

| 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 11/22/2022 |
|---|---|---|---|----------------------|---|
| 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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| W 130 | <p>PROTECTION OF CLIENTS RIGHTS 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, record review, and interviews, the facility failed to ensure privacy during toileting for 1 of 3 non-sampled clients (#6). The finding is:</p> <p>Observations in the group home 11/22/22 at 7:13 AM revealed client #6 to enter the bathroom and sit on the toilet with the door open. Continued observation revealed client #1 to enter the bathroom and stand in front of client #6 with the door open. Interim observation revealed staff to yell instructions for client #6 to close the bathroom door for privacy when client #4 yelled that client #6 need to close the bathroom door. Further observation revealed client #6 to exit the bathroom without washing his hands. Subsequent observation revealed client #1 to finish toileting and exit bathroom without washing his hands.</p> <p>Record review on 11/22/22 revealed a person centered plan for client #6 dated 9/14/22. The PCP for client #6 revealed a goal to close bathroom door for privacy. Further review of records for client #6 revealed a mini team record dated 10/10/22 to revise the "close bathroom door for privacy" by increasing the verbal prompt sequence from one prompt to two prompts.</p> <p>Interview with the Residential Team Leader and Qualified Intellectual Disabilities Professional on 11/22/22 confirmed client #6 should have closed the bathroom door to ensure privacy and staff</p> | 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 should have provided supervision and prompts for him to close the door. | W 130 | | | |
| 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 observations, record review and interview, the facility failed to implement specific objectives necessary to meet the needs of 1 of 3 sampled clients (#5) relative to boundaries and personal space. The finding is: Observation in the group home on 11/21/22 at 4:21 PM revealed client #5 to sit on staff C's lap and watch a movie in the living room. Continued observation at 4:50 PM revealed client #5 to climb on top of staff C's shoulders and for the staff to stand up and bounce client #5 on his shoulders in a playful manner. Further observation at 5:08 PM revealed client #5 to approach the surveyor, initiate a hug and proceed to knock the surveyor off balance. Subsequent observation revealed staff C to redirect client #5 away from the surveyor. Review of client #5's record on 11/22/22 revealed a person-centered plan (PCP) dated 9/23/22. Continued review of client #5's record revealed a behavior support plan (BSP) dated 1/1/22 which indicated target behaviors of un-cooperation, insistence behavior, aggressive behavior, and disrupted sleep. Review of the planned interventions for aggression indicated staff should teach, model and prompt good social skills, i.e. | W 227 | | | |

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| W 227 | Continued From page 2 ensuring personal space, hands to self, speaking kindly and using manners. Further review of client #5's record revealed a psychological evaluation dated 9/1/22 which indicated client #5 has behavioral challenges in the area of personal boundaries and although his formal behavior plan is written it has not been implemented over the last year. Interview with qualified intellectual disabilities professional (QIDP) and residential team leader (RTL) on 11/22/22 confirmed they were aware of client #5's BSP and target behaviors. Continued interview revealed no consents were ever obtained and the human right committee (HRC) has never met to approve client #5's BSP. Further interview verified client #5's BSP has never been formally implemented and revealed the HRC is scheduled to meet in December. | W 227 | | | |
| W 312 | DRUG USAGE CFR(s): 483.450(e)(2) be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medications used to manage behavior were integrated into the behavior support plan (BSP) for 1 of 3 sampled clients (#5). The finding is: Observations in the group home throughout the 11/21/22 survey revealed client #5 to engage in impulsive and hyperactive behaviors, to include running around the house, jumping on furniture, | W 312 | | | |

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| W 312 | Continued From page 3 and invading others personal space. Review of client #5's record on 11/22/22 revealed a person-centered plan (PCP) dated 9/23/22. Review of the PCP revealed client #5 is diagnosed with mild intellectual developmental disability, Autism Spectrum Disorder and Attention Deficient-Hyperactivity Disorder. Continued review of client #5's record revealed physician's orders dated 11/4/22 which indicated client #5 is currently prescribed Adderall XR 5 mg PO daily, Zyrtec 10 mg PO daily and Risperidone 0.5 mg PO daily. Further review of client #5's record revealed a BSP dated 1/1/22 which indicated target behaviors of un-cooperation, insistence behavior, aggressive behavior, and disrupted sleep. Continued review of the BSP revealed no indication for how specific target behaviors for which medication is prescribed will be reduced or eliminated. Interview with qualified intellectual disabilities professional (QIDP) and residential team leader (RTL) on 11/22/22 revealed a formal BSP was written on 1/1/22 for client #5, however they have failed to formally implement it. Continued interview with the QIDP and RTL confirmed client #5's behavior medications and its purpose along with planned outcomes should be detailed in the BSP. | W 312 | | | |
| W 455 | INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: The facility failed to ensure an active program for | W 455 | | | |

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| W 455 | <p>Continued From page 4</p> <p>the prevention and control of infection and communicable diseases was present in the group home as required as evidenced by observations, record review, and interviews. The finding is:</p> <p>Observations in the group home on 11/21/22 from 4:00 PM to 5:30 PM revealed staff E to enter the group home to begin her shift of duty and not wear a face mask to limit the potential spread of the COVID-19 virus as required at this time by the Centers for Medicare and Medicaid Services (CMS). Further observation on 11/21/22 revealed staff A and C to be in violation of the facilities policies and procedures for employees granted religious exemption that required them to wear additional PPE, such as double surgical mask and./or a surgical mask and face shield.</p> <p>Observation in the group home on 11/22/22 revealed staff A, C, and F to be in violation of the facilities religious exemption that required them to wear additional PPE, such as double surgical mask and./or a surgical mask and face shield. Subsequent observation of staff throughout survey both days 11/21-22/22 noted staff A, B, C and G to allow face mask covering to be below their nose which is contrary to the guidelines for proper wear.</p> <p>Record review on 11/22/22 reviewed the facilities policies and procedures. Review of the policies and procedures revealed employees granted a religious exemption are required to wear additional PPE, such as double surgical masks and/or a surgical mask and face shield.</p> <p>Interview with the Residential Team Leader and Qualified Intellectual Disabilities Professional on 11/22/22 revealed face masks are requirement in</p> | W 455 | | | |

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| W 455 | Continued From page 5 the group home and per the facility's policies and procedures for employees granted a religious exemption are required to wear additional PPE, such as double surgical masks and/or surgical mask and face shields. | W 455 | | | |