exercise on a daily basis.</p>	W 227			

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W 227	Continued From page 2 Continued review of records for client #2 revealed an ISP dated 1/9/20. Review of the 1/2020 ISP revealed current training objectives relative to dental hygiene, laundry, handwashing and shower. Subsequent review of records for client #2 revealed no training or program objectives relative to exercise. Interview with the QIDP on 2/11/21 verified client #2 had no current training objective relative to exercise. Continued interview with the QIDP revealed a exercise objective had not been implemented for client #2 due to non-compliance behavior. Further interview with the QIDP verified client #2 should have a exercise program to support health needs as identified in the client's current nutritional assessment.	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, record review and interviews, the facility failed to ensure 1 of 3 sampled clients (#1) received a continuous active treatment program consisting of needed interventions as identified in the individual support	W 249			

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W 249	<p>Continued From page 3</p> <p>plan (ISP) relative to transitions and handwashing. The findings are:</p> <p>A. The team failed to ensure a program objective relative to transitions was implemented in sufficient frequency to support the need of client #1. For example:</p> <p>Observations in the group home during the 2/10-11/21 survey revealed client #1 to transition to various activities to include leisure activities, setting the table, hygiene, meal participation and medication administration. Continued observation during the 2/10-11/21 survey revealed staff to verbally prompt client #1 with each transition while intermittently utilizing cue cards to support communication with client #1. Subsequent observation revealed client #1 would continue to walk off from staff or wander through the group home when verbally offered activity options by staff.</p> <p>Review of records for client #1 on 2/11/21 revealed an ISP dated 8/11/20. Continued review of records for client #1 revealed an objective relative to transitions that indicated client #1 will follow a one object (picture) cue schedule for 12 consecutive months with 5 or less verbal/gestural prompts at 80% of the time. Review of the teaching method for client #1's transition 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 and put it in the box. Continued review of the teaching method revealed step #2 to include client #1 will be presented with one object (picture) at a time by staff to complete. Once that activity is completed, client #1 will place the object (picture) in a completed task bucket and move to the next task.</p>	W 249			

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W 249	<p>Continued From page 4</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) on 2/11/21 revealed client #1's schedule objective to support transitions remains current. Continued interview with the QIDP verified a schedule board was not utilized during survey observations to support client #1 with transitions. Further interview with the QIDP revealed he was unsure if client #1 had a board for transitions and increased consistency among staff with supporting client #1 with transitions was needed.</p> <p>B. The team failed to ensure a program objective relative to handwashing was implemented in sufficient frequency to support the need of client #1. For example:</p> <p>Observations in the group home during the 2/10-11/21 survey revealed staff to verbally prompt client #1 to wash his hands at various times. Continued observations revealed staff at various times would present client #1 with a picture cue coupled with a verbal prompt to address handwashing. Subsequent observation revealed client #1 would walk with staff and wash his hands with physical guidance from staff.</p> <p>Review of records for client #1 on 2/11/21 revealed an ISP dated 8/11/20. Continued review of records for client #1 revealed an objective relative to handwashing that indicated client #1 will perform the steps in washing his hands with 2 or less verbal prompts for each step 100% of the time for 6 consecutive months. Review of the teaching method for client #1's handwashing objective revealed staff will review with client #1 the picture steps for washing his hands. Continued review revealed staff will ask client #1</p>	W 249			

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W 249	Continued From page 5 to point to the first picture and staff will verbally tell the client the steps, continuing the process until all steps for handwashing are complete. Interview with the QIDP on 2/11/21 revealed client #1's handwashing objective remains current. Continued interview with the QIDP revealed client #1's handwashing objective was not implemented as written during survey observations. Further interview with the QIDP verified client #1 was in need of consistency in the implementation of training objectives and programs should be implemented as written.	W 249			
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 observations, record review and interview, the facility failed to provide a specifically prescribed diet for 3 of 3 sampled clients (#1,#2 and #5). The finding is: A. The facility failed to provide a prescribed diet for client #5. For example: Observation in the group home on 2/11/21 at 7:35 AM revealed client #5 to participate in his breakfast preparation in the kitchen that included cold cereal. Continued observation revealed staff to access a bag of cereal from the kitchen pantry and pour cereal for client #5 into a large bowl without measuring the amount of cereal provided to the client. Subsequent observation of client	W 460			

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W 460	<p>Continued From page 6</p> <p>#5's cereal revealed the cereal to be a sugar based cereal with no other option offered to client #5.</p> <p>Review of the breakfast menu for the group home on 2/11/21 revealed the menu to consist of a banana, 1 cup of dry cereal, a fruit muffin and 1 cup of skim milk. Review of records for client #5 on 2/11/21 revealed a nutritional assessment dated 4/23/20 that specified a 1800 calorie, low cholesterol, no concentrated sweets diet. Continued review of the 4/2020 nutritional assessment for client #5 revealed the client to weigh 228 lbs with a desired body weight (DBW) of 135-166 lbs. Subsequent review of client #5's current nutritional assessment revealed: Client #5 has gained 7 lbs over the past year and is 62 lbs above his DBW. Diet needs to be followed closely. Glucose level was greatly elevated. Indications of diabetes and this should be controlled and diet must be followed closely.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) on 2/11/21 verified the menu in the group home should be followed at all meals. Continued interview with the QIDP verified staff should have measured the amount of cereal for each client and provided the amount specified on the breakfast menu. Further interview with the QIDP verified the recommended diet for client #5 was not followed with the unmeasured cereal amount provided during the breakfast meal and with the specific cereal selection of a sugar based cereal.</p> <p>B. The facility failed to provide a prescribed diet for client #2. For example:</p>	W 460			

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W 460	<p>Continued From page 7</p> <p>Observation in the group home on 2/11/21 at 8:35 AM revealed client #2 to participate in his breakfast preparation in the kitchen that included cold cereal. Continued observation revealed staff to pour cereal for client #2 into a large bowl without measuring the amount of cereal provided to the client. Subsequent observation of client #2's cereal revealed the cereal to be a sugar based cereal with no other option offered to client #2.</p> <p>Review of the breakfast menu for the group home on 2/11/21 revealed the menu to consist of a banana, 1 cup of dry cereal, a fruit muffin and 1 cup of skim milk. Review of records for client #2 revealed a nutritional assessment dated 12/21/20. Review of the 12/2020 nutritional assessment for client #2 revealed the client to weigh 185 lbs with a DBW of 145-157 lbs. Continued review of the 12/2020 nutritional assessment revealed: Client #2 is above his DBW range and needs to exercise on a daily basis. Needs to improve nutritional status, achieve desirable body weight range. Additional review of the 12/2020 nutritional assessment revealed a recommended diet for client #2 of low cholesterol, 1800 calorie, low fat snacks.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) on 2/11/21 verified the menu in group home should be followed at all meals. Continued interview with the QIDP verified staff should have measured the amount of cereal for each client and provided the amount specified on the breakfast menu. Further interview with the QIDP verified the breakfast meal was not served in accordance with client #2's prescribed diet needs.</p>	W 460			

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W 460	<p>Continued From page 8</p> <p>C. The facility failed to provide a prescribed diet for client #1. For example:</p> <p>Observation in the group home during the breakfast meal for client #1 on 2/11/21 revealed the client's meal to consist of a chopped banana and a waffle that staff broke into large pieces while sitting next to the client. Continued observation of client #1 at the breakfast meal revealed the client to take large bites of the waffle that resulted in the client to begin coughing. Staff was observed to stop the client from eating until the client had stopped coughing and had no other food in his mouth.</p> <p>Review of records for client #1 on 2/11/21 revealed a nutritional assessment dated 12/21/20. Review of the 12/2020 nutritional assessment for client #1 revealed a recommended regular consistency, bite size diet. Continued review of the current nutritional assessment for client #1 revealed client #1 to need stand by assistance from staff.</p> <p>Interview with the QIDP on 2/11/21 verified client #1's current diet to be bite sized and all food items should be cut up accordingly. Continued interview with QIDP verified client #1's waffle at the breakfast meal should have been cut into bite sized pieces and not broken into large pieces to support client #1 dietary needs.</p>	W 460			