

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

PRINTED: 10/12/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G295</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/04/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINEWOOD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2101 BEAUTY STREET STATESVILLE, NC 28625</b>		
(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><b>PROTECTION OF CLIENTS RIGHTS</b> 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 6 clients (#4) relative to toileting. The finding is:</p> <p>Observation in the group home on 10/4/22 at 6:26 AM revealed client #4 to be using the restroom with the door open and staff G to be standing in the door way. Continued observation revealed staff G to remain standing in the door way and provide verbal toileting instructions to client #4. Further observation at 6:30 AM revealed staff G to prompt client #4 to wash their hands, however, no soap or hand towels were observed to be present.</p> <p>Interview with the qualified intellectual disabilities professional on 10/4/22 confirmed staff should ensure privacy during toileting needs.</p>	W 130			
W 189	<p><b>STAFF TRAINING PROGRAM</b> CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure staff were sufficiently trained in hygiene methods specific to ensuring hand soap and hand towels were accessible in the bathroom for 6 of 6 clients (#1, #2, #3, #4, #5, and #6). The finding is:</p>	W 189			

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.

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

PRINTED: 10/12/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G295</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/04/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINEWOOD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2101 BEAUTY STREET STATESVILLE, NC 28625</b>		
(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 189	Continued From page 1  Observations in the group home throughout the 10/3-4/22 survey revealed hand soap and hand towels were absent in one of the homes two bathrooms. Continued observations throughout the survey revealed multiple client's to utilize the bathroom without hand soap or hand towels accessible.  Interview with staff F on 10/4/22 revealed they were unaware the bathroom did not have hand soap or hand towels. Interview with the qualified intellectual disabilities professional on 10/4/22 confirmed it is staff's responsibility to ensure appropriate hygiene items and products are accessible in each bathroom.	W 189			