| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G077 | A. BUILDING _____ B. WING _____ | C 04/27/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **BONNIE LANE GROUP HOME** | **121 BONNIE LANE STATESVILLE, NC 28625** |

| (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 000 | INITIAL COMMENTS<br><br>A complaint survey was completed on 4/27/23 for Intake #00201365. The complaint was unsubstantiated. However, deficiencies were cited. | W 000 | | |
| W 154 | STAFF TREATMENT OF CLIENTS<br>CFR(s): 483.420(d)(3)<br><br>The facility must have evidence that all alleged violations are thoroughly investigated.<br>This STANDARD is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to ensure an allegation of abuse was thoroughly investigated after immediately becoming aware of the reported incident. The finding is:<br><br>Review of facility records/documents on 4/27/23 revealed no internal inquiry conducted, no internal investigation conducted, and no incident reports provided by the facility for report of abuse allegation on 4/19/23.<br><br>Review of records on 4/27/23 revealed a time sheet for staff A for the dates 4/9/23 to 4/29/23. Continued review of the time sheet revealed staff A worked assigned shifts.<br><br>Review on 4/27/23 of the facility's internal policy 102.05 Abuse, Neglect and Exploitation revealed that all staff are required to immediately report.<br><br>Review on 4/27/23 of the facility's NC/MH/IDD/SU Services Manual revealed policy 102.05 Abuse, Neglect and Exploitation which defines neglect as the failure to provide services and supports necessary to protect a person from serious physical and/or psychological harm. Continued | W 154 | | |

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

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|---|---|---|---|---|
| W 154 | Continued From page 1<br>review of the facility's policy revealed the facility has zero tolerance for intentional neglect or unintentional neglect that results in harm or significant risk of harm. Actions taken toward staff involved in incidents that occur due to an act of carelessness, omission, accident or distraction that results in no harm or risk to a person receiving services will be determined by management and may include disciplinary action up to and including termination.<br><br>Interview on 4/27/23 with the residential team leader (RTL) revealed that the RTL was notified on 4/20/23 via text message from the QIDP regarding DSS investigation. Continued interview with the RTL verified that an investigation should have been conducted.<br>Further interview with RTL verified that no body checked the clients after the alleged incident was conducted and no removal of staff.<br><br>Interview with the facility administrator on 4/27/23 verified measures to ensure client protection had not been taken with regards to being notified of an allegation of an abuse allegation. Interview with the VP of Operation on 4/27/23 verified that an internal inquiry should have been conducted and staff should have been suspended. | W 154 | | |
| W 155 | STAFF TREATMENT OF CLIENTS<br>CFR(s): 483.420(d)(3)<br><br>The facility must prevent further potential abuse while the investigation is in progress.<br>This STANDARD is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to implement sufficient client protection measures immediately after becoming aware of an abuse allegation. The finding is: | W 155 | | |

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| | 34G077 | A. BUILDING _____ B. WING _____ | C 04/27/2023 |

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|---|---|---|---|---|
| W 155 | Continued From page 2<br><br>Review of records on 4/27/23 revealed a time sheet for staff A for the dates 4/9/23 to 4/29/23. Continued review of the time sheet for staff A revealed that staff A worked assigned shifts.<br><br>Review on 4/27/23 of the facility's NC/MH/IDD/SU Services Manual revealed policy 102.05 Abuse, Neglect and Exploitation which defines neglect as the failure to provide services and supports necessary to protect a person from serious physical and/or psychological harm. Continued review of the facility's policy revealed the facility has zero tolerance for intentional neglect or unintentional neglect that results in harm or significant risk of harm. Actions taken toward staff involved in incidents that occur due to an act of carelessness, omission, accident or distraction that results in no harm or risk to a person receiving services will be determined by management and may include disciplinary action up to and including termination.<br><br>Interview on 4/27/23 with the residential team leader (RTL) revealed that the RTL was notified on 4/20/23 via text message from the QIDP regarding DSS investigation. Continued interview with the RTL verified that an investigation should have been conducted. Further interview with RTL verified that no body checked the clients after the alleged incident was conducted and no removal of staff.<br><br>Interview with the facility administrator on 4/27/23 verified measures to ensure client protection had not been taken with regards to being notified of an allegation of an abuse. Interview with the VP of Operation on 4/27/23 verified that an internal inquiry should have been conducted which would | W 155 | | |

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|---|---|---|---|---|
| W 155 | Continued From page 3<br>have led into an internal investigation and staff should have been suspended. | W 155 | | |