

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

PRINTED: 04/05/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G018	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER SPRINGDALE LANE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 934 SPRINGDALE LANE GASTONIA, NC 28052		
(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 137	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure clients had the right to retain and use appropriate personal possessions and clothing affecting 5 of 5 clients (#1, #2, #3, #4, #5). The finding is:</p> <p>Observations throughout the 4/2/24-4/3/24 survey revealed two bathrooms in the facility. Continued observations revealed the two bathrooms to have several used toothbrushes stacked on top of each other and tubes of toothpaste with remnants of dried toothpaste in the plastic storage bin. Further observations revealed the plastic storage bins to have several open containers of lotion, shower gel, and shampoo. Additional observations revealed several opened packages of adult briefs in the clear storage bins.</p> <p>Interview with the home manager (HM) and Assistant ICF Director on 4/3/24 revealed that the open and used toiletries should be in the clients' rooms or with their specifically identified toiletries and supplies.</p> <p>Interview with the Assistant ICF Director also revealed that clients' personal possessions should be either in their rooms or in their shower caddy. Continued interview with the Assistant ICF Director revealed she will also ensure that the clients' toiletries and supplies will be stored to protect the clients' dignity and respect.</p>	W 137			
W 288	MGMT OF INAPPROPRIATE CLIENT	W 288			

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 288	<p>Continued From page 1</p> <p>BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all interventions to manage inappropriate behavior were incorporated into an active treatment program for 1 of 6 clients (#2). The finding is:</p> <p>Observations during the 4/2/24-4/3/24 recertification survey revealed client #2's clothing to hang on a clothing rack and clear plastic storage bin inside of the hall closet. Observations also revealed client #2's room closet to have shoes in a clear storage organizer.</p> <p>Review of the record for client #2 revealed an individual support plan (ISP) for client #2 dated 10/24/23 which indicated the following diagnosis: I/DD severe, PICA, expressive language disorder, autism spectrum disorder, and Encephalopathy. Continued review of the ISP for client #2 revealed the following program goals: stay on task with each structured activity, 2-hour toileting schedule, utilize visual cues to initiate daily hygiene tasks, use iPad to increase independence, communicate his daily needs using his words, increase daily living skills, exercise goal, increase communication skills, rate of eating goal, use his snack refrigerator to eliminate taking food from others, and utilize his glasses.</p> <p>Subsequent review of the record for client #2 revealed a behavior support plan (BSP) dated 9/23/23 which indicated the following target</p>	W 288			

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W 288	Continued From page 2 behaviors: PICA, aggression, self-injurious behaviors (SIBs), feces smearing, changing clothes, and stripping. Review of the BSP for client #2 did not reveal behavioral interventions relative to removing clothing from his room to address smearing feces or PICA. Interview with the home manager (HM), Assistant ICF Director, and qualified intellectual disabilities professional (QIDP) on 4/3/24 revealed they were unaware that keeping client #2's clothing in the hall closet is a formal intervention that would require human rights committee (HRC) review and signatures. Continued interview with the HM and Assistant ICF Director also revealed client #2 does not have any formal programs or interventions relative to smearing feces on his belongings. Subsequent interview with the QIDP revealed all of client #2's program goals and interventions are current. Further interview with the HM and QIDP revealed they were unaware that keeping client #2's clothing outside of his room and in the hallway closet needs to be written in the BSP and ISP as well as written approval from the human rights committee (HRC) and legal guardian.	W 288			
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii) Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to serve food in a form consistent with the clients' developmental level and prescribed diets of 2 of 6 clients (#1, #4). The findings are:	W 474			

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W 474	<p>Continued From page 3</p> <p>A. The facility failed to ensure the prescribed diet for client #4. For example:</p> <p>Observations in the group home on 4/2/24 at 5:20 PM revealed the dinner meal to be hot dogs, hot dog buns, cucumber and tomato salad, baked beans and cupcakes. Continued observations revealed the hot dog and salad to be served ground, and the hot dog bun to be served in a whole consistency. Further observation revealed client #4 to consume the food as presented.</p> <p>Record review on 4/3/24 revealed a speech and language assessment for client #4 dated 6/9/23 which stated, "Dysphagia evaluation completed given mechanical soft texture." Continued record review revealed an Individual Support Plan (ISP) dated 7/13/23 which states that the current diet for client #4 is 1800 calorie, ground consistency.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) confirmed that client #4's diet order is current and that staff should have assisted him to prepare all of his food to a ground consistency.</p> <p>B. The facility failed to ensure the prescribed diet for client #1. For example:</p> <p>Observations in the group home on 4/2/24 at 5:20 PM revealed the dinner meal to be hot dogs, hot dog buns, cucumber and tomato salad, baked beans and cupcakes. Continued observations revealed the hot dog to be served cut into large pieces, and the hot dog bun and salad to be served in whole consistency. Further observation revealed client #1 to consume the food as presented.</p>	W 474			

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W 474	Continued From page 4 Observations in the group home on 4/3/24 at 7:35 AM revealed the breakfast meal to be spinach, tomato and cheese omelet, whole wheat toast, margarine and jelly. Continued observation revealed staff to serve the toast cut in two halves and client #1 to consume the toast as presented. Record review on 4/3/24 revealed a speech and language assessment for client #1 dated 12/1/23 which stated, "Due to endentulous status, mechanical soft/chopped meats is recommended." Continued record review revealed an Individual Support Plan (ISP) dated 12/5/23 which states that the current diet for client #1 is regular, mechanical soft/chopped consistency. Interview with the qualified intellectual disabilities professional (QIDP) confirmed that client #1's diet order is current and that staff should have assisted her to prepare her food to a mechanical soft consistency.	W 474			