STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G247	A. BUILDING _____ B. WING _____	12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINOAK GROUP HOME	3175 BANK ROAD LINCOLNTON, NC 28092

(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 104	GOVERNING BODY CFR(s): 483.410(a)(1) The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to ensure routine repairs and maintenance at the group home were completed in a timely manner. The finding is: Observations throughout the 12/10-11/24 survey revealed damage inside the group home to include torn living room furniture, missing seat cushions and multiple areas of wall damage. Continued observations revealed areas of black mold located behind the livingroom sofa, around the ceiling vents, and inside the utility closet. Review of the facilities maintenance records on 12/11/24 revealed no current work orders relative to the broken furniture, wall damage, and black mold on the ceiling in utility closet. Continued review of facility work orders revealed the following: A mold management company came out on 7/18/24 and completed a demo, ambient/moisture check, remediating/cleaning (hepavac'd, set detergent, and used antimicrobial after), and work in the utility closet. Review of facility quality control documentation included water heater/HVAC removal (found issue to be the gasket leak), and air scrubber. Interview with staff on 12/10/24 revealed the home air ducts were cleaned out earlier this year and mold was discovered throughout the ducts. Continued interview with staff revealed symptoms	W 104		

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 104	Continued From page 1 over the past three months to include runny nose, coughing and sneezing symptoms. Further interview with staff revealed staff and clients have been sick in the home and they believe it's because of the black mold issue. Subsequent interview revealed it was reported to management about the mold issue and no one has returned to look at it since the last time the agency had someone cleaned it out earlier this year. Interview with the home manager (HM) on 12/10/24 revealed the damages have been reported and they are waiting for repairs to be completed. Interview with qualified intellectual disabilities professional (QIDP) on 12/11/24 revealed she was informed by staff on 11/18/24 regarding black mold concerns behind the sofa. Continued interview with the QIDP verified she completed a work order on 11/18/24 but it was rejected due to not providing specific details of repairs needed. Further interview with the QIDP revealed a work order will be completed to get the mold issue resolved. Subsequent interview with the QIDP revealed she was not made aware of black mold around the ceiling vents or in the utility closet.	W 104		
W 448	EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv) The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on documentation review and interview, the facility failed to include the timelines of fire evacuation drills including the duration of the facility evacuation. The finding is:	W 448		

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W 448	Continued From page 2 Review of facility fire evacuation drill reports on 12/11/24 indicated fire drills conducted over the survey review year. Continued review of the facility fire drill reports revealed multiple drills with no documented evacuation times. Further review of the facility fire drill reports indicated the following drills were completed with no timeframes noted: 9/5/24, 4/2/24, and 3/4/24. Interview with the qualified intellectual disabilities professional (QIDP) on 12/11/24 revealed provider fire drill reports should include the evacuation timeframes. Continued interview with the QIDP revealed that all fire drill evacuation times are discussed during the facility safety committee meetings to ensure that fire evacuation drills do not exceed three minutes in length.	W 448		
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure all appropriate utensils were provided to 3 of 5 clients (#2, #4 and #5). The findings are: Observations during the breakfast meal on 12/11/24 at 7:15AM revealed staff to place the table setting on the table with a plate, cup, and tablespoon. Continued observations revealed clients #2, #4, and #5 to participate in the breakfast meal which consist of sausage patties, toast, mixed fruit, orange juice and milk with a spoon only. At no point during the observation did staff offer a full place setting for clients #2, #4, and #5 consisting of a fork, spoon, and knife	W 475		

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W 475	Continued From page 3 during the breakfast meal. Interview with the qualified intellectual disabilities professional (QIDP) on 12/11/24 revealed staff have been trained to provide a full place setting for clients during mealtimes. Continued interview with the QIDP verified that #2, #4, and #5 can use regular utensils during mealtimes and should have received a full place setting during the breakfast meal.	W 475		