

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

PRINTED: 10/08/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G118	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/01/2021
NAME OF PROVIDER OR SUPPLIER SHANNONBROOK HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 914 WEST FIRST STREET NEWTON, NC 28658		
(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 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, interviews and record verification, the facility failed to provide opportunities for choice and self-management for 1 of 6 clients (#4). The finding is:</p> <p>Observation in the group home on 10/1/21 at 6:50 AM revealed staff A and staff B present at the facility, and client #3 and client #6 out of their rooms. Client #3 was observed sitting on the living room couch and client #6 was observed eating breakfast with support from staff A. Staff B was observed as occupied and not attending to clients. Continued observation at 6:55 AM revealed client #4 to exit her bedroom, enter the dining room in her pajamas, and be immediately redirected back to her room by staff A. Further observation at 7:00 AM revealed client #4 to enter the dining room again in her pajamas, and again be redirected back to her room by staff A. Interview with staff A revealed she redirected client #4 back to her room because "she's not dressed." Subsequent observation at 7:05 AM revealed staff B to enter client #4's bedroom and shut the door. At 7:10 AM staff B and client #4 exited her bedroom and staff B instructed her to sit on the living room couch until breakfast.</p> <p>Review of client #4's record on 10/1/21 revealed a person-centered plan (PCP) dated 4/23/21. Review of the PCP indicated no restrictions relative to client #4's wake-up time or wearing pajamas outside her bedroom.</p>	W 247			

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 247	Continued From page 1 Interview with the facility qualified intellectual disabilities professional (QIDP) on 10/1/21 verified staff did not promote client #4's choice and decision making by redirecting her back to her bedroom. Further interview with the QIDP confirmed the facility should not limit choices for clients relative to how and when a client wants to start their day.	W 247		