STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G087	A. BUILDING _____ B. WING _____	01/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNY LANE #1	2840 HWY 70 EAST CLAREMONT, NC 28610

(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 000	INITIAL COMMENTS A complaint survey in addition to the recertification survey was completed on 1/12/2021. Deficiencies were not cited as a result of the complaint survey for Intake's #NC00166782 and #NC00166952.	W 000		
W 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure that privacy was maintained for 2 of 3 clients (#1 and #6) while in their rooms. The findings are: A. The facility failed to assure that privacy was maintained for client #6 while receiving personal care. For example: Afternoon observations in the group home on 1/11/21 from 4:30 pm to 6:45 revealed a visual monitor sitting on a side table in the common area to reveal what was occurring in client's #6 bedroom. Further observation revealed other clients to sit in the common area watching television while the visual monitor was on. Morning observations in the group home on 1/12/21 from 6:45 AM to 8:00 AM revealed a visual monitor sitting on a side table in the common area revealing client #6 asleep and later awakened by staff E at 7:00 to get up and prepare for his morning routine and shower.	W 130	Habilitation Specialist will in-service and train staff to turn off visual monitor when not in use to promote privacy. Habilitation Specialist will in-service and train staff on the appropriate placement of visual monitor to promote privacy. This will be monitored through Interaction Assessments by the clinical team at least 2 times per week for a period of four weeks and routinely thereafter. In the future, the clinical team will ensure the right to privacy for individuals served.	3/13/2021 On-going

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

[signature] BAQP 1/21/21

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
	34G087	A. BUILDING _____ B. WING _____	01/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNY LANE #1	2840 HWY 70 EAST CLAREMONT, NC 28610

(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	Continued From page 1 Further observation revealed other clients to sit in the common area watching television while the monitor remained on. Continued observation at 7:15 AM revealed staff E to assist client #6 to the bathroom as the visual monitor remained on. Review of record for client #6 revealed a PCP (person centered plan) dated 10/31/19. Further review revealed an annual nursing evaluation dated 2/4/02 indicating client #6 should be monitored closely at all times due to severe nature of his seizures and limited understanding of danger in his environment. Continued review of client #6's record revealed consent for rights limitation signed on 12/7/20 to include sound/video monitor in bedroom. Interview with the (QIDP) qualified intellectual disabilities professional on 1/12/21 confirmed the sound/visual monitor for client #6 should not have been left on in an area visible to clients or visitors. B. The facility failed to assure that privacy was maintained for client #1. For example: Afternoon observations in the group home on 1/11/21 from 4:30 pm to 6:45 revealed a visual monitor sitting on a side table in the common area to reveal what was occurring in client's #1 bedroom. Further observation revealed other clients to sit in the common area watching television while the monitor was on. Morning observations in the group home on 1/12/21 from 6:45 AM to 8:00 AM revealed a visual monitor sitting on a side table in the common area to reveal what was occurring in client's #1 bedroom Further observations at 7:00 AM through 8:00 AM revealed other clients to sit	W 130		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G087	A. BUILDING _____ B. WING _____	01/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNY LANE #1	2840 HWY 70 EAST CLAREMONT, NC 28610

(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	Continued From page 2 in the common area watching television while the monitor remained on. Continued observation at 7:15 AM revealed client #1 to enter his room and sit until the end of observations at 8:00 AM while the monitor remained on. Review of record for client #1 revealed a PCP (person centered plan) dated 8/5/20. Further review of client #1's record revealed consent for rights limitation signed on 9/21/20 to include a sound/visual monitor in bedroom. Interview with the (QIDP) qualified intellectual disabilities professional on 1/12/21 confirmed the sound/visual monitors for client's #1 and #6 should not have been left on in an area visible to clients or visitors.	W 130		