

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G077	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/04/2021
NAME OF PROVIDER OR SUPPLIER BONNIE LANE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 121 BONNIE LANE STATESVILLE, NC 28625	
(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	W 000		
W 288	<p>Complaint Intake #NC00182524</p> <p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on record review and interviews, the team failed to assure techniques to manage inappropriate behavior were not used as a substitute for active treatment for 1 of 6 clients (#4) relative to protective devices. The finding is:</p> <p>Review of client #4's record revealed a behavior support plan dated 1/1/21 to include target behaviors of uncooperative, self injurious behaviors (SIB), inappropriate behavior, in seat behavior for meals, and disrupted sleep. Further review of SIB behaviors revealed deliberately striking himself, often occurring while frustrated or otherwise upset. Hitting himself in the forehead area and slapping leg harshly, skin picking typically on the feet/toe area. Further review of the BSP did not reveal implementation of the use of protective device relative to a soft helmet or hand mitts.</p> <p>Review of 10/21 behavior data revealed documentation of SIB on 10/11, 10/14, 10/16, 10/18, 10/21, 10/22, 10/23, 10/27. Continued review of behavior data did not reveal data sheets for 9/21 for surveyor to review. Further review of psychotropic medication regimen review form revealed zero BSP rates for the month of 5/21, 6/21, 7/21, 8/21, 9/21, 10/21 with no changes in</p>	W 288		

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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FORM APPROVED
OMB NO. 0938-0391

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W 288	<p>Continued From page 1 medication, environmental life/personnel and signed by the psychiatrist, facility nurse, QIDP and behavior specialist.</p> <p>Review of team meeting notes revealed 10/7/21; Team discussed increase in client's SIB smacking himself in the face/head continuously and refusing to wear his soft helmet and prefers gloves/milt. QIDP to obtain guardian consent and the program will be addend to include gloves along with a soft helmet. Continued review of 10/19/21 meeting minutes revealed follow up on the client's SIB; tried mittens and he refuses to take them off to complete daily living tasks.</p> <p>Interview with the behavior specialist confirmed the facility has been utilizing the helmet and mitts as an intervention when the client exhibits SIB's. Continued interview revealed monthly behavior data have not been documented and submitted for review in a timely manner. Further interview confirmed the facility have not implemented informal or formal guidelines relative to the use of a soft helmet and hand mitts.</p> <p>Interview with the qualified intellectual developmental professional (QIDP) confirmed a soft helmet was provided to the client months after he moved into the group home on 11/6/19. Continued interview with the QIDP confirmed the soft helmet was used as a protective device at the group home and communicated to the school to use when the client displayed SIB behaviors (if tolerated). The mitts were later discussed at team meeting and implemented on 10/5/21 at the school following verbal consent from the guardian. Further interview with the QIDP confirmed there are no informal or formal guidelines relative to the use of protective devices</p>	W 288			

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W 288	Continued From page 2 when the client exhibits SIB.	W 288			