STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G077	A. BUILDING _____ B. WING _____	10/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONNIE LANE GROUP HOME	121 BONNIE LANE STATESVILLE, NC 28625

(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 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the team failed to assure sufficient interventions to address the communication needs for 2 of 3 sampled clients (#3 and #6). The findings are: A. The team failed to assure sufficient interventions to address the communication needs for client #3. For example: During observations at the group home on 10/11/21 and 10/12/21 revealed client #3 to be nonverbal. Staff were observed prompting the client verbally and with gestures. Examples of activities prompted included: going to his bedroom, choosing an activity, washing hands, fixing his plate, dinner, clearing his place at the table and taking dishes to the sink. Further observations on 10/12/21 at 5:30 AM revealed staff prompting the client verbally and with gestures. Examples of activities prompted included: sitting at the table, breakfast, medication administration, going to the living room area and loading on the van. No communication tools were observed being used	W 249	(A) The Speech Pathologist will in-service the support staff about utilizing Client #3 TEEACH and TEEACH picture schedule as prescribed in the Person Centered Plan. The clinical team will monitor to ensure all methods of communication are implemented as prescribed 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 each person supported receive continuous active treatment as prescribed in the Person Centered Plan. By: 12/11/2021 DHSR - Mental Health OCT 28 2021 Lic. & Cert. Section	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 10/25/21

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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W 249	Continued From page 1 with client #3 during the observations. Review of client #3's record on 10/12/21 revealed a person centered plan (PCP) dated 12/15/20 with a diagnosis to include Autism. The PCP indicated the client had a current communication objective indicating that staff will present the client the opportunity to utilize the TEACCH schedule representing designated activities or events in his schedule. Continued review revealed client #3 would go to the designated area in his TEACCH picture schedule after the presentation of a picture and a gestural prompt with 90% accuracy for 2 months. The program directions to staff indicated staff were to provide the opportunity for transition from one activity to the next by giving him a cue "check your schedule". The directions indicated training will occur daily during the daily routine during all appropriate times. Interview on 10/12/21 with the facility qualified intellectual disabilities professional (QIDP) and habilitation specialist confirmed client #3's communication program objective to use a TEACCH schedule is current and staff should be implementing as prescribed. B. The team failed to assure sufficient interventions to address the communication needs for client #6. For example: Observations in the group home on 10/11/21 and 10/12/21 survey revealed client #6 to be nonverbal. Staff were observed prompting the client verbally and with gestures. Examples of activities prompted included: sitting in the dining area, participate in medication administration, sit on the ground outside and transition back and forth from outside to his bedroom. Further	W 249	(B) The Speech Pathologist will in-service support staff on utilizing Client #6 TEEACH schedule and picture ques as prescribed in the Person Centered Plan. The clinical team will monitor to ensure all methods of communication are implemented as prescribed through interaction assessments two times a week for a period of one month and then on routine basis. In the future, the Qualified Professional will ensure each person supported receives continuous active treatment as prescribed in the Person Centered Plan. By: 12/11/2021	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G077	A. BUILDING _____ B. WING _____	10/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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W 249	Continued From page 2 observations at 5:20 PM revealed staff C attempting to request client #6 to go to the bathroom to wash his hands for the dinner, utilizing only a verbal prompt of "let's go to the bathroom". Client #6 ambulated to the bathroom with staff C after five minutes of repeated verbal prompts and sitting outside on the ground. Continued observations at 5:15 PM to 6:00 PM revealed client #6 to participate in dinner meal, refuse to take his dishes to the kitchen and then go outside to sit on the park bench. Observations on 10/12/21 at 6:00 AM revealed client #6 to transition from his room to the kitchen area and sit on the floor. Further observations revealed the client to transition to the dining area to participate in breakfast. Staff C then request client #6 to transition from the breakfast table to the living room. After three minutes of repeated verbal requests client #6 entered the living room area. Continued observations at 6:50 AM revealed client #6 to participate in medication administration then sit on the kitchen floor. During all of the above observations there was no utilization of a TEACCH schedule or picture cues by staff members to assist client #6 to make transitions from activity to activity, or from room to room in the group home. Review of client #6's record on 10/12/21 revealed a PCP dated 2/24/21 with a diagnosis to include Autism. Continued review revealed a communication objective "to go to the designated area noted in a TEACCH picture schedule after the presentation of a picture and a partial physical prompt with 80% accuracy." Further review revealed a communication evaluation for client #6 dated 2/11/19 with recommendations of labeling the common environment with picture signs,	W 249		

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W 249	Continued From page 3 using manual signing with client #6, and continuing to train client #6 to respond to the TEACCH schedule in the home. Interview with the QIDP and the habilitation specialist on 10/12/21 confirmed client #6's communication objective to use a TEACCH picture schedule is current and staff should have implemented it as prescribed.	W 249		
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to provide appropriate adaptive equipment for 1 of 3 sampled clients (#3). The finding is: Observations at the group home on 10/11/21 during the dinner meal revealed client #3 was seated at the dining table at 5:30 PM and was provided with a place setting consisting of a regular plate, cups and utensils. Further observations revealed client #3 ate his meal using a spoon. Continued observations revealed client #3 turned the spoon in several different directions as he attempted to eat his meal which consisted of beef stroganoff, broccoli, and cookies. Subsequent observations revealed client #3 to respond and receive second and third serving of beef stroganoff. Additional observations revealed client #3 to turn his plate toward the left, and used his spoon to scoop toward the right, causing food to spill from the dish onto the table, chair and floor. Further observations revealed client #3 to continue eating his meal using the fingers to prevent his food	W 475	Nursing will in-service all support staff on utilizing the appropriate adaptive equipment for all persons supported who have an Occupational Therapy recommendation for adaptive equipment as prescribed in the Person Centered Plan. The clinical team will monitor to ensure the appropriate utensils and adaptive equipment are adequately used through Meal Time 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 are trained on utilizing adaptive equipment during meal times as prescribed in the Person Centered Plan. By: 12/11/2021	

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W 475	Continued From page 4 from spilling onto the table. Observations conducted during the breakfast meal on 10/12/21 revealed client #3 ate his breakfast at 6:30 AM and was provided with a place setting consisting of a regular plate, cups and utensils. Further observations revealed client #3 attempted to eat his meal which consisted of waffles, scrambled eggs and bacon. Continued observations revealed client #3 to eat at a rapid pace while turning his plate to pick up the items to place in his mouth and food would spill while trying to scoop it up from the plate. Subsequent observations revealed the majority of client's breakfast meal to spill unto the chair and floor. A review of client #3's record on 10/12/21 revealed a person centered plan (PCP) dated 12/15/20 which contained an occupational therapy evaluation dated 11/30/20 which documented client #3 should utilize a small spoon and high divided dish during all meals. An interview conducted on 10/12/21 with the qualified intellectual disabilities professional (QIDP) revealed client #3 should utilize a high-sided divided dish during meals as prescribed in the PCP.	W 475		

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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

October 18, 2021

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

Re: Recertification Survey Completed October 12, 2021
Bonnie Lane Group Home 121 Bonnie Lane, Statesville, NC 28625
Provider Number #34G077
MHL# 049-016
E-mail Address: Malissa.pompey@rhanet.org

Dear Ms. Pompey:

Thank you for the cooperation and courtesy extended during the recertification survey completed October 12, 2021. This survey was required for continued participation in the Medicaid program.

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 December 11, 2021.

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.

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-Hansen
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

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Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO