

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
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NAME OF PROVIDER OR SUPPLIER BONNIE LANE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 121 BONNIE LANE STATESVILLE, NC 28625
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(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
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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	<p>The Behavioral Analyst will in-service staff on client #4's Behavior Support Plan which includes target behaviors and the implementation of protective devices including formal and/or informal guidelines relative to the use of protective devices. The Behavioral Analyst will review in full detail techniques to manage inappropriate behavior to substitute for active treatment. The Clinical team will monitor through interaction assessments two times a week for a period of one month and then on a routine basis. In the future, the Qualified Professional will ensure all staff including the school staff are trained and implement the Behavior Support Plan as outlined in the Person Centered Plan.</p> <p>By: 1/3/2022</p> <p style="text-align: center;">RECEIVED NOV 22 2021 DHSR-MH Licensure Sect</p>	

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 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/mitt. 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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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/12/2021
FORM APPROVED
OMB NO. 0938-0391

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



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

November 15, 2021

Malissa Pompey, Facility Administrator
RHA Health Services, Inc
190 Commerce Blvd.
Statesville, NC 28625

Re: Complaint Investigation November 4, 2021
Bonnie Lane Group Home
Provider Number #34G077
MHL# 049-016
E-mail Address: Malissa.pompey@rhanet.org
Complaint Intake #NC00182524

Dear Ms. Pompey:

Thank you for the cooperation and courtesy extended during the complaint investigation survey completed on November 4, 2021.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practices that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiencies were cited.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is January 3, 2022.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the CMS-2567 Form.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

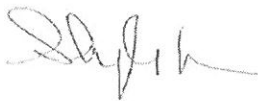
Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call me at (828) 750-2702.

Sincerely,



Shyluer Holder
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

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