STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G087	A. BUILDING _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNY LANE #1	**2840 HWY 70 EAST CLAREMONT, NC 28610**

(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 observations, record review and interview, the facility failed to ensure 1 of 6 clients (#3) received a continuous active treatment program consisting of needed interventions as identified in the person-centered plan (PCP). The finding is: Observations at the day program on 3/14/23 from 1:55 PM to 2:10 PM revealed client #3 to sit in his wheelchair unengaged in the classroom. Observations at the group home on 3/14/23 from 4:00 PM to 5:17 PM revealed client #3 to sit in his wheelchair unengaged in the kitchen prior to the dinner meal. Observations at the group home on 3/15/23 from 7:40 AM to 8:00 AM revealed client #3 to sit in his wheelchair unengaged in the kitchen after the breakfast meal. Observations during the 3/14-15/23 survey revealed no staff to offer or support client #3 with opportunities for formal or informal training or engagement. Review of client #3's record on 3/15/23 revealed a PCP dated 10/5/22. Review of the client's PCP revealed he utilizes a wheelchair and is non-ambulatory. Continued review of the client's	W 249		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G087	A. BUILDING _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNY LANE #1	2840 HWY 70 EAST CLAREMONT, NC 28610

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W 249	Continued From page 1 PCP indicated his training programs to include key chain of pictures to communicate, switches to modify food independently, iPad participation, increase walk time, tolerate tooth brushing for 1 ½ minutes, facemask tolerance, and identify names with distracters. Further review of the client's PCP indicated staff should offer activities to keep the client involved and provide him with options. Interview with the qualified intellectual disabilities professional (QIDP) on 3/15/23 verified client #3's training programs to include iPad participation, increase walk time, tolerate tooth brushing for 1 ½ minutes, facemask tolerance, and identify names with distracters. Continued interview with the QIDP revealed staff should be using client #3's communication key chain as it is the only way to communicate with him. Further interview with the QIDP confirmed staff should provide client #3 with continuous program support and active engagement in all settings.	W 249		