DEPART	MENT OF HEALTH	AND HUMAN SERVICES					APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	-		0	<u>MB NO.</u>	0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	Сом	E SURVEY PLETED
		34G247	B. WING				C 07/2024
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
LINOAK	GROUP HOME						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIZ TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENT	ſS	w o	000			
W 122	2024 for intake #N allegation was subs were cited. Additio		W 1	122			
	Therefore the facilit This CONDITION The facility failed to	is not met as evidenced by: o implement written policies at prohibit mistreatment,					
W 149	resulted in the facili		W 1	149			
	policies and proced mistreatment, negle This STANDARD is Based on record re facility failed to ens were implemented neglect due to esca	evelop and implement written lures that prohibit ect or abuse of the client. s not met as evidenced by: eviews and interviews, the ure policies and procedures to prevent unintentional alating behaviors at the facility 1, #2, #3, #4, #5 and #6). The					
	client #1 was transp after client #2 push Client #1 was also	f facility records revealed ported to the hospital by EMS ed client #1 down to the floor. hit on the head with an object. ealed client #1 had an x-ray					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 06/14/2024

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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NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
LINOAK	GROUP HOME				175 BANK ROAD INCOLNTON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 149	Continued From par done that determine broken hip, and inn review revealed it w incident with both c doing regarding the Review on 6/6/24 o department admiss revealed that anoth client #1 down and addition he was not was reported he no assistance. Further taken and the clinic subtrochanteric fraction intertrochanteric fraction intertrochanteric fraction intertrochanteric fraction clisocation. Review on 6/6/24 o reports from Januar the following: - 6/6/24 at 8:30am the kitchen heard yu room. Staff went to the floor laying on h behavior." - 5/28/24 at 6:16pm told [client #4] to sh fighting, slapping ar dining room." Furth concerns on the indiv	ige 1 ed he had a femur fracture, left er thigh bruising. Continued vas unknown what caused the lients and what the facility was investigation process. f client #1's emergency ion note dated 5/22/24 er client at the home pushed he landed on his left knee; in t wanting to bear weight. It rmally ambulates without review revealed an x-ray was cal impression was a	W 1	49			
	a client, staff get tire have no one to swit	ason. When staff is restraining ed and need to switch out, and tch out with to take over the ensure others are ok and					

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NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
LINOAK	GROUP HOME				3175 BANK ROAD LINCOLNTON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
W 149	pushed [client #1] w [client #2] to his roo QP, and HM; [client by EMS due to not 1 - 5/21/24 at 7:30am became upset when room, [client #4] be flipping on and off the charged at the staff outside. Restraint in all, the more you try worse he gets." Fur concerns on the ind is more than two sta helped with restrain Continued reviewed nursing staff onsite. - 5/10/24 at 9:45am was upset about co [Client #5] started b punching and biting - 4/17/24 at 9:00am specialist (BS); [Client then proceeded with punching the screent Then choked a staff - 4/16/24 at 9:00am [Client #6] tried to a [Client #6] walked u staff in the chest." - 3/5/24 at 1:45pm: another client and w day program. [Client to sit with individual while van was movit the seats in front of	"2 staff on duty; [client #2] while staff was trying to redirect m. Staff notified the nurse, #1] was taken to the hospital being able to bear weight." : "2 staff on duty; [client #4] in staff asked him to clean his gan punching the walls, he lights, yelling, cussing, then . Staff implemented a restraint nplementation not effective at to calm [client #4] down the ther review revealed a note of ident report per staff "If there aff here everyone should have t that didn't happen." I revealed there was two : "2 staff on duty; [client #5] ming to the day program. anging head on van window	W 1	49			

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		AND HUMAN SERVICES				FORM	06/14/2024 APPROVED 0938-0391
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
W 149	 3/1/24 at 4:20pm: was fussing, cussin Staff tried to interver punching and clawi staff but got [client a badly." Further revi concerns on the ince enough staff on shir situation is very unso other roommates in staffed property situ prevented." 2/18/24 at 10:30an was sitting on the v a behavior. [Client # face and grabbed [a - 2/8/24 at 10:30am didn't want to get of client #6 who was s [client #6's] neck." 2/6/24 at 9:15am: became upset beca early in the morning [client #6] to call aft staff and staff had t - 1/16/24 at 7:45am told staff during bre his girlfriend and sta him know to finish h started banging on lamps, books, and on A. Record review of a behaviors will decrept per month for 6 corr Further review revertion 	"2 staff on duty; [client #5] ng, and spitting at [client #4]. ene, but [client #5] began ng at [client #4], tried to bite #4's] arm and bit him very iew revealed a note of cident report by staff "Not ft at a Behavioral home. This safe for two staff on shift and a the home. If house was uation could have been m: "2 staff on duty; [Client #6] an when client #5 was having #5] punched [client #6] in the client #6] around the neck." h: "2 staff on duty; [Client #5] ff the van. [Client #5] punched sitting beside him and grabbed "3 staff on duty; [Client #6] ause he wanted to call a friend g and that friend only wants ter 5pm. [Client #6] attacked to restrain him." h: "2 staff on duty; [Client #4] takfast that he wanted to see aff redirected [client #4] letting his breakfast. [Client #4] the walls, floors, throwing	W	149			

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STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COM	E SURVEY PLETED
		34G247	B. WING			C 06/07/2024	
NAME OF F	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
LINOAK	GROUP HOME				175 BANK ROAD INCOLNTON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 149	activities, and tantru Review on 6/6/24 or tracking record (De- revealed the followi consecutive months target behaviors: - Physical aggressid data (12/23, 01/24, - Property destruction data 12/23, 01/24, 03/24 - Stealing: 2/24 1 or (12/23, 01/24, 03/24 - Toileting accidents (02/24, 05/24) - Refusing hab active data - Tantrum: 2 occurrent period B. Record review or a BSP dated 6/1/24 #2's rates of target or less episodes per months by 6/1/25. F behaviors of physic destruction, self-inju and verbal outburst Review on 6/6/24 or tracking record (De- revealed total data of months of occurrent - Physical aggression	c cidents, refusing hab um. f client #1's psychology cember 2023 - May 2024) ng total data collected from six s of occurrences for these on: 2 occurrences, missing 03/24, 04/24) on: 0 occurrences, missing 03/24, 04/24, 05/24) ccurrence, missing data 4, 05/24) s: 6 occurrences, missing data vities: missing 6 months of ences, missing data (12/23, , 04/24) ces for 6 months review n 6/6/24 for client #2 revealed with an objective that client behaviors will decrease to five r month for 6 consecutive further review revealed target al aggression, property urious behavior (SIB), AWOL, s. f client #2's psychology cember 2023 - May 2024) collected from six consecutive ces for these target behaviors: on: 27 occurrences	W	49	DEFICIENCY)		
		on: 4 occurrences, missing					

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LINOAK	GROUP HOME				175 BANK ROAD INCOLNTON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
W 149	 SIB: Missing 6 mc AWOL: Missing 6 Verbal Outbursts: (02/24, 03/24, 04/24) Total: 38 occurrent period. C. Record review of a BSP dated 7/1/21 #3's rate of target boor less episode per months by 7/1/22. F behaviors of physic aggression, and ob Review on 6/6/24 of tracking record (De revealed total data months of occurrent - Physical aggression data(12/23, 01/24, 02) Verbal Aggression data(10/23, 11/23, 12) Obsessive Behavite - Total: 8 occurrent D. Record review of a BSP dated 11/15/ #4 will learn to manthis rate of target be less episodes per monthis by 11/1/24. behaviors of physic property destruction to cooperate, AWO behaviors, and Irration 	onths of data months of data 7 occurrences, missing data 4, 05/24) ices for 6 months review in 6/6/24 for client #3 revealed with an objective that client behaviors will decrease to two month for 12 consecutive Further review revealed target cal aggression, verbal	W 1	49			

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		34G247	B. WING			C 06/07/2024	
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
LINOAK	GROUP HOME				175 BANK ROAD INCOLNTON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 149	revealed total data months of occurren - Physical aggression - Tantrum: 16 occur - Property destruction - Verbal aggression data (04/24) - Refusing to cooper data - AWOL: 6 occurren - Inappropriate sext months of data - Irrational V Statem data - Total: 78 occurren period. E. Record Review of a BSP dated 4/2/20 5/1/21 client #5's rathabilitation will decr month for 6 consect revealed target beh verbal aggression, in destruction, SIB, and Review on 6/6/24 of tracking record (De revealed total data months of occurren - Physical aggression - Resistance: 6 occ 11/23, 12/23, 01/24 - Property destruction data (10/23, 11/23, - SIB: missing 6 motion	collected from 4 consecutive ces for these target behaviors: on: 20 occurrences rences, missing data (02/24) on: 16 occurrences : 20 occurrences, missing erate: missing 4 months of nces ual behaviors: missing 4 nents: missing 4 months of ces for 4 months review on 6/6/24 for client #5 revealed with an objective that by te of behavior disruptive to rease to zero episode per utive months. Further review aviors of physical aggression, resistance, property ad melt down/tantrum . f client #5's psychology cember 2024 - May 2024) collected from 6 consecutive ces for these target behaviors: on: 11 occurrences, missing : 24 occurrences urrences, missing data (10/23, , 03/24, 04/24) on: 8 occurrences, missing 02/24, 03/24)	W 1	49			

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NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
LINOAK	GROUP HOME				3175 BANK ROAD LINCOLNTON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 149	 Total: 49 occurren F. Record Review of a BSP dated 5/1/24 #6's rate of target b or less episodes permonths by 5/1/25. F behaviors of physic property destruction Review on 6/6/24 of tracking record (Derevealed the total dat consecutive months target behaviors: Physical aggressic data(12/23, 01/24) SIB: 6 occurrence 03/24, 04/24) AWOL: 16 occurrence 03/24, 03/24) Total: 99 occurrent period. Interview on 6/6/24 are normally only twaround 7pm or 8pm manage the facility C stated that he has since October of 20 having enough staff turnover rate. Staff behaviors occur on when there is a "sm confirmed that there 	ces for 6 month review period. In 6/6/24 for client #6 revealed with an objective that client ehaviors will decrease to two r month for six consecutive further review revealed target al aggression, AWOL, a, SIB, and toileting accidents . f client #6's psychology cember 2024 - May 2024) ata collected from 6 s of occurrences for these on: 30 occurrences, missing s, missing data (12/23, 02/24, ences	W	149			

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` í			(X3) DATE COM	E SURVEY PLETED
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LINOAK	GROUP HOME				175 BANK ROAD INCOLNTON, NC 28092		
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W 149	Continued From pa	ge 8	W	149			
	is "off the chain" an can overpower cert the clients have no to do chores around he told the qualified professional (QIDP that are trained to n "it is impossible to r Staff C further reve don't write enough if more staff. Staff C st to document all the de-escalate continue shift. Staff C revea shift, two nurses we conducting assess increased, both nur facility, leaving two and the other client Staff C stated that h and that it was ever while on duty. Interview on 6/6/24 facility has a very hi are afraid to work in Staff D stated "it's r D stated that she is behaviors and imple are no other staff to manage the other r is difficult to do duti	ith Staff C revealed the home d that the clients know they ain staff. Staff C stated that respect for staff and don't like d the home. Staff C stated that intellectual disabilities) that they needed more staff nanage the behaviors, stating manage with just two staff". aled that he was told that they incidents to show a need for stated that it was very difficult behaviors when trying to nous behaviors throughout the led one day during second ere present at the facility ments and when the behaviors ses stopped and left the staff trying to restrain a client s were out of their line of sight. he was tired and overworked, in difficult to get a 30 min break with Staff D revealed the igh turnover rate and that staff in this type of environment. not right here; it's rough". Staff often tired from managing ementing restraints, and there o switch out with.					

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STATEMENT	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
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W 149	impossible". Staff I be right" and reveal were 5 to 6 staff on However, a client gu dropped the staff ra Staff D revealed that behaviors over 3 m new staff coming ar stated that new staff would give into their she has complained manager, and nothin revealed that she w 6/7/24. Interview on 6/6/24 scheduled to work fo only one staff overn at 7:00am. Staff F r worked at the facilit could use more hell days are just bad". happen before they when they return bat program. Interview on 6/6/24 revealed there is us and two during first that he works most staff and stays at tin hours a day. The H with inconsistency a causes "a really hor environment." The	D stated this home "will never led that a while back there first and second shift. ot discharged and the agency atio. at she noticed an increase in onths ago due to too many nd leaving the facility. Staff D ff are afraid of the clients and r demands. Staff D stated that d several times to the home ing has changed. Staff D vorks from 7a-7p 6/6/24 and with Staff F revealed she was from 7am until 8pm; there is hight and the first shift enters revealed that she hasn't ty that long and felt like they p. Staff F stated that "some Staff revealed most behaviors v leave for day program and ack to the facility from day with the home manager (HM) sually one staff on third shift and second. The HM stated ly on the first shift with another mes into second shift, 12 - 16 M revealed the problem was and increased behaviors rrible turnover rate due to the HM stated that he has pus times to the previous	W 1	49			

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		AND HUMAN SERVICES				FORM	06/14/2024 APPROVED 0938-0391
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LINOAK	GROUP HOME				3175 BANK ROAD LINCOLNTON, NC 28092		
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W 149	Further interview wi can this facility mar shift." The HM state by a client and has The HM revealed th interrupt med pass de-escalating a situ and that "sometime do the restraint and other clients". The HM also stated help on how to mar stated "I can't work much as he can. Fu revealed he will be leaving third shift st 7am. Interview on 6/7/24 is at the facility som third and first shift at when there is not el when she can, and supports at the faci issue was a combir or having strong sta The BS stated that behaviors due to st working on each sh could work that faci to her about needin were exhausted. Th implementing a sea three staff assisting the other clients. Th	with the BS revealed that she netimes daily and has worked and to really and has worked that the BS revealed that she nation of not getting staff hired aff to manage the behaviors. there was an increase in aff turnover and lack of staff ift and that "no way two staff	W 1	149			

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		AND HUMAN SERVICES				FORM	06/14/2024 APPROVED 0938-0391
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W 149	with the clients. The the facility to do ass after each reported client can get agitat want to hit someone meet with the Psyci clients every month behaviors. The BS sometimes difficult supporting the staff that she also trains behaviors. Interview on 6/7/24 has been an increa The QIDP stated th third shift and two s the facility has strug hired. The QIDP re enough skilled staff behaviors at that fa she has only been months and was ea previous QIDP in or with her. The QIDF turnover rate and the male staff for that fa Interview on 6/7/24 revealed that there the agency and that bonuses and higher facility administrato other facilities fill in administrator revea number of clinical s assessments. She requirement to have	e BS revealed that she goes to sessments with the clients incident. The BS stated that a ted over anything and then will e. The BS stated that clients hiatrist quarterly and some depending on the increase in revealed that it can be to manage her work due to a the facility. The BS stated staff on how to manage the with the QIDP revealed there se in behaviors at the facility. e facility normally has one staff on other shifts; however, ggled to keep staff on duty and vealed that there are not to manage the type of cility. The QIDP stated that the QIDP for less than 2 ased into the facility by the revealed there is a high nat they are trying to hire more acility. with the facility administrator is a shortage of staff across t the agency has offered r pay to get people hired. The r stated that other staff from	W -	149			

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W 149	shift and one staff or administrator stated one staff was mana most days. Review on 6/6/24 or schedule from Maro several days betwe where one staff woo clients from 8pm ur Review on 06/07/24 NC/MH/IDD/SU Set 3/30/22, revealed p and Exploitation/" T the failure to provid necessary to protect physical and/or psy review of the policy with harm is defined omission, accident substantiated allega was harm to the pe harm." Continued r revealed the facility intentional neglect or results in harm or s Based on observati documentation revie the team failed to re an increase in aggr The team was negli- interventions, modifi implement adequat manner in order to	on third shift. The facility d that she was unaware that aging the home after 8pm on f the facility's daily staff ch 2024 - May 2024 revealed en second and third shift uld be left alone managing six ntil 7am the next morning. 4 of the facility's rvices Manual, updated olicy 102.05 "Abuse, Neglect This policy defines neglect as e services and supports ct a person from serious chological harm." Further revealed unintentional neglect d as "an act of carelessness, or distraction that results in a ation of neglect whereby there rson or significant risk for review of the facility's policy ' has zero tolerance for or unintentional neglect that ignificant risk of harm.	W 1	49			

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		AND HUMAN SERVICES				FORM	06/14/2024 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		34G247	B. WING				C 07/2024
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
LINOAK	GROUP HOME				175 BANK ROAD INCOLNTON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 158	Continued From pa	ge 13	W 1	58			
W 158	FACILITY STAFFIN CFR(s): 483.430	IG	W 1	58			
W 186	staffing requiremen This CONDITION i The facility failed to staff were available home in accordance plans (W186). The cumulative effer resulted in the facili statutorily mandated requirements. DIRECT CARE STA CFR(s): 483.430(d)	is not met as evidenced by: o ensure sufficient direct care to manage and supervise the e with their individual program ect of these systemic practices ity's failures to provide d services of facility staffing	W 1	86			
	staff to manage and accordance with the	d supervise clients in eir individual program plans.					
	on-duty staff calcula period for each defi This STANDARD is Based on observat interviews, the facili direct care staff we supervise 5 of 6 clie #5 and #6) in accor	e defined as the present ated over all shifts in a 24-hour ined residential living unit. s not met as evidenced by: tions, record reviews and ity failed to ensure sufficient re available to manage and ents in the home (#2, #3, #4, rdance with their individual "s). The findings are:					
	revealed Staff C an supervise five client Further observation	e facility on 6/6/24 at 6:07pm d Staff F to be on duty to ts (#2, #3, #4, #5 and #6). n revealed client #6 quickly or's personal space, trying to					

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	06/14/2024 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í			(X3) DATE COM	E SURVEY PLETED
		34G247	B. WING				C 07/2024
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
LINOAK	GROUP HOME				175 BANK ROAD INCOLNTON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 186	handshake and ask and redirected clien complete his chores 6:22pm revealed cli surveyors personal intervened and redi A. Record review of a behavior support an objective that cli- behaviors will decre- per month for 6 com Further review reve physical aggression AWOL, verbal outbur record revealed a b tracking form with a 6 month review per B. Record review of a BSP dated 7/1/21 #3's rate of target b or less episode per months by 7/1/22. F behaviors of physic aggression, and ob- review of the record Support plan data to occurrences for a 6 C. Record review o a BSP dated 11/15/ #4 will learn to man his rate of target be less episodes per m months by 11/1/24. behaviors of physic property destruction	a questions. Staff F intervened it # 6 to the kitchen to s. Continued observations at ent #6 once again entered the space very closely and Staff F rected client #6 to the kitchen. n 6/6/24 for client #2 revealed plan (BSP) dated 6/1/25 with ent #2's rates of target ease to five or less episodes; isecutive months by 6/1/25. aled target behaviors of a, property destruction, SIB, ursts. Continued review of the ehavioral Support plan data total of 38 occurrences for a	W 1	86			

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		AND HUMAN SERVICES				FORM	06/14/2024 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l`´´		E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		34G247	B. WING				C 07/2024
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
LINOAK	GROUP HOME				175 BANK ROAD INCOLNTON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 186	 behaviors, and Irrat Continued review of behavioral Support total of 78 occurrent period. D. Record review of a BSP dated 4/2/20 client #5's rate of behabilitation will decreased month for 6 consector revealed target behavior form with a total of a revealed a behavior form with a total of review period. E. Record review of a BSP dated 5/1/24 #6's rate of target be or less episodes per months by 5/1/25. F behaviors of physic property destruction toileting accidents . record revealed a be tracking form with a 6 month review perion January 2024- June had to implement a aggressive behavior two staff to maintain 	tional V Statements. f the record revealed a plan data tracking form with a loces for a 4 month review n 6/6/24 for client #5 revealed with an objective by 5/1/21 ehavior disruptive to rease to zero episode per sutive months. Further review haviors of physical aggression, resistance, property urious behaviors, and melt ntinued review of the record ral Support plan data tracking 49 occurrences for a 6 month n 6/6/24 for client #6 revealed with an objective for client behaviors will decrease to two er month for six consecutive Further review revealed target tal aggression, AWOL, n, self-injurious behaviors, and Continued review of the behavioral Support plan data a total of 99 occurrences for a iod.	W 1	86			

		AND HUMAN SERVICES				FORM	06/14/2024 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	```			(X3) DATE COMI	E SURVEY PLETED
		34G247	B. WING				C 07/2024
NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
LINOAK	GROUP HOME				3175 BANK ROAD LINCOLNTON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 186	several days betwee where one staff woo clients from 8pm un Interview on 6/16/24 are normally only tw around 7pm or 8pm manage the facility C stated that he has October of 2023 du enough staff and has stated that several I shift especially whe duty. Staff C confirm staff schedule to wo 8pm tonight. Staff C also revealed and that the clients certain staff. Staff C no respect for staff around the facility. S qualified intellectual (QIDP) that they ne trained to manage to to manage with just he was told that the to show a need for it was very difficult to when trying to de-ex- throughout the shift during second shift, the facility conduction behaviors increased the facility, leaving to client and the other sight. Staff C stated	ge 16 ch 2024 - May 2024 revealed en second and third shift uld be left alone managing six ntil 7am the next morning. 4 with Staff C revealed there vo staff on second shift until n, then only one staff to until 7am in the morning. Staff s been working doubles since e to the facility not having as a high turnover rate. Staff C behaviors occur on the second in there is a "small woman" on ned that there was not another ork once Staff F gets off at ed the home is "off the chain" know they can overpower C stated that the clients have and don't like to do chores Staff C stated that he told the I disabilities professional eded more staff that are the behaviors, "it is impossible it two staff". Staff C stated that ey don't write enough incidents more staff. Staff C stated that to document all the behaviors scalate continuous behaviors . Staff C revealed one day , two nurses were present at ng assessments and when the d both nurses stopped and left two staff trying to restraint a clients were out of their line of d that he was tired and ty getting a 30 min break while	W 1	86			

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	06/14/2024 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		LE CONSTRUCTION	(X3) DATE COMI	E SURVEY PLETED
		34G247	B. WING			(06/0) 07/2024
NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
LINOAK	GROUP HOME				3175 BANK ROAD LINCOLNTON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
W 186	Continued From pa on duty.	ge 17	W 1	186			
	facility has a very hi are afraid to work in Staff D stated "it's in D stated that she is managing behavior and there is no othe D revealed there is the restraints and m Staff D stated that i	with Staff D revealed the igh turnover rate and that staff in this type of environment. not right here; it's rough". Staff oftentimes tired from is and implementing restraints; er staff to switch out with. Staff not enough staff to assist with nanage the other residents. t is difficult to do duties around programs at times " with 2 e".					
	revealed that a whil on first and second and the agency dro revealed that she no behaviors over 3 m new staff coming an stated that new staff would give into their she has complained manager, and nothing	nome "will never be right" and e back there were 5 to 6 staff shift; a client got discharge pped the staff ratio. Staff D oticed an increase in onths ago due to too many nd leaving the facility. Staff D ff are afraid of the clients and r demands. Staff D stated that d several times to the home ing has changed. Staff D rorks from 7a-7p 6/6/24 and					
	scheduled to work to there is only one state enters at 7:00am. So worked at the facilit could use more hele day or just bad". State happen before they	with Staff F revealed she was coday from 7am until 8pm; aff overnight and the first shift Staff F revealed that she hasn't y that long and felt like they p. Staff F stated that "some caff revealed most behaviors r leave for day program and ack to the facility from day					

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		AND HUMAN SERVICES				FORM	06/14/2024 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATI COM	E SURVEY PLETED
		34G247	B. WING				C 07/2024
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
LINOAK	GROUP HOME				175 BANK ROAD INCOLNTON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 186	Continued From pa	ge 18	W 1	86			
	revealed the HM ar supervise five clien and #6). Further ob were getting showe day program.	e facility on 6/7/24 at 8:45am ad Staff D to be on duty to ts in the home (#2, #3, #4, #5 servation revealed the clients ared and dressed to go to the					
	revealed there is us and two during first that he works most staff and sometime working 12 - 16 hou the problem was wi increased behavior rate due to the envi has complained nur QIDP and nothing of at all can this facility a shift". The HM sta by a client and have	with the home manager (HM) sually one staff on third shift and second. The HM stated ly on the first shift with another s into the second shift; urs a day. The HM revealed th inconsistency and s "it's a really horrible turnover ronment." HM stated that he merous times to the previous changed. The HM stated, "not y manage with only 2 staff on ated that he has been attacked e had to implement restraints.					
	de-escalating a situ "sometimes there is restraint and keep a clients." The HM sta for help on how to r "I can't work 24hr's he can. Further inter will be working from staff working alone stated that the facili starting 6/7/24 on fi Interview on 6/7/24	or bath time to assist with lation or implement a restraint, is not enough staff to do the a line of sight on the other ated that staff have called him nanage the clients, and stated " but tries to assist as much as erview on 6/7/24 review the HM n 6am-8pm, leaving third shift from 8pm-7am. The HM ity will have a new staff rst shift from 7am-3pm. with the behavior specialist she is at the facility sometimes					

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		AND HUMAN SERVICES				FORM	06/14/2024 APPROVED 0938-0391
STATEMEN	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		34G247	B. WING				C 07/2024
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
LINOAK	GROUP HOME				175 BANK ROAD INCOLNTON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 186	daily and has worke needed. The BS sta staff, she provides I "They really need the BS revealed the issi getting staff hired o manage the behavi was an increase in and lack of staff wo "no way two staff co The BS also reveal to her about needin were exhausted. The implementing a sea three staff assisting the other clients. The turnover rate and se with the clients. The the facility to do assist after each reported client can get agitat want to hit someone meet with the Psych clients every month behaviors. The BS sometimes difficult supporting the staff that she also trains behaviors. Interview on 6/7/24 disabilities profession has been an increa The QIDP stated the third shift and two se facility has struggle hired. The QIDP reference	ge 19 ed third and first shift as ated when there is not enough help when she can, and that he supports at the facility". The sue was a combination of not r having strong staff to ors. The BS stated that there behaviors due to staff turnover rking on each shift and that build work that facility." ed that staff have complained ing more staff and that they he BS revealed while staff are ated restraint, they would need is and another staff to manage he BS stated there is a high ome staff are afraid to work e BS revealed that she goes to sessments with the clients incident. The BS stated that a ted over anything and then will e. The BS stated that clients hiatrist quarterly and some in depending on the increase in revealed that it can be to manage her work due to a the facility. The BS stated staff on how to manage the with the qualified intellectual onal (QIDP) revealed there se in behaviors at the facility. e facility normally has one staff on other shifts; but the d to keep staff on duty and vealed that there are not it to manage the type of	W	186			

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		AND HUMAN SERVICES			FORM	: 06/14/2024 APPROVED . 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	CON	E SURVEY IPLETED
		34G247	B. WING _			C 07/2024
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI		
LINOAK	GROUP HOME			3175 BANK ROAD LINCOLNTON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 186 W 195	behaviors at that fa she has only been months and was ea previous QIDP in of with her. The QIDF turnover rate and th male staff for that fa Based on observati documentation revi the team failed to re an increase in aggr The team also faile modify systems, sa adequate strategies ACTIVE TREATME CFR(s): 483.440 The facility must en	cility. The QIDP stated that the QIDP for less than 2 ased into the facility by the rder to get the clients familiar Prevealed there is a high nat they are trying to hire more acility. ions, interviews, and ew, the findings indicate that e-evaluate the staff ratio due to ressive behaviors at the facility. d to revise interventions, feguards, and implement s to prevent possible injury.	W 18 W 19			
	The facility failed to specifically accurate behaviors (W253); support plans were needed after comp The cumulative effe	is not met as evidenced by: o document significant events, ely tracking the rates of target and ensure the behavior reviewed and revised as letion of an objective (W255).				
W 196	statutorily mandate its clients.		W 19	6		
	Each client must re	ceive a continuous active				

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		AND HUMAN SERVICES				FORM	06/14/2024 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` í		E CONSTRUCTION	(X3) DATE COMI	E SURVEY PLETED
		34G247	B. WING				C 07/2024
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
LINOAK	GROUP HOME				175 BANK ROAD INCOLNTON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 196	consistent implement specialized and gen services and related subpart, that is direct (i) The acquisition the client to function determination and in (ii) The prevention or loss of current op This STANDARD is Based on observat interviews, the facili audit clients #1, #2, continuous services implementation. The Cross reference W2 ensure 6 of 6 audit and #15) received a program consisting services as identifie plan (IPP) in the are implementation, leis and self management Cross reference W2 ensure that data rel programs were doc audit clients (#1, #2 Cross reference W2 ensure the behavior clients (#1,#3, and # as needed after cor	 which includes aggressive, entation of a program of heric training, treatment, health d services described in this cted toward: of the behaviors necessary for n with as much self independence as possible; and or deceleration of regression ptimal functional status. s not met as evidenced by: tions, record reviews, and ity failed to ensure for 6 of 6, #3, #4, #5 and #6) received in the area of program e finding is: 249. The facility failed to clients (#2, #3, #6, #9, #14 a continuous active treatment of needed interventions and ed in the individual program eas of program sure, opportunities for choice ent, and transfer guidelines. 253. The facility failed to lative to accomplishment of cumented. This affected 6 of 6 and the indivision of an objective. 	W 1				
W 249	PROGRAM IMPLEI	MENTATION	W 2	249			

		AND HUMAN SERVICES				FORM	06/14/2024 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ·		E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		34G247	B. WING				C 07/2024
NAME OF F	PROVIDER OR SUPPLIER		·	S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u>.</u>	
LINOAK	GROUP HOME				175 BANK ROAD INCOLNTON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
W 249	CFR(s): 483.440(d) As soon as the inte formulated a client's each client must re- treatment program interventions and se and frequency to su	-	W 2	49			
	Based on interview facility failed to ensu- treatment program interventions in mar	s not met as evidenced by: ys and record reviews, the ure that a continuous active consisting of needed naging aggressive client s clients (#1, #2, #3, #4, #5 and					
	are normally only tw around 7 or 8pm, th manage the facility C stated that he has October of 2023 du enough staff and has stated that several shift. Staff C stated respect for staff and around the facility. S qualified intellectua (QIDP) that they ne trained to manage to to manage with just he was told that the to show a need for	4 with Staff C revealed there vo staff on second shift until hen only one staff left to until 7am in the morning. Staff s been working doubles since le to the facility not having as a high turnover rate. Staff C behaviors occur on the second that the clients have no d don't like to do chores Staff C stated that he told the I disabilities professional beded more staff that are the behaviors, "it is impossible t two staff". Staff C stated that by don't write enough incidents more staff. Staff C stated that to document all the behaviors					

Facility ID: 922147

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	06/14/2024 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í		PLE CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		34G247	B. WING	i			C 07/2024
NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
LINOAK	GROUP HOME				3175 BANK ROAD LINCOLNTON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 249	when trying to de-ex throughout the shift during second shift, the facility conduction behaviors increased the facility, leaving to client and the other sight. Staff C stated overworked; difficul on duty. Interview on 6/6/24 facility has a very hi are afraid to work in Staff D stated "it's in D stated that she is managing behavior and there is no other D revealed there is the restraints and in Staff D stated that if the facility and run p staff, it is impossible complained several and nothing has cha Interview on 6/6/24 revealed there is us and two during first that he works most staff and stay some 12-16 hours a day. was with inconsiste "it's a really horrible environment". HM s numerous times to nothing changed. T this facility manage	scalate continuous behaviors . Staff C revealed one day two nurses were present at ng assessments and when the d both nurses stopped and left two staff trying to restraint a clients were out of their line of I that he was tired and ty getting a 30 min break while with Staff D revealed the igh turnover rate and that staff n this type of environment. to right here; it's rough". Staff oftentimes tired from s and implementing restraints; er staff to switch out with. Staff not enough staff to assist with nanage the other residents. t is difficult to do duties around programs at times " with 2 e". Staff D stated that she has times to the home manager,	W 2	249			

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	06/14/2024 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í		E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		34G247	B. WING				C 07/2024
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
LINOAK GROUP HOME					175 BANK ROAD INCOLNTON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
W 249	de-escalating a situ "sometimes there is restraint and keep a clients". HM stated help on how to man 24 hours" but tries to Interview on 6/7/24 (BS) revealed that s daily and have work needed. The BS stat staff, she provides I really need the supp stated that staff hav needing more staff The BS revealed will seated restraint, the assisting and anoth clients. The BS stat agitated over anythil someone. BS revea difficult to manage I supporting the staff A. Review on 6/6/24 program plan (IPP) following program g wash dishes after Iu partner to walk awa return to classroom B. Review on 6/6/24 5/15/23 revealed th brush teeth thoroug others personal spa	bath time to assist with ation or implement a restraint, a not enough staff to do the a line of sight on the other that staff have called him for lage the clients "I can't work to assist as much as he can. with the Behavior Specialist she is at the facility sometimes ated when there is not enough help when she can, "They borts at the facility." The BS we complain to her about and that they were exhausted. hile staff are implementing a ey would need three staff er staff to manage the other red that a client can get ing and then want to hit aled that it can be sometimes her work duties due to at the facility. 4 of client #1's individual dated 7/25/23 revealed the poals: fold socks for storage, unch, allows communication y, giving others privacy, and	W 2	249			

		AND HUMAN SERVICES				FORM	06/14/2024 APPROVED 0938-0391	
STATEMENT	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ´		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		34G247	B. WING				07/2024	
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
LINOAK	GROUP HOME				175 BANK ROAD INCOLNTON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE	
W 249	Continued From pa	ge 25	W 2	249				
	5/28/24 revealed th assist with meal pre	4 of client #3's IPP dated e following program goals: eparing lunch, count number disruptive behaviors.						
	5/10/23 revealed th initiate bathing, con	4 of client #4's IPP dated e following program goals: nplete activities in appropriate sk, work behaviors, and store						
	7/20/23 revealed th tolerates wearing his single digit subtract	4 of client #5's IPP dated e following program goals: is glasses, sort dirty laundry, tion, work behaviors, decrease e to habitation, and places l in lap.						
	9/20/23 revealed th assist with preparin electric razor, teeth	4 of client #6's IPP dated e following program goals: g breakfast, shave with brushing, remains in the work and reduce disruptive behavior.						
	disabilities profession has been an increat The QIDP stated th third shift and two stated th third shift and two stated hired. The QIDP re- enough skilled staff behaviors at that fat reported difficulties daily progress data documentation due shift, trying to do ch	with the qualified intellectual onal (QIDP) revealed there se in behaviors at the facility. the facility normally has one staff on other shifts; but the d to keep staff on duty and vealed that there are not to manage the type of cility. The QIDP stated staff with completing the clients' and communication log to not enough staff on each nores around the home, and ts' behaviors. She stated there						

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		AND HUMAN SERVICES				FORM	06/14/2024 APPROVED 0938-0391	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
		34G247	B. WING_				C 07/2024	
NAME OF F	PROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE			
LINOAK	GROUP HOME				175 BANK ROAD INCOLNTON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 249	system. Interview on 6/7/24	ng documentation in the T-Log with the facility administrator	W 24	249				
	the agency and that bonuses and higher facility administrato of the increase in bo	is a shortage of staff across t the agency has offered r pay to get people hired. The r revealed that she was aware ehaviors at the facility and that number of clinical staff to go in ts.						
W 253	the findings indicate re-evaluate the staf aggressive behavio also failed to revise systems, safeguard strategies to decrea	-	W 25	253				
	are related to the cl and assessments. This STANDARD is Based on record re facility failed to door specifically accurate	becument significant events that lient's individual program plan s not met as evidenced by: eview and interviews, the ument significant events, ely tracking the rates of target g 6 of 6 clients (#1, #2, #3, #4, dings are:						
	a behavior support an objective for clie to decrease to two	n 6/6/24 for client #1 revealed plan (BSP) dated 5/1/23 with ent #1's rate of target behaviors or less episodes per month, nonths by 5/1/24. Further						

		AND HUMAN SERVICES				FORM	: 06/14/2024 APPROVED . 0938-0391
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		34G247	B. WING				C / 07/2024
NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
LINOAK	GROUP HOME				175 BANK ROAD INCOLNTON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 253	review revealed targ aggression, propert toileting accidents, tantrums. Record review on 6 psychology tracking October 2023 - May revealed missing da and target behavior - Physical aggressio 04/24 - Property destructio 04/24, 05/24 - Stealing: 10/23, 17 05/24 - Toileting accidents - Refusing hab active reviewed months - Tantrum: 10/23, 17 03/24, 04/24 B. Record review of a BSP dated 6/1/25. #2's rates of target or less episodes; per months by 6/1/25. F behaviors of physic destruction, self-inju- verbal outbursts. Record review on 6 psychology tracking November 2023- M revealed missing da and target behavior - Property destructio - SIB: missing data	get behaviors of physical ty destruction, stealing, refusing hab activities, and //6/24 for client #1 revealed a g record for the months y 2024. Further review ata for the following months rs: on: 11/23, 12/23, 01/24, 03/24, on: 11/23, 12/23, 01/24, 03/24, 1/23, 12/23, 01/24, 03/24, s: 10/23, 02/24, 05/24 vities: missing data from all 1/23, 12/23, 01/24, 02/24, s: 10/23, 02/24, 05/24 vities: missing data from all 1/23, 12/23, 01/24, 02/24, on 6/6/24 for client #2 revealed is with an objective for client behaviors to decrease to five er month for 6 consecutive Further review revealed target al aggression, property urious behavior (SIB), AWOL,	W 2	253			

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	06/14/2024 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		34G247	B. WING			06/0) 07/2024
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
LINOAK	GROUP HOME				175 BANK ROAD INCOLNTON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
W 253	 Verbal outbursts: 0 C. Record review of a BSP dated 7/1/21 #3's rate of target b or less episode per months by 7/1/22. F behaviors of physic aggression, and ob Record review on 6 psychology tracking October 2023- May missing data for the behaviors: Physical aggression 02/24, 04/24, 05/24 Verbal aggression 05/24 D. Record review of a BSP dated 11/15/ #4 will learn to man his rate of target be less episodes per n months by 11/1/24. behaviors of physic property destruction to cooperate, AWO behaviors, and Irrat Record review on 6 psychology tracking February 2024- Ma revealed missing da and target behavior - Tantrum: 02/24 Verbal aggression 	 D2/24, 03/24, 04/24, 05/24 n 6/6/24 for client #3 revealed with an objective for client ehaviors will decrease to two month for 12 consecutive Further review revealed target al aggression, verbal sessive behavior. /6/24 for client #3 revealed a grecord for the months 2024. Further review revealed e following months and target on: 10/23, 11/23, 12/23, 01/24, 10/23, 11/23, 12/23, 02/24, n 6/6/24 for client #4 revealed 23 with an objective for client age his daily routine, so that thaviors will decrease to two or nonth for 6 consecutive Further review revealed target al aggression, tantrum, n, verbal aggression, refusing L, Inappropriate sexual ional V Statements. /6/24 for client #4 revealed a grecord for the months sy 2024. Further review at for the following months so that so the following here is a grecord for the months sy 2024. Further review at for the following months so that so the following here is a grecord for the months sy 2024. Further review at for the following months so that for the following months so the following here is a grecord for the months so that so the following here is a grecord for the months so that so the following months so that for the following months so the following months so the following here is a grecord for the months so the following mon	W 2	53			

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		AND HUMAN SERVICES				FORM	06/14/2024 APPROVED 0938-0391
STATEMENT	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ´		E CONSTRUCTION	(X3) DATI COM	E SURVEY PLETED
		34G247	B. WING				C 0 7/2024
NAME OF I	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
LINOAK GROUP HOME					175 BANK ROAD INCOLNTON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 253	reviewed months - Inappropriate sexu from all reviewed m - Irrational V Statem reviewed months E. Record review of a BSP dated 4/2/20 client #5's rate of be habilitation will deer month for 6 consec revealed target beh verbal aggression, I destruction, self-inju down/tantrum . Record review on 6 psychology tracking October 2023- May missing data for the behaviors: - Physical aggression - Resistance: 10/23 04/24 - Property destruction - SIB: missing data - Melt down/tantrum reviewed months F. Record review on a BSP dated 5/1/24 #6's rate of target b or less episodes per months by 5/1/25. F behaviors of physic property destruction toileting accidents .	ual behaviors: missing data nonths nents: missing data from all n 6/6/24 for client #5 revealed with an objective by 5/1/21 ehavior disruptive to rease to zero episode per sutive months. Further review haviors of physical aggression, resistance, property urious behaviors, and melt 6/6/24 for client #5 revealed a grecord for the months 2024. Further review revealed e following months and target on: 02/24 8, 11/23, 12/23, 01/24, 03/24, on: 10/23, 11/23, 02/24, 03/24 from all reviewed months n: missing data from all n 6/6/24 for client #6 revealed with an objective for client behaviors will decrease to two er month for six consecutive Further review revealed target ial aggression, AWOL, n, self-injurious behaviors, and	W 2	53			

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	06/14/2024 APPROVED 0938-0391	
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		34G247	B. WING) 07/2024	
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
LINOAK	GROUP HOME				175 BANK ROAD INCOLNTON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 253	October 2023- May missing data for the behaviors: - Physical aggressie - SIB: 10/23, 12/23, - AWOL: 10/23, 11/ - Toileting accidents Interview on 6/7/24 revealed that staff a completing docume at the facility and in stated that the staff completing docume Interview on 6/7/24 (BS) revealed that i responsibility to coll behavior throughou the agency's compu- document on the be- the facility. The BS data and determine Interview on 6/7/24 disabilities profession has been an increa	g record for the months 2024. Further review revealed e following months and target on: 11/23, 12/23, 01/24 02/24, 03/24, 04/24 23 5: 10/23, 12/23, 02/24, 03/24 with the home manager (HM) are having difficulties with entation due to the lack of staff creased behaviors. The HM do meet monthly to discuss entation daily for each client. with the behavior specialist t the facility staff's lect data of each target t the shift and document it into uter system daily, or they can ehavior data form located at stated that she reviews the	W 2	53	DEFICIENCY)			
W 255	as required and she the facility meetings requirements. PROGRAM MONIT CFR(s): 483.440(f) The individual prog least by the qualifie	e has met with the staff during to discuss documentation	W 2	55				
1							I	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '			(X3) DATE SURVEY COMPLETED		
		34G247	B. WING				C 07/2024
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
LINOAK	GROUP HOME				175 BANK ROAD INCOLNTON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
W 255	but not limited to sit successfully comple- identified in the indi This STANDARD is Based on record re- facility failed to ensu- (BSP) for 3 of 6 clie reviewed and revise of an objective. The A. Review on 6/6/24 revealed a BSP dat client #1's rate of ta to two or less episo consecutive months revealed target beh property destruction refusing hab activiti BSP could be locate Interview on 6/7/24 disabilities profession most current BSP for completed. B. Review on 6/6/24 revealed a BSP dat client #3's rate of ta to two or less episo consecutive months revealed target beh verbal aggression, a current BSP could be Interview on 6/7/24 most current BSP for completed.	tuations in which the client has eted an objective or objectives ividual program plan. s not met as evidenced by: eviews and interviews, the ure the behavior support plan ents (#1, #3 and #5) was ed as needed after completion e findings are: 4 of client #1's clinical record ted 5/1/23 with an objective for arget behaviors will decrease odes per month, for 6 s by 5/1/24. Further review naviors of physical aggression, n, stealing, toileting accidents, ies, and tantrums. No current ed. with the qualified intellectual onal (QIDP) confirmed the or client #1's has been 4 of client #3's clinical record ted 7/1/21 with an objective for arget behaviors will decrease obe per month for 12 s by 7/1/22. Further review naviors of physical aggression, and obsessive behavior. No	W 2	255			

		AND HUMAN SERVICES					FORM	06/14/2024 APPROVED 0938-0391
STATEMENT	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· ·		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		34G247	B. WING	;) 07/2024
NAME OF	PROVIDER OR SUPPLIER		•		STREET ADDRESS, CITY, STATE, ZIP COD	E		
LINOAK	GROUP HOME				3175 BANK ROAD LINCOLNTON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	IOULD E		(X5) COMPLETION DATE
W 255	revealed a BSP dat 5/1/21 client #5's ra habilitation will decr month for 6 consec revealed target beh verbal aggression, destruction, self-inju down/tantrum . No Interview on 6/7/24	inge 32 ted 4/2/20 with an objective by the of behavior disruptive to rease to zero episode per sutive months. Further review laviors of physical aggression, resistance, property urious behaviors, and melt current BSP could be located. With the QIDP confirmed the or client #5 has been	W 2	255				

Facility ID: 922147