

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRINGDALE LANE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>934 SPRINGDALE LANE</b> <b>GASTONIA, NC 28052</b>		
(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 186	<p><b>DIRECT CARE STAFF</b> CFR(s): 483.430(d)(1-2)</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. This STANDARD is not met as evidenced by: Based on observation, review of records and interviews the facility failed to provide sufficient direct care staff to manage and supervise 5 of 5 clients appropriately (#1, #2, #3, #4 and #5). The finding is:</p> <p>Observation in the group home on 10/7/21 at 12:00 PM revealed 2 staff on shift with 5 clients. Continued observation revealed Staff B to leave the group home with (#1, #4) clients for a community walk. Further observation revealed staff A to remain at the group home with (#2, #3, #5) clients.</p> <p>Review of internal records on 10/7/21 revealed multiple staffing schedules from 8/2021-10/6/2021 to reflect shift coverage at various times to be covered by (1) staff. Continued review of internal documents revealed time sheets to further indicate various shifts from 8/2021-10/6/2021 to reflect shift coverage by (1) staff. A random sample of dates reflecting staff schedule and time record shortage (8/1/21, 8/28/21, 8/30/21, 9/3/21, 9/7/21, 9/9/21, 9/11/21, 9/12/21, 10/2/21) was provided to administration with no ability to provide evidence the staffing ratio was covered on the identified dates.</p> <p>Interview on 10/7/21 with staff A in the group</p>	W 186			
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.

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

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W 186	<p>Continued From page 1</p> <p>home revealed the staff to work both 1st and 2nd shifts. Continued interview with staff A revealed she had worked multiple shifts alone at times due to staff shortage. Staff A further verified (2) staff were needed on shift due to behavior problems of various clients and the restricted independence of client #3 in a wheelchair. Interview with the facility qualified intellectual disabilities professional (QIDP) and administration staff on 10/7/21 verified a required ratio in the group home of (2) staff to the (5) clients in facility.</p> <p>Interview with facility administration on 10/7/21 confirmed that the facility had been experiencing staff shortage. Further interview with administration verified through review of internal documents, that the facility had a number of shifts at various times where one staff was responsible for all (5) clients residing in the facility. Subsequent interview with administration verified that she was unaware of the significant number of shifts that reflected insufficient staffing coverage.</p>	W 186			