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

PRINTED: 08/27/2021 FORM APPROVED OMB NO. 0938-0391

W 247 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) 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: 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 redirected by staff D to return to their bedrooms. 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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
LINOAK GROUP HOME LINOAK GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (CA1) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 247 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) 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 clents in the home (#1, #2, #3, #4, #6). The finding is: 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 this bedroom, walk into the dining room and staff to Immediately redirected the immediately redirected delients #1, #2, #3, and #6 to exit their bedrooms. Interview with staff D revealed she has historically redirected clients back to their rooms until 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 revealed first shift			34G247	B. WING_		09/24/2024	
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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		CFR(s): 483.440(c)(6) The individual program opportunities for client self-management. This STANDARD is not based on observation failed to provide opportunities for client self-management for 50 (#1, #2, #3, #4, #6). The continue of the continue of the client self-management for 50 (#1, #2, #3, #4, #6). The continue of the client self-management for 50 observation in the ground facility. Further observation of the client self-management for 50 observation in the ground facility. Further observation of the client self-management for 50 observation in the ground facility. Further observation in the ground facility of the clients back shift staff arrive "due to having behaviors." Further observation in the ground facility of the clients of the cli	In plan must include to choice and to the as evidenced by: as and interviews, the facility tunities for choice and to of 6 clients in the home the finding is: The phome on 8/24/21 at 6:15 shift staff present at the ation at 6:25 AM revealed droom, walk into the dining ediately redirect him back to ad observation from 6:35 and clients #1, #2, #3, and the many many many many many many many many	W 24	W 247 QP/Behavior Analysis will r staff on 1:3 ratio and completing sleep records in accordance to RHA's policy. Residential Team Leader (RTL) will modify the staffing schedule to reflect one staff coming in at 6:30 am to ensure clients are given opportunity for choice and self-management to wake up and begin their morning routine. The RTL/Clinical team will monitor progress daily via Workday. In the future, the QIDP will ensure the staffing schedules remain in compliance with ratios and promote independence and self-manageme for people supported. DHSR - Mental Health SEP 17 2021		10/23/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Dania Duhmon, Op

(X6) DATE 9/13/21

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		34G247	B. WING_	B. WING		08/24/2021		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3175 BANK ROAD LINCOLNTON, NC 28092				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE BE APPROPRIATE	(X5) COMPLETION DATE		
W 247	the current staffing so clients the opportunity	ck to their rooms, as well as chedule, are denying the	W2	47				