STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G018	A. BUILDING _____ B. WING _____	04/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGDALE LANE GROUP HOME	934 SPRINGDALE LANE GASTONIA, NC 28052

(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	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) 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 for 4 of 5 clients (#2, #3, #4, #5) during medication administration. The finding is: Observations in the group home on 4/5/22 at 7:00 AM revealed client #3 to sit in the medication area with the door open. Continued observations revealed staff E to administer medication to client #3 as the door remained open. Further observation at 7:10 AM revealed client #5 to stand in the hallway and talk to staff while client #3 received his medications. At no point did staff offer privacy to client #3 or redirect clients to leave the area during medication administration. Observations in the group home at 7:40 AM revealed client #5 to sit in the medication room area to prepare for medication administration. Continued observations revealed staff E to administer medications to client #5 with the door open as clients #2 and #3 were pacing in the hallway. At no point was client #5 offered privacy during medication administration. Observations in the group home at 8:15 AM revealed client #4 to sit in the medication area to receive medication administration. Continued observations revealed staff E to administer medications to client #4 with the door open while client #3 continued to come to the medication area to talk to staff E. At no point during the medication administration was client #4 offered	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	Continued From page 1 privacy. Observations in the group home at 8:50 AM revealed client #2 to stand in the medication area to receive medication administration. Continued observations revealed staff E to administer medications to client #2 with the door open while client #3 continued to come to the medication area to talk to staff. At no point during the medication administration was client #2 offered privacy. Interview with the home manager (HM) on 4/5/22 revealed that client #3 will continue to come to the medication area during medication administration to talk to staff. Continued interview with the HM and qualified intellectual disabilities professional (QIDP) verified that all clients should be offered privacy during medication administration.	W 130		
W 226	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to implement an individual support plan within 30 days of admission for 1 of 3 sampled clients (#1). The finding is: Review of record for client #1 on 4/5/22 revealed an admission date of 2/10/22. Continued review revealed no individual support plan (ISP) implemented for client #1. Further review revealed informal training objectives to include: toothbrushing, shower, choose appropriate clothing, participate in a safe activity, clean room,	W 226		

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W 226	Continued From page 2 laundry goal and respecting boundaries. Interview with the qualified intellectual disabilities professional (QIDP) on 4/5/22 verified that there is no formal ISP for client #1. Continued interview with the QIDP confirmed the ISP meeting for client #1 is scheduled for 4/12/22. The QIDP additionally confirmed client #1's ISP should have been completed within thirty days of the client's admission.	W 226		
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 observation, record review and interview, the facility failed to implement objective training to address identified behavioral and health needs for 1 of 3 sampled clients (#1). The finding is: Observations at the group home on 4/4/22 at 5:00 PM revealed client #1 to sit at the dining table wearing gloves on both hands, sneeze several times into the gloves, then participate for dinner. Continued observations revealed client #1 to refuse porkchops which was on the menu. Staff offered chicken and client #1 refused then agreed to an additional serving of mixed vegetables. Further observation revealed client #1 to use a spoon in the left hand and to scoop the vegetables with the right hand while still wearing the glove. Observations at the group home on 4/5/22 at 6:45	W 227		

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W 227	Continued From page 3 AM revealed client #1 to sit in the living room watching tv with her right hand and middle finger wrapped up in a bandage. Continued observation revealed client #1 to refuse to eat what was on the menu and later fix a large bowl of cereal. Further observation revealed client #1 to sit and participate in the breakfast meal. Review of record for client #1 on 4/5/22 revealed an admission date of 2/10/22. Continued review revealed no individual support plan (ISP) implemented to address identified needs relative to training objectives for client #1. Interview with the qualified intellectual disabilities professional (QIDP) on 4/5/22 verified client #1 refuses food menu items as a form of attention seeking behavior. Continued interview with the QIDP confirmed client #1 is a picky eater and the ISP meeting is scheduled for 4/12/22. The QIDP also verified although he is familiar with working with client #1 in a previous setting, objective training needs to be addressed and implemented to better support client #1.	W 227		