S FOR MEDICARE &	CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-0391		
F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED			
	34G141 B W		WING			R		
OVIDER OR SUPPLIER	346141	<u> </u>		REET ADDRESS, CITY, STATE, ZIP CODE	06/	06/2024		
FRANKLIN GROUP HOME			GASTONIA, NC 28054					
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)					ACTION SHOULD BE COMPLETION TO THE APPROPRIATE DATE			
Initial Comments		E	000					
for all pervious deficie All deficiencies have l	encies cited on 04/03/2024. been corrected and no new							
						(X6) DATE		
	F DEFICIENCIES CORRECTION	F DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA   CORRECTION IDENTIFICATION NUMBER:   34G141   OVIDER OR SUPPLIER   GROUP HOME   SUMMARY STATEMENT OF DEFICIENCIES   (EACH DEFICIENCY MUST BE PRECEDED BY FULL   REGULATORY OR LSC IDENTIFYING INFORMATION)	FDEFICIENCIES (X1) PROVIDER/SUPPLIER/CLA (X2) MULI   CORRECTION 34G141 B. WING   OVIDER OR SUPPLIER GROUP HOME ID   SUMMARY STATEMENT OF DEFICIENCIES ID PREFICIENCY   REGULATORY OR LSC IDENTIFYING INFORMATION) TAG ID   Initial Comments E1   A follow up survey was completed on 06/06/2024 FOR all pervious deficiencies cited on 04/03/2024. All deficiencies have been corrected and no new non-compliance was found.	F DEFICIENCIES CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTPLE A. BUILDING	IF EFFCIENCINGES (X1) PROVIDERSUPPLIERCUA IDENTIFICATION NUMBER: (X2) MULTIFIC CONSTRUCTION A BUILDING   34G141 B. WING   GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE 1101 FRANKLIN BLVD GASTONIA, KC 28051   GROUP HOME DENDEROR VIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRE-TX TAG CROSPRETERVENCED TO THE APPROPRIU (EACH OBERICE TO THE APPROPRIU EACH OBERICE TO THE APPROPRIU EACH OBERICE TO THE APPROPRIU (EACH OBERICE TO THE APPROPRIU DEFICIENCY) DEFICIENCY   Initial Comments E 000   A follow up survey was completed on 06/06/2024 for all pervicus deficiencies cited on 04/05/2024. All deficiencies have been corrected and no new non-compliance was found. E 000	FEEFORENCES (N1) PROVDERIGUPLERICUA DENTIFICATION NUMBER: (N2) MULTIPIC CONSTRUCTION A BUILDING (N3) Gat Comment A BUILDING (N3) Gat Comment B Comment GROUP HOME STREETADORESS, CITY, STATE, 2P CODE 1101 FRANKLIN BLVD GASTONIA, NC 20054   OWDER OR SUPPLER GROUP HOME STREETADORESS, CITY, STATE, 2P CODE 1001 FRANKLIN BLVD GASTONIA, NC 20054 ID COMMENT CAC COMMENT (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)   Initial Comments ID COMPICIES have been corrected and no new non-compliance was found. E 000		

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES.

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