

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

PRINTED: 01/26/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G109	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2023
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NAME OF PROVIDER OR SUPPLIER PENNY LANE II	STREET ADDRESS, CITY, STATE, ZIP CODE 2830 HIGHWAY 70 EAST CLAREMONT, NC 28610
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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 and interviews, the facility failed to ensure privacy during personal care and toileting for 1 of 3 sampled clients (#6). The finding is:</p> <p>Observations in the group home on 1/23/23 at 7:13 AM revealed client #6 to crawl on the floor to the bathroom then redirected back to her room by staff B to wait for first shift to come in and assist with her shower. Continued observation at 7:20 revealed client #6 to crawl back to the bathroom shirtless and redirected by staff D back to her room to get dressed. Further observation at 7:28 AM revealed this surveyor to walk past the bedroom door to find client #6 unclothed as the bedroom door remained open. Subsequent observation revealed other staff working in the home to pass by client's bedroom while getting dressed with the door open.</p> <p>Additional observations at 8:45 AM revealed staff B to request staff E to take client #6 to the bathroom. Continued observations revealed staff E to prompt client #6 to pull down her pants and sit on the toilet with the door open. Further observations further revealed staff E to exit and re enter the bathroom and leave the door open on two separate occasions while client was toileting. Subsequent observation at 8:55 AM revealed this surveyor to walk past the bathroom door to find client #6 sitting on the toilet with the door open. At no point during the observation did staff close or prompt client #6 to close the door for privacy.</p>	W 130		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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	W 130			
W 249	<p>Interview with the facility administrator (FA) on 1/24/23 revealed staff should have prompted and assisted client #6 with maintaining privacy during personal care and toileting.</p> <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 plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 4 of 4 (#1, #2, #3 and #6) received a continuous active treatment program as identified in the person-centered plan (PCP). The findings are:</p> <p>A. The facility failed to implement active treatment programming for client #1. For example:</p> <p>Evening observation in the group home on 1/23/23 from 4:00 PM - 6:00 PM revealed client #1 to lay in his room, come out for a snack at 4:40 PM, reenter his room, participate in the dinner meal, go to the bathroom, then back to his room. Continued observation did not reveal staff to prompt or offer client #1 to engage in any programming or leisure activities</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>Morning observation in the group home on 1/24/23 from 6:30 AM to 9:00 AM revealed client #1 to lay in his room, come out to participate in a breakfast meal, take dishes to the sink, medication administration, then re enter his room. Continued observation revealed client #1 to sit in the livingroom, waiting to get on the van heading to the day program. Further observation did not reveal staff to prompt or offer client #1 to engage in any programming or leisure activities.</p> <p>Review of client #1's record on 1/24/23 revealed a PCP dated 5/21/22. Review of the PCP revealed client #1's programs to include IPad-choose card talk, shoe toleration, communication pictures, eat without stealing food, privacy of others, balanced diet, remain seated for one minute and visual task sequence.</p> <p>B. The facility failed to implement active treatment programing for client #2. For example:</p> <p>Evening observation in the group home on 1/23/23 from 4:00 PM - 6:00 PM revealed client #2 to sit in her room, go to the bathroom at 5:10 PM, participate in the dinner meal, then back to her room. Continued observation did not reveal staff to prompt or offer client #2 to engage in any programming or leisure activities.</p> <p>Morning observation in the group home on 1/24/23 from 6:30 AM to 9:00 AM revealed client #2 to lay in her room, come out to participate in a breakfast meal and medication administration. Continued did not reveal staff to prompt or offer client #2 to engage in any programming or leisure activities.</p> <p>Review of client #2's record on 1/24/23 revealed</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>a PCP dated 5/5/22. Review of the PCP revealed client #2's programs to include walk with walker, eat appropriately, bathing, work behaviors and wash hands.</p> <p>C. The facility failed to implement active treatment programing for client #3. For example:</p> <p>Evening observation in the group home on 1/23/23 from 4:00 PM - 6:00 PM revealed client #3 to sit in her room, participate in the dinner meal, then back to her room. Continued observation did not reveal staff to prompt or offer client #3 to engage in any programming or leisure activities.</p> <p>Morning observation in the group home on 1/24/23 from 6:30 AM to 9:00 AM revealed client #3 to lay in her room, participate in a breakfast meal, medication administration, then to the bathroom. Continued observation did not reveal staff to prompt or offer client #1 to engage in any programming or leisure activities.</p> <p>Review of client #3's record on 1/24/23 revealed a PCP dated 4/26/22. Review of the PCP revealed client #3's programs to include match colors, wash hands, dry neck and face mask.</p> <p>D. The facility failed to implement active treatment programing for client #6. For example:</p> <p>Evening observation in the group home on 1/23/23 from 4:00 PM - 6:00 PM revealed client #6 to lay in her room while staff sits outside the bedroom door, participate in the dinner, then back to her room. Continued observation did not reveal staff to prompt or offer client #6 to engage in any programming or leisure activities.</p>	W 249			

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W 249	Continued From page 4 Morning observation in the group home on 1/24/23 from 6:30 AM to 9:00 AM revealed client #6 to lay in her room, crawl back and forth from the bathroom to her bedroom, crawl into her chair, participate in a breakfast meal, medication administration, then to the bathroom. Continued observation did not reveal staff to prompt or offer client #1 to engage in any programming or leisure activities. Review of client #6's record on 1/24/23 revealed a PCP dated 12/22/22. Review of the PCP revealed client #6's programs to include oral motor exercises, identify dollar bill, face masks, expressing feelings with dynavox, choose an activity via dynavox, and wash upper body. Interview with the facility staff on 1/23/23 and 1/24/23 revealed the group home is short staffed and the staff currently working are PRN staff who fills in as needed until permanent staff is hired. Interview with the facility administrator (FA) on 1/24/23 revealed all clients program goals are current. Continued interview with the FA confirmed staff presently working at the group home during the 1/23/23/ 1/24/23 survey are staff assigned to another home. Further interview revealed staff should have offered or prompt all clients to participate in program goals and leisure activities as prescribed.	W 249			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.	W 369			

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W 369	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for client #2 observed during medication administration. The finding is:</p> <p>Observations in the group home on 1/24/23 at 9:05 AM revealed staff D to propel client #2 to the medication room to administer her medications. Continued observation revealed client to participate in punching a pill out of the blister pack and staff D to provide education. Further observation revealed client to receive all medications at 9:10 AM.</p> <p>Review of records for client #2 on 1/24/23 revealed physician orders dated 1/2023. Review of the 1/2023 physician order revealed medications to administer at 8:00 AM to include; bupropn HCL 300mg, calcium+D 600/400 (10mcg), chlorhex glu sol 0.12%, divalproex 500mg dr, levothyroxin 200mcg (7:30 AM) , linzess 290mcg, lorazepam 1mg, sertraline 100mg, vitamin D3 2000 IU (50mcg) and ziprasidone 60mg.</p> <p>Interview with the facility nurse on 1/24/23 verified the physician orders dated 1/2023 to be current. Continued interview with the facility nurse revealed medications can be administered one hour before and one hour after prescribed time. Further interview revealed staff D did not notify nursing that medications were not administered to client #2 as prescribed.</p>	W 369			
W 440	<p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p>	W 440			

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W 440	<p>Continued From page 6</p> <p>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 review year. The finding is:</p> <p>Review of the facility fire drill reports on 1/24/23 for the 12-month review year from 2/2022 - 1/2023 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: 2/8/22 (2nd), 3/2/22 (1st), 4/3/22 (1st), 5/4/22 (2nd), 6/2/22 (3rd), 9/28/22 (3rd) and 1/13/23 (1st).</p> <p>Interview with the facility administrator (FA) on 1/24/23 confirmed that fire drills for each shift of personnel could not be located during the survey. Continued interview with the FA verified each facility should have conducted fire evacuation drills for each shift of personnel each quarter of the review year and the agency is working on improving their completing and monitoring process.</p>	W 440			