

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G247	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2021
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NAME OF PROVIDER OR SUPPLIER LINOAK GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3175 BANK ROAD LINCOLNTON, NC 28092
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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 247	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to provide opportunities for choice and self-management for 5 of 6 clients in the home (#1, #2, #3, #4, #6). The finding is:</p> <p>Observation in the group home on 8/24/21 at 6:15 AM revealed one third shift staff present at the facility. Further observation at 6:25 AM revealed client #4 to exit his bedroom, walk into the dining room and staff D immediately redirect him back to his bedroom. Continued observation from 6:35 AM to 6:50 AM revealed clients #1, #2, #3, and #6 to exit their bedrooms, walk into the dining room and be immediately redirected by staff D to return to their bedrooms.</p> <p>Interview with staff D revealed she has historically redirected clients back to their rooms until first shift staff arrive "due to ratio and some of them having behaviors." Further interview with staff D revealed first shift staff are supposed to arrive at the home between 6:30 AM and 7:00 AM. Additional observation revealed first shift staff to arrive at 6:55 AM.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 8/24/21 revealed first shift staff are not arriving at the home until 7:00 AM as a result of the clients not going to their day program due to COVID-19. Continued interview with the QIDP verified third shift staff can maintain a 1:3 staff/client ratio. Further interview with the QIDP confirmed that third shift staff</p>	W 247		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 247	Continued From page 1 redirecting clients back to their rooms, as well as the current staffing schedule, are denying the clients the opportunity for choice and self-management to wake up and begin their morning routines.	W 247			