

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

PRINTED: 09/21/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G248	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2023
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NAME OF PROVIDER OR SUPPLIER HOLLINGSWOOD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 214 HOLLINGSWOOD DRIVE STATESVILLE, NC 28677
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(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
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W 249	<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 review and interview, the facility failed to ensure 1 of 3 sampled clients (#3) received continuous active treatment program consistent of needed interventions as identified in the person-centered plan (PCP) relative to meal prep. The finding is:</p> <p>Evening observations in the group home on 9/19/23 at 4:45 PM revealed client #3 to be in the kitchen socializing with staff A. Continued observation revealed client #3 to ask staff A to help with the dinner meal. Further observation revealed staff A to direct client #3 to go watch something on the television.</p> <p>Morning observation in the group home on 9/20/23 at 7:00 am revealed client #3 to be instructed to sit at the table for her breakfast meal. Continued observation revealed client #3 to sit at table and be served a breakfast meal consisting of the following: a bowl of oatmeal, a plate with turkey sausage cut into ½ pieces with an ½ portion of English muffin covered with a thin layer of sugar free jelly, pears, decaf coffee, orange juice and water. Further observation</p>	W 249		
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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</p> <p>revealed client #3 to independently consume only oatmeal, decaf coffee, and orange juice. Subsequent observation revealed client #3 to exit the table at 7:17 AM and ambulated to her medication pass.</p> <p>Review of records on 9/20/23 revealed a person-centered plan (PCP) dated 4/17/23. Further review of the PCP revealed the following goals: dry clothes in dryer, change bed, organize room, meal prep, attend to task, oral hygiene and getting along with others. At no point during the dinner or breakfast meals was client #3 offered the opportunity to participate in meal prep for either meal.</p> <p>Interview with the facilities qualified intellectual disabilities professional (QIDP) and facility administrator (FM) on 9/20/23 revealed staff should have offered client #3 the opportunity to participate in the dinner and breakfast meal prep. Continued interview with the QIDP and FM verified that client #3's goals are current. Further interviews with the QIDP and FM verified that staff should follow all program goals for client #3 as written.</p>	W 249		