

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

PRINTED: 08/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G341	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/16/2023
NAME OF PROVIDER OR SUPPLIER WOODING PLACE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 112 WOODING PLACE KINGS MOUNTAIN, NC 28086		
(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 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that 2 out of 6 clients (#1 and #3) were treated with dignity and respect regarding the use of incontinence padding. The finding is:</p> <p>During observations in the home on 8/15/23 at 4:30 PM, client #3 was observed sitting in a wheelchair with an incontinence pad clearly visible under the client's body. Further observation revealed an incontinence pad sitting on a recliner in the living room.</p> <p>During observations in the home on 8/16/23 at 6:52 AM, client #1 was observed to sit in the living room recliner on top of the previously placed incontinence pad while staff were present and supervising them. Further observation revealed client #3 to be wheeled to the dining room in her wheelchair with an incontinence pad again clearly visible under their body.</p> <p>Interviews with the Qualified Intellectual Disability Professional (QIDP) and Home Supervisor (HM) on 8/16/23 revealed that the purpose of the incontinence pads is to prevent damage to furniture and equipment from toileting accidents. Further interview confirmed that use of the incontinence pads violates the clients' right to dignity.</p>	W 125			
W 249	PROGRAM IMPLEMENTATION	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.

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W 249	<p>Continued From page 1 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: The facility failed to assure a continuous active treatment program consisting of needed interventions and services was provided for 1 of 3 sampled clients (#4) regarding communication objectives as evidenced by observations, interviews, and record verification. The finding is:</p> <p>During observations in the group home throughout the survey on 8/15/23 - 8/16/23, client #4 was observed to play a game of monopoly, participate in meals, and participate in other various activities of daily living. Throughout the observations, at no time was client #4 or staff observed to use sign language.</p> <p>Review on 8/15/23 of client #4's individual program plan (IPP) dated 9/15/22 revealed a training objective for client #4 to "use sign language to express his wants and preferences (eat, drink, finished, more, open, help)".</p> <p>Interview on 8/16/23 with the qualified intellectual disabilities professional (QIDP) and home manager (HM) confirmed staff should use signs with client #4 at appropriate times throughout his</p>	W 249			

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W 249	Continued From page 2 day, including meal times.	W 249			