

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/13/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G247</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>01/06/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>LINOAK GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3175 BANK ROAD</b> <b>LINCOLNTON, NC 28092</b>		
(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 000	INITIAL COMMENTS	W 000			
W 153	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on facility record, documentation review and interviews, the facility failed to ensure an abuse investigation was reported to external officials in accordance with state laws for 1 of 2 clients (#1). The finding is:</p> <p>Review of internal investigation that began on 12/6/24 and completed on 12/12/24 and documentation relative to the investigation on 1/6/25 revealed no evidence of a 24-hour incident response improvement system (IRIS).</p> <p>Interview on 1/6/25 with the facility administrator revealed that the supervisor was not available to sign off on the investigation. Continued interview revealed that the facility administrator stated that she completed the 24 -hour IRIS; however, there is no evidence in the investigation file nor in the system where the reports are uploaded.</p>	W 153			
W 154	STAFF TREATMENT OF CLIENTS	W 154			

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 154	<p>Continued From page 1 CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on review of facility records, documents, and interviews, the facility failed to ensure that an abuse allegation was thoroughly investigated after immediately becoming aware of a reported incident for 1 of 2 clients (#1). The finding is:</p> <p>Review of a completed investigation on 1/6/25 revealed where it was noted that client #1 informed staff B, Emergency Medical Service (EMS) and the police that staff A had hit him. Continued review of the investigation revealed that client #1 suffered fractures in his mouth and required surgery. Further review of the investigation revealed that the facility was unable to substantiate or unsubstantiate physical abuse due to lack of cooperation from staff A due to the staff obtaining legal representation.</p> <p>Review of EMS report on 1/6/25 - revealed that client #1 had severe swelling in his lower jaw bilaterally, substantial amounts of coagulated blood in his mouth and the teeth on the lower right side separated from his gum. Client #1 was also noted to have swelling in his right ear as well as scratches and bruising on his neck.</p> <p>Review of the facilities policies and procedures on 1/6/25 revealed an abuse, neglect, and exploitation policy 102.05 which states that RHA has no tolerance for abuse. Continued review of the abuse policy revealed that slapping and striking may constitute evidence of physical abuse. Employees shall not subject a person to any sort of neglect or indignity or inflict abuse on</p>	W 154			

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W 154	<p>Continued From page 2 any person receiving services.</p> <p>Interview on 1/6/25 with the qualified intellectual disabilities professional (QIDP) revealed that client #1 told her he fell out of bed and then the QIDP was told by the doctor that client #1 told EMS that staff had hit him. Continued interview with the QIDP revealed that the client does not feel comfortable around police and later she asked the client what happened, and he said that the staff had hit him in the face. The facility did not interview the QIDP and provide a written statement for the internal investigation.</p> <p>Interview on 1/6/25 with the Regional Administrator confirmed that the QIDP statement was not completed with the investigation. Continued interview revealed that the statement by client #1 was that he was hit by staff and that he fell, which could have both happened. Further interview revealed that staff A is not able to return to work because he continues to be on leave.</p>	W 154			