

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

PRINTED: 04/19/2021
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 R 04/15/2021
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NAME OF PROVIDER OR SUPPLIER SPRINGDALE LANE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 934 SPRINGDALE LANE GASTONIA, NC 28052
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(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
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{W 249}	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: <u>Based on</u> 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 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</p>	{W 249}	<p>A. The interdisciplinary team for Springdale Group Home will assure that all individuals are receiving a continuous active treatment program consisting of needed interventions and services in a sufficient number and frequency to support the achievement of the objectives as identified in each individual's program plan. QIDP will be responsible for inservicing each staff on the goals of each individual. In addition, the QIDP will monitor the implementation of each individual's goals, including following the program plan as it relates to communicating transitions. The QIDP is responsible for completing observations and monitoring data collection on a quarterly basis.</p> <p style="text-align: center;">DHSR - Mental Health MAY 3 2021 Lic. & Cert. Section</p>	May 1, 2021
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jennifer Putnam TITLE: ASSISTANT DIRECTOR (X6) DATE: 4.20.2021

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 249}	<p>Continued From page 1 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 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> <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>A follow-up survey was conducted 4/15/21. Observations in the group home during the follow-up survey on 4/15/21 at 11:25 AM revealed client #1 to open the front door of the group home to surveyors. Continued observations revealed client #1 to participate in various activities of leisure with puzzles, coloring and watching</p>	{W 249}		
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{W 249}	<p>Continued From page 2</p> <p>television. Client #1 was further observed to be verbally prompted to wash his hands and to be verbally prompted by staff with participating in the lunch meal. Additional observations revealed client #1 to complete all activity transitions with only verbal prompts by staff and requiring multiple verbal prompts of redirection at various times to complete transitions.</p> <p>Review of internal documents on 4/15/21 relative to the plan of correction with a 4/1/20 completion date from the 2/11/21 recertification survey revealed no evidence of a revision to client #1's communication goal to support transitions. Continued document review revealed no evidence of observations or assessments by the clinical team to ensure client #1's communication program was implemented as prescribed since the recertification survey. Subsequent review of internal documents revealed evidence of an in-service training with staff dated 2/23/21. Review of the in-service training revealed no specific details as to what staff were trained on relative to client #1's communication goal for transitions.</p> <p>Interview with the facility home manager on 4/15/21 revealed all communication goals for all clients were in process of revision by the QIDP and were not currently implemented. Interview with the QIDP revealed client #1's communication goal relative to transitions had remained a current training objective with no revision since the 2/11/21 recertification survey. Continued interview with the QIDP verified transitions for client #1 should be supported with the use of a schedule and picture cues. Further interview with the QIDP revealed client #1's transition goal should have been implemented as prescribed</p>	{W 249}		
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{W 249}	<p>Continued From page 3 during the follow-up survey.</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 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.</p> <p>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</p>	{W 249}	<p>B. The interdisciplinary team for Springdale Group Home will assure that all individuals are receiving a continuous active treatment program consisting of needed interventions and services in a sufficient number and frequency to support the achievement of the objectives as identified in each individual's program plan. QIDP will be responsible for inservicing each staff on the goals of each individual. In addition, the QIDP will monitor the implementation of each individual's goals, including following the program plan as it relates to handwashing. The QIDP is responsible for completing observations and monitoring data collection on a quarterly basis.</p>	May 1, 2021
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{W 249}	<p>Continued From page 4</p> <p>training objectives and programs should be implemented as written.</p> <p>A follow-up survey was conducted 4/15/21. Observations at the group during the follow-up survey on 4/15/21 at 11:25 AM revealed client #1 to open the front door of the group home to surveyors. Continued observations revealed client #1 to participate in various activities of leisure with puzzles, coloring and watching television. Client #1 was further observed to be verbally prompted by staff to wash his hands and to be physically directed by another client to the bathroom after client #1 would not follow verbal prompts by staff for handwashing. Subsequent observation revealed client #1 to be verbally prompted by staff with participating in the lunch meal. Additional observations revealed client #1 to complete handwashing with only verbal prompts by staff.</p> <p>Review of internal documents on 4/15/21 relative to the plan of correction that reflected a 4/1/20 completion date from the 2/11/21 recertification survey revealed no evidence of a revision to client #1's communication goal to support handwashing. Continued document review revealed no evidence of observations or assessments in the group home by the clinical team since the recertification survey to ensure client #1's handwashing program was implemented as prescribed. Subsequent review of internal documents revealed evidence of an in-service training with staff dated 2/23/21. Review of the in-service training revealed no specific details as to what staff were trained on relative to client #1's handwashing objective.</p> <p>Interview with the facility home manager on</p>	{W 249}		
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{W 249}	Continued From page 5 4/15/21 revealed all communication goals for all clients were in process of revision by the QIDP and were not currently implemented. Interview with the QIDP revealed client #1's communication goal relative to handwashing had remained a current training objective with no revision since the 2/11/21 survey. Continued interview with the QIDP verified handwashing for client #1 should be supported with the use of picture cues. Further interview with the QIDP revealed client #1's handwashing goal should have been implemented as prescribed during the follow-up survey.	{W 249}			

4/20/21
Springdale Lane GH
Darlene Norton

- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the CMS-2567 Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call me at (828) 750-2664.

Sincerely,



Kaila Mitchell
Facility Compliance Consultant II
Mental Health Licensure & Certification Section

Enclosures

Cc: QM@partnersbhm.org
dhhs@vayahealth.com

DHSR - Mental Health

MAY 3 2021

Lic. & Cert. Section