STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G137	A. BUILDING _____ B. WING _____	06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMERLYN	6113 BLUE LANTERN ROAD GIBSONVILLE, NC 27249

(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 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure that privacy was maintained for 1 of 6 clients (#1) during personal care. The finding is: Observation in the group home on 6/12/24 at 7:15 AM revealed client #1 to be seated on the toilet in the bathroom with the bathroom door open to the extent client #1 could be observed from the hallway. Continued observation revealed staff D to stand at the bathroom door, conversing with other clients who were seated in the living room until client #1 finished on the toilet at 7:44 AM. Further observation revealed the bathroom door to remain completely open and client #1 to be visible on the toilet during the entire time. Interview with the qualified intellectual disabilities professional (QIDP) on 6/12/24 verified that staff should be observing privacy during personal care by closing the bathroom door.	W 130		
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure that 6 of 6 clients (#1, #2, #3, #4, #5, and #6) were given opportunities for choice and self-management with respect to family-style dining. The finding is:	W 247		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 247	Continued From page 1 Observations in the group home during the dinner meal on 6/11/24 and during the breakfast meal on 6/12/24 revealed staff to prepare all clients' plates in the kitchen, without input from any of the clients, then to present each client's plate to the client at the dining room table. Continued observation revealed that each client was served exactly the same meal, including condiments and consistency of food. Further observation revealed all clients to be capable of serving themselves and passing dishes to each other with independence or assistance from staff. Record review on 6/12/24 revealed person-centered plans (PCPs), goals and clinical assessments for each client. Continued record review revealed all clients to have at least some level of independence during self-care, home management and mealtime activities. Review of the record for client #1 revealed a PCP dated 9/22/23 which indicated that client #1 demonstrates food-seeking behaviors which are not conducive to passing common bowls of food at the table. Review of the record for client #6 revealed recent hospitalizations related to treatment for cancer. Interview with the qualified intellectual disabilities professional (QIDP) on 6/12/24 revealed that the facility suspended family-style dining during the COVID 19 pandemic and that they have not since re-instituted the practice. Continued interview with the QIDP revealed that the health issues which client #6 has experienced recently have severely compromised their immune system such that it is not in their best interest to have their food accessible to other clients. Further interview with the QIDP confirmed that	W 247		

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	34G137	A. BUILDING _____ B. WING _____	06/12/2024

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SUMMERLYN	6113 BLUE LANTERN ROAD GIBSONVILLE, NC 27249

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W 247	Continued From page 2 any modifications to a client's opportunity to participate in family-style dining should be incorporated into the client's PCP and that clients who are capable should be allowed to participate in family-style dining and to make choices regarding their meals.	W 247		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure that 1 of 6 clients (#1) received a continuous active treatment program as identified in the person-centered plan (PCP) relative to use of an assistive device for communication. The finding is: During evening observations in the group home on 6/11/24, client #1 was observed to sit at the dining room table at the direction of staff. Continued observation revealed staff B to serve a plate of food to client #1 and to communicate with client #1 using only verbal prompts. During morning observations in the group home on 6/12/24, client #1 was observed to sit at the	W 249		

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W 249	Continued From page 3 dining room table at the direction of staff. Continued observation revealed staff D to serve a plate of food to client #1 and to communicate with client #1 using only verbal prompts. Further observations revealed a "Big Mac" type switch located in the dining area with the word "Comer" on the top of the device. Record review on 6/12/24 revealed a PCP dated 9/22/23 for client #1. Continued review of the PCP revealed a communication goal to express wants and needs independently via activation of low tech augmentative and alternative communication device in at least 80% of opportunities daily. Further review revealed an update to the goal dated 5/24/24 in which the speech and language professional (SLP) modified the goal to include use of the switch only at mealtimes, using the word "Comer," as it is a familiar term for client #1 meaning "eat" in Spanish, Interview with staff E on 6/12/24 revealed that the communication device was not presently being used at all in the home. Interview with the qualified intellectual disabilities professional (QIDP) on 6/12/24 confirmed that the communication goal for client #1 is current and that staff should be using the device to offer client #1 opportunities to communicate independently.	W 249		