

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G118	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/02/2022
NAME OF PROVIDER OR SUPPLIER SHANNONBROOK HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 914 WEST FIRST STREET NEWTON, NC 28658		
(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 226	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>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 a person centered plan within 30 days of admission for 1 client (#2). The finding is:</p> <p>Review of record for client #2 on 11/1/22 revealed an admission date of 9/10/22. Continued review revealed no person centered plan (PCP) implemented for client #2. Further review revealed informal training objective to include: bathing, identify colors, put on a shirt, request to use the restroom and utensil use during meal times.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 11/2/22 verified that there is no formal PCP implemented for client #2. Continued interview with the QIDP confirmed the PCP meeting for client #2 was held on 10/20/22 and a draft copy is ready to review and feedback. The QIDP additionally confirmed client #2's PCP should have been completed within thirty days of the client's admission.</p>	W 226			
W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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</p>	W 249			

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

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W 249	<p>Continued From page 1 plan.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interviews, and record reviews, the facility failed to assure a continuous active treatment program was provided relative to the use of communication objects and devices as identified in the person centered plans for 2 sampled clients (#3 and #5) The findings are:</p> <p>A. The facility failed to ensure that program objectives were implemented as prescribed to support the needs of client #3 relative to communication. For example:</p> <p>Afternoon observations in the group home on 11/1/22 from 4:00 PM to 6:00 PM revealed client #3 to participate in the following activities to include: leisure, wash hands, fix his plate, eat dinner, and take his dishes to the sink. Further observations revealed client #3 to transition from one area to the next following verbal prompts from staff. Continued observations revealed at no point during observation was client #3 prompted or offered to use objects to perform tasks as a way of communicating.</p> <p>Morning observations on 11/2/22 from 6:15 AM -8:45 AM revealed client #3 to sit on the sofa in the living room, fix his plate and eat breakfast, take his dishes to the kitchen, participate in medication administration and offer choices of leisure activities. Further observations revealed client #3 to transition from one area to the next following verbal prompts from staff. Continued observations revealed at no point during observation was client #3 prompted or offered to</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>use objects to perform tasks as a way of communicating.</p> <p>Review on 11/2/22 of client #3's record revealed a person-centered plan (PCP) dated 9/30/22. Review of the PCP revealed the following program goals: fire drills, communication, napkin use, sort colors, accept facemask from staff, work behaviors, wet wash cloth and handwashing. Further review of the communication goal revealed client will use objects to transition through his daily routine.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) and program manager (PM) on 11/2/22 verified that client #3's program goals are current. Further interview with the habilitation specialist confirmed that staff should follow the communication goal for client #3 as prescribed.</p> <p>B. The facility failed to ensure that program objectives were implemented as prescribed to support the needs of client #5 relative to communication. For example:</p> <p>Afternoon observations in the group home on 11/1/22 from 4:00 PM to 6:00 PM revealed client #5 to participate in the following activities to include: leisure, wash hands, fix his plate, eat dinner, and take his dishes to the sink. Further observations revealed client #5 to take his clothing protector to the laundry room then transition to the bathroom. Continued observations revealed at no point during observation was client #5 prompted or offered to use his Accent 1000 device.</p> <p>Morning observations on 11/2/22 from 6:15 AM</p>	W 249			

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W 249	Continued From page 3 -8:45 AM revealed client #5 to sit in his bedroom, complete personal hygiene, fix his plate and eat breakfast. Further observations revealed client #5 to take his dishes to the kitchen, participate in medication administration, offer choices of leisure activities and sit in the livingroom. Continued observations revealed client #5 to transition from one area to the next following verbal prompts from staff. Subsequent observations revealed at no point during observation was client #5 prompted or offered to utilize his Accent 1000 communicating device. Review on 11/2/22 of client #5's record revealed a person-centered plan (PCP) dated 5/9/22. Review of the PCP revealed the following program goals: jokes and riddles on accent 1000, laundry, clean sink, communication, signal to use bathroom and rate of eating. Further review of the communication goal revealed the client will improve his communication by independently using his Accent 1000 device. Interview with the qualified intellectual disabilities professional (QIDP) and program manager (PM) on 11/2/22 verified client #5's program goals are current. Further interview with the habilitation specialist confirmed that staff should follow communication goal for client #5 as prescribed.	W 249			
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure quarterly fire evacuation drills were conducted for each shift of personnel for the	W 440			

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W 440	<p>Continued From page 4 review year. The finding is:</p> <p>Review of the facility fire drill reports on 11/2/22 for the 12-month review year from 9/2021 - 10/2022 revealed only 7 out of 12 fire drills were conducted. Continued review of fire drill reports revealed fire evacuation drills were completed on the following dates and shifts: 10/21/21 (1st), 11/29/21 (1st), 12/29/21 (3rd), 1/28/22 (1st), 3/29/22 (3rd), 7/31/22 (1st), 8/18/22 (3rd).</p> <p>Interview with the facility program manager (PM) on 11/2/22 revealed that fire drills for each shift of personnel could not be located during the survey. Continued interview with the qualified intellectual development professional (QIDP) and PM confirmed that each facility should have conducted fire evacuation drills for each shift of personnel each quarter of the review year.</p>	W 440		