

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

PRINTED: 01/07/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G109	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/29/2021
NAME OF PROVIDER OR SUPPLIER PENNY LANE II			STREET ADDRESS, CITY, STATE, ZIP CODE 2830 HIGHWAY 70 EAST CLAREMONT, NC 28610		
(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 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observations and staff interviews, the facility failed to ensure sufficient training specific to maintaining appropriate supervision in the kitchen area for 1 sampled (#1) and 1 non-sampled client (#4). For example:</p> <p>Observations in the group home on 12/28/21 from 4:45 PM to 5:30 PM revealed staff to place food items in bowls and to then place the serving bowls on a cart to prepare for the dinner meal. Observation at 4:45 PM revealed staff to leave a stove burner on unattended and continue placing food items on the table. Continued observation revealed staff to transition clients to the dinner table and assist clients in placing menu items on their plates. Further observation at 5:15 PM revealed staff to prompt client #1 to place his dishes in the kitchen while the stove burner remained on and unattended. Observations at 5:19 PM revealed staff to prompt client #4 to place her dishes in the kitchen as the stove burner remained on and unattended. Subsequent observation at 5:26 PM revealed the surveyor to turn off the stove and alert staff that the burner was left on and was still hot.</p> <p>Review of records for client #4 on 12/29/21 revealed a person centered plan (PCP) dated 3/23/21. Continued review of the record revealed a behavior support plan (BSP), dated 2/26/21, which indicated that client #4 has the following target behaviors: self-injurious behaviors (SIBs),</p>	W 189			

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 189	Continued From page 1 physical aggression, property destruction, verbal disruption and inappropriate sexual behaviors. Review of the record for client #1 on 12/29/21 revealed a PCP dated 6/17/21. Continued review of the record revealed a BSP, dated 2/24/21, which indicated that client #1 has the following target behaviors: refusal, SIBs, loud vocalizations, privacy, AWOL, obsessive compulsive disorder, stripping and physical aggression. Interview with the qualified intellectual disabilities professional (QIDP) verified that clients #1 and #4 have a history of behaviors that require supervision around kitchen appliances such as the refrigerator and a hot stove. Continued interview with the QIDP verified that staff have been trained on kitchen safety and maintaining supervision of all clients during meal preparation. Further interview with the QIDP and facility nurse confirmed that staff must maintain the safety of all clients while in the kitchen area. Interview with the QIDP additionally confirmed that staff will be in-serviced on maintaining appropriate supervision and kitchen safety for all clients.	W 189			
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the person-centered plan (PCP) failed to address identified needs for 1 of 3 sampled clients (#2). The finding is:	W 227			

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W 227	<p>Continued From page 2</p> <p>Observation in the group home on 12/28/21 at 4:05 PM revealed client #2 to sit in a wheelchair and engage in an independent sewing activity in the living room. Continued observation revealed client #2 to wear a drop support harness and buckle harness strapped around the client and the wheelchair. Further observation of the dinner meal at 5:05 PM revealed client #2 to sit at the dining room table and staff to place the buckle harness around the client and the dining room chair.</p> <p>Review of client #2's record on 12/29/21 revealed a person-centered plan (PCP) dated 5/7/21. Review of client #2's PCP revealed adaptive equipment to include: glasses, wheelchair, drop support harness, TED hose, lowered PVC bed, fall mat, alerts on seat/wheelchair/bed/door, high-sided dish, dycem mat, shirt protector and mug with holed lid. Continued review of client #2's record revealed an occupational therapy (OT) evaluation dated 9/20/21. Review of client #2's OT evaluation indicated recommendations to continue drop support harness and contact guard support. Further review of client #2's record revealed no formal assessments or recommendations relative to the buckle harness.</p> <p>Interview with staff E on 12/28/21 revealed the buckle harness is used to support client #2's back and posture as the client tends to slouch forward while sitting. Continued interview with staff E revealed the staff to think the buckle harness has not been helpful. Continued interview with the nurse and QIDP revealed the interdisciplinary team (IDT) approved the implementation of the buckle harness to support client #2's back and posture. Further interview with the nurse and</p>	W 227			

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W 227	Continued From page 3 QIDP confirmed no formal assessments were completed to support implementation of the buckle harness. Additional interview with the nurse and QIDP revealed the need for an OT assessment for client #2.	W 227			
W 288	<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 observations, record reviews and interviews, the facility failed to ensure techniques to manage inappropriate behavior were not used as a substitute for active treatment for 1 of 3 sampled clients (#1) relative to refrigerator access. The finding is:</p> <p>Observation in the group home on 12/28/21 at 4:10 PM revealed a lock on the kitchen refrigerator. Continued observation revealed the lock to be unsecured and the refrigerator door handles to be removed. Interview with staff A on 12/28/21 revealed the lock was originally for a previous client and is now for client #1 who has inappropriate behaviors relative to taking food.</p> <p>Review of client #1's record on 12/29/21 revealed a person-centered plan (PCP) dated 6/17/21. Review of client #1's PCP revealed no inappropriate behaviors relative to taking food. Continued review of client #1's record revealed a behavior support plan (BSP) dated 2/24/21. Review of client #1's BSP revealed target behaviors of refusal, self-injurious behaviors, loud vocalizations, privacy, AWOL, obsessive</p>	W 288			

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W 288	Continued From page 4 compulsive disorder, stripping and physical aggression. Further review of client #1's record revealed no consent to restrict access to the refrigerator. Review of records on 12/29/21 for client's #2, #3, and #5 revealed no consent to restrict access to the refrigerator due to the behavior of others. Review of record for client #4 revealed a consent to restrict access to the refrigerator during 3rd shift. Interview with the nurse and the qualified intellectual disabilities professional (QIDP) on 12/29/21 revealed the refrigerator lock is implemented for client #1 due to inappropriate behaviors relative to taking food. Continued interview with the nurse and QIDP revealed the refrigerator should be locked at all times with supervised access by staff. Further interview with the nurse and QIDP confirmed all clients in the home should have a valid consent relative to restricted access to the refrigerator and these details should also be included in PCPs and BSPs.	W 288			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to provide teaching for 1 of 3 sampled clients (#5) relative to the	W 436			

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W 436	<p>Continued From page 5</p> <p>prescribed use of an ankle brace. The finding is:</p> <p>Afternoon observations in the group home on 12/28/21 from 4:00 PM to 5:50 PM revealed client #5 to ambulate in a wheelchair throughout the group home independently. At no point during the observation period was client #5 observed to use an ankle brace or for staff to offer the client an ankle brace.</p> <p>Morning observations in the group home on 12/29/21 from 7:00 AM to 8:50 AM revealed client #5 to ambulate throughout the group home without an ankle brace support. Continued observation at 8:50 AM revealed staff C to assist client #5 with placing an ankle brace securely on the client's right foot. It should be noted staff C was observed to assist client #5 with an ankle brace after the surveyor interviewed the staff regarding client #5's need for ankle support.</p> <p>Review of records for client #5 on 12/29/21 revealed a person-centered plan (PCP) dated 3/23/21 with the following diagnoses: Bipolar Disorder, Cerebral Palsy, Quadriplegia with Choreaethetosis, Bronchiectasis, Allergic Rhinitis, Hyperparathyroidism, Constipation and Vitamin D Deficiency. Continued review of records for client #5 revealed a habilitation plan updated 12/20/20 which indicated that client #5 requires a gait trainer and ankle brace support. Review of a physical therapy (PT) evaluation dated 5/24/19 revealed that client #5 should wear an ankle brace support due to the right ankle collapsing on itself with no apparent pain or injury.</p> <p>Interview with the facility nurse on 12/29/21 verified that client #5 should wear an ankle brace during the day. Interview with the qualified</p>	W 436			

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W 436	Continued From page 6 intellectual disabilities professional (QIDP) and nurse confirmed that client #5 should wear an ankle brace support as prescribed.	W 436		