STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G118	A. BUILDING _____ B. WING _____	10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHANNONBROOK HOME	914 WEST FIRST STREET NEWTON, NC 28658

(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 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 observation, interviews, and record reviews, the facility failed to assure a continuous active treatment program was provided relative to the use of communication objects and adaptive equipment as identified in the person centered plans for 2 sampled clients (#2 and #3) The findings are: A. The facility failed to ensure that program objectives were implemented as prescribed to support the needs of client #3 relative to communication. For example: Afternoon observations in the group home on 10/30/23 from 4:00 PM to 6:15 PM revealed client #3 to remain in his room from 4:00 PM - 5:15 PM. Continued observations revealed client #3 to participate in the following activities to include washing his hands, making his plate, eating dinner, and taking his dishes to the sink. Further observations revealed client #3 to transition to various areas following verbal prompts from staff. Continued observations did not revealed client #3 to be prompted or offered to use communication objects to perform specific tasks.	W 249	The QP will inservice staff on current program objectives to ensure all needs are meet. The QP will increase supervision for the next 2 months, by completing 3 assessments per month to ensure program implementation. DHSR - Mental Health NOV 20 2023 Lic. & Cert. Section	12/29/23

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

Executive Director 11/15/23

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	Continued From page 1 Morning observations on 10/31/23 from 6:45 AM - 9:00 AM revealed client #3 to sit on the sofa in the living room, make his plate, eat breakfast, take his dishes to the kitchen, participate in medication administration and return the living room to sit in the recliner chair. Further observations revealed client #3 to transition from to various areas following verbal prompts from staff. At no point during the observation was client #3 prompted or offered to use objects to perform tasks as a way of communicating. Review on 10/31/23 of client #3's record revealed a person-centered plan (PCP) dated 9/29/23. Review of the PCP revealed the following program goals: take the trash out of the kitchen to trash can outside with the use of picture cues, fire drill evacuation, communication (use objects to transition through his daily routine), use his napkin, improve work behaviors and wet his wash cloth during bathing. Interview with the qualified intellectual disabilities professional (QIDP) on 10/31/23 verified that client #3's program goals are current. Continued interview with the QIDP revealed staff should follow the communication goal for client #3 as prescribed. B. The facility failed to ensure that program objectives were implemented as prescribed to support the needs of client #2 relative to eyeglasses. For example: Afternoon observations in the group home on 10/30/23 from 4:00 PM to 6:15 PM revealed client #2 to participate in the following activities to include leisure activities, interact with his peers	W 249		

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W 249	Continued From page 2 and attempt to communicate with staff. Further observations revealed client #2 to transition to various areas by following verbal prompts from staff. At no point during the observation was client #2 prompted or offered to wear his eyeglasses. Morning observations on 10/31/23 from 6:45 AM - 9:00 AM revealed client #2 to sit on the sofa in the living room, make his plate, eat breakfast, participate in medication administration and return to his bedroom to engage in a stringing beads activity. Further observations revealed client #2 to transition from one area to the next by following verbal prompts from staff. At no point during the observation was client #2 prompted or offered to wear his eyeglasses. Review on 10/31/23 of client #2's record revealed a person-centered plan (PCP) dated 7/13/23. Review of the PCP revealed the following program goals implemented 10/22: tolerate wearing eye glasses in 30 minute increments on 1st and 2nd shifts, alert staff when he needs to use the restroom, put on a pullover shirt, utilize his utensils at mealtime and identify colors. Interview with the qualified intellectual disabilities professional (QIDP) on 10/31/23 verified that client #2's program goals are current. Continued interview with the QIDP revealed client #2 does not have access to his eyeglasses during the survey and that staff should follow all program goals as prescribed.	W 249		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed	W 436	Client #2 completed his eye exam for new glasses on 10/25/2023. The QP picked up the client's glasses on 11/10/2023.	11/10/23

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W 436	Continued From page 3 choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure that adaptive equipment was furnished as prescribed for 1 of 3 sampled clients (#2). The finding is: Afternoon observations in the group home on 10/30/23 from 4:00 PM to 6:15 PM revealed client #2 to participate in the following activities to include leisure activities, interact with his peers and attempt to communicate with staff. Further observations revealed client #2 to transition from one area to the next by following verbal prompts from staff. At no point during observation was client #2 prompted or offered to wear his eyeglasses. Morning observations on 10/31/23 from 6:45 AM - 9:00 AM revealed client #2 to sit on the sofa in the living room, make his plate, eat breakfast, participate in medication administration and return his bedroom to engage in stringing beads activity. Further observations revealed client #2 to transition from one area to the next by following verbal prompts from staff. At no point during the observation was client #2 prompted or offered to wear his eyeglasses. Review on 10/31/23 of client #2's record revealed a person-centered plan (PCP) dated 7/13/23. Review of the PCP revealed the following program goals: tolerate wearing eyeglasses in 30 minute increments on 1st and 2nd shifts, alert staff when he needs to use the restroom, put on a pullover shirt, utilize his utensils at mealtime and	W 436	The QP will inservice the staff on client #2's glasses toleration program.	11/10/23

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W 436	Continued From page 4 identify colors. Interview with staff A on 10/31/23 revealed she was not aware that client #2 wore eyeglasses. Continued interview with staff A revealed that she has not seen client #2 wear eyeglasses since she started working at the group home. Interview with staff D on 10/31/23 revealed she had not seen client #2 wear eyeglasses in the past and had just taken him to his eye exam on 10/25/23 where he was prescribed eyeglasses and chose the pair that he liked. Review of the record for client #2 on 10/31/23 revealed a vision consult dated 10/25/23 with a diagnosis of presbyopia, age-related nuclear cataract bilateral, and myopia (bilateral). Continued review of the 10/2023 consult revealed client #2 should wear his eyeglasses full time. Interview with the qualified intellectual disabilities professional (QIDP) on 10/31/23 revealed client #2 has previously had eyeglasses but does not like to wear them per his guardian. Continued review of client's #2 person centered plan (PCP) dated 7/13/23 listed the following adaptive equipment; eyeglasses (never worn them but staff may have to encourage him to wear them daily), wheelchair/van lift, bedrails, depends, gait belt, soft helmet and step stool. Further interview with the QIDP revealed client #2 does not currently have eyeglasses available. Interview with the facility nurse on 10/31/23 verified the 10/23 eye consult is current. Continued interview with the facility nurse revealed client #2 has been prescribed and wears eyeglasses which is stored in the medication room. Further interview revealed client #2 should	W 436		

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W 436	Continued From page 5 wear his eyeglasses as prescribed.	W 436	The QP will inservice staff on Fire & Evacuation drills at each house meeting every month.	12/29/23
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure quarterly fire evacuation drills were conducted for each shift of personnel for the review year. The finding is: Review of the facility fire drill reports on 10/31/23 for the 12-month review year from 11/2022 - 10/2023 revealed 11 out of 12 fire drills were conducted. Continued review of fire drill reports revealed fire evacuation drills were completed on the following dates and shifts: 10/12/23 (1st), 9/5/23 (1st), 8/13/23 (1st), 7/2/23 (1st), 5/31/23 (2nd), 5/10/23 (2nd), 4/21/23 (1st), 3/29/23 (3rd), 3/9/23 (3rd), 2/3/23 (2nd), and 1/18/23 (1st). Further review revealed fire drill for 11/22 and 12/22 were not available to review. Interview with the qualified intellectual development professional (QIDP) on 10/31/23 revealed all fire drills conducted were presented to surveyor upon request. Continued interview revealed that fire drills for each shift of personnel could not be located during the survey. Further interview with the QIDP revealed that the facility should have conducted fire evacuation drills for each shift of personnel each quarter of the review year.	W 440		