

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

PRINTED: 04/12/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G141	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/05/2022
NAME OF PROVIDER OR SUPPLIER FRANKLIN GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1101 FRANKLIN BLVD GASTONIA, NC 28054		
(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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure privacy during treatment and care of personal needs for 1 of 3 sampled clients (#3) and 2 of 2 non-sampled clients (#1 and #5). The findings are:</p> <p>A. The facility failed to ensure privacy during personal care for client #3. For example:</p> <p>Observation in the group home on 4/4/22 at 5:34 PM revealed staff A to support client #3 to their bedroom to perform an adult brief check. Continued observation revealed client #3 to enter the bedroom with staff A and for the door to remain open. Further observation revealed staff A to support client #3 with undressing and removing the adult brief to perform the check, exposing client #3's genitals.</p> <p>Interview with the facility nurse on 4/5/22 confirmed all clients should be provided privacy during personal care needs.</p> <p>B. The facility failed to ensure privacy during personal care for client #1. For example:</p> <p>Observation in the group home on 4/5/22 at 6:44 AM revealed staff E to prompt client #1 to enter the bathroom for assistance with face shaving. Continued observation revealed the bathroom door to remain open while staff E assisted client #1 with shaving.</p>	W 130			

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 130	<p>Continued From page 1</p> <p>Interview with staff E on 4/5/22 revealed client #1 should have been provided privacy during hygiene assistance. Interview with the facility nurse on 4/5/22 confirmed all clients should be provided privacy during personal care needs.</p> <p>C. The facility failed to ensure privacy during personal care for client #5. For example:</p> <p>Observation in the group home on 4/5/22 at 7:00 AM revealed staff E to support client #5 to the bathroom for hygiene assistance. Continued observation revealed the bathroom door to remain open while staff E assisted client #5 with face washing and hair brushing.</p> <p>Interview with staff E on 4/5/22 revealed client #1 should have been provided privacy during hygiene assistance. Interview with the facility nurse on 4/5/22 confirmed all clients should be provided privacy during personal care needs.</p>	W 130			