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

PRINTED: 01/13/2025 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY	
		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	34G247	B. WING		С	
NAME OF PROVIDER OR SUPPLIER	340247			01/06/2025	
LINOAK GROUP HOME		3	STREET ADDRESS, CITY, STATE, ZIP CODE 3175 BANK ROAD LINCOLNTON, NC 28092		
PREFIX (EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	SE COMPLETION	
W 000 INITIAL COMMENTS	S	W 000			
intake #NC00225146 #NC00225204. The substantiated and de #NC00225146 and # allegation was unsub deficiencies were cite W 153 STAFF TREATMENT CFR(s): 483.420(d)(2 The facility must ensimistreatment, neglect injuries of unknown simmediately to the accordance established procedur This STANDARD is to be accordance established procedur.	eficiencies were cited for #NC00225204. The estantiated and no ed for #NC00225142. T OF CLIENTS 2) ure that all allegations of ext or abuse, as well as source, are reported diministrator or to other exe with State law through res. not met as evidenced by: ord, documentation review acility failed to ensure an was reported to external e with state laws for 1 of 2	W 153	(W153) The QP and administrator in serviced on the policy for invest any allegations of abuse, neglect, exploitation in a timely manner and ensuring all aspects of the investig are completed thoroughly to ensur health and safety.	igating or d gation	
Review of internal inv 12/6/24 and complete documentation relativ 1/6/25 revealed no ev response improveme Interview on 1/6/25 w revealed that the sup	vestigation that began on ed on 12/12/24 and ve to the investigation on vidence of a 24-hour incident		PECEIVED 12.4 Z025 14 Licensure Sect		
she completed the 24 is no evidence in the system where the rep W 154 STAFF TREATMENT	A STATE OF THE STA	W 154	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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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING A. BUILDING C. O1/06/2025 NAME OF PROVIDER OR SUPPLIER LINOAK GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE 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) DEFICIENCY) (X3) DATE SURVEY COMPLETED C 01/06/2025 STREET ADDRESS, CITY, STATE, ZIP CODE 3175 BANK ROAD LINCOLNTON, NC 28092 (X5) COMPLETION DATE (X5) COMPLETION DATE	OTATE AND A		WILDICAID SERVICES			OMB N	O. 0938-0391	
MANE OF PROVIDER OR SUPPLIER LINOAK GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES GEACH DEPICIENCY MUST BE PRECEDED BY TULL PREFIX TAG PREFIX TAG PREFIX PREF	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DAT	(X3) DATE SURVEY	
MAKE OF PROVIDER OR SUPPLIER LINOAK GROUP HOME (A) 10 (A) 10 (A) 10 (B) 10 (B) 175 BANK ROAD LINCOLNTON, NC 28092 (B) 176 BANK ROAD LINCOLNTON, NC 28092 (W 154) The QP and administrator will be only looked on the policy for investigating any allegations of abuse, neglect, or exploitation in a timely manner and ensuring all aspects of the investigation are completed incident, but investigation are completed thoroughly to ensure health and safety. The QP and administrator will review the process of conducting investigations and property utilizing the IRIS network to report any instances of abuse in a prompt manner. Review of a completed investigation on 1/6/25 revealed that client #1 suffered fractures in his mouth and required surgery. Further review of the investigation revealed that client #1 suffered fractures in his mouth and required surgery. Further review of the investigation revealed that client #1 suffered fractures in his mouth and required surgery. Further review of the substanniate or unsubstanniate physical abuse due to lack of cooperation from staff A due to the staff obtaining legal representation. Review of EMS report on 1/6/25 revealed that the facility was unable to substanniate or unsubstanniate physical abuse due to lack of cooperation from staff A due to the staff obtaining legal representation. Review of the facilities holicies and procedures on 1/6/25 revealed an abuse, not			34G247	B. WING		С		
LINCAK GROUP HOME SIJMANAY STATEMENT OF DEFICIENCIES SIJMANAY STATEMENT OF DEFICIENCIES GEACH DEFICIENCY MLATE BE PRECEDED BY PULL PREFIX TAG PREFIX TAG PREFIX PREF	NAME OF F	PROVIDER OR SUPPLIER				01	/06/2025	
DINCOLNTON, NC 28092 CASH DEPROSED THE PLANT OF DEPICIENCIES (EACH DEPOSENCY MUST DE PRECEDED BY FULL REBULATION) OR LSC IDENTIFYING INFORMATION) W 154 Continued From page 1 (CFR(s): 483.420(d)(3)								
PREFIX TAG SLAMARY STATEMENT OF DEFICIENCIES (EACH DEFIGENCE OF STALL REGULATORY OR LSC IDENTIFYING INFORMATION) W 154 Continued From page 1 CFR(s): 483.420(d)(3) 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: 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 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 gun. Client #1 was also noted to have swelling in his right ear as well as scratches and brusing on his neck. 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 suspension of the policy for investigation 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 suspension of the policy procedure of the process of conducting any allegations of abuse, neglect, and exploitation policy 102.05 which states that RHA has no tolerance for abuse. Continued review of the abuse policy revealed that teleptage and striking may constitute evidence of physical	LINOAK	GROUP HOME						
PREFIX TAG REGULATORY OR LSC DENTFYING INFORMATION) W 154 Continued From page 1 CFR(s): 483.420(d)(3) 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 investigated after immediately becoming aware of a reported incident for 1 of 2 clients (#1). The finding is: Review of a completed investigation on 1/8/25 revealed where it was noted that client #1 suffered fractures in his mouth and required surgery. Further review of the investigation revealed that client #1 suffered fractures in his mouth and required surgery. Further review of the investigation 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 gun. Client #1 was also noted to have swelling in his right ear as well as scratches and brusing on his neck. Review of the facilities policies and procedures on 1/6/25 revealed an abuse, neglect, and exploitation policy 102.05 to the facility records, documents, and interviews, the facility records, documents, and interviews the process of conducting investigation and properly utilizing the IRIS network to report any instances of abuse in a prompt manner. 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 gun. Client #1 was also noted to have swelling in his right ear as well as a scratches and brusing on his neck.					LINCOLNTON, NC 28092			
CFR(s): 483.420(d)(3) 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: 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. 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 fight ear as well as scratches and bruising on his neck. 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 stapping and striking may constitute evidence of physical	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	DBE	COMPLETION	
		CFR(s): 483.420(d)(3) The facility must have violations are thoroug This STANDARD is in Based on review of fand interviews, the fand abuse allegation was after immediately bed incident for 1 of 2 clie Review of a complete revealed where it was informed staff B, Emer (EMS) and the police Continued review of the that client #1 suffered required surgery. Further investigation revealed to substantiate or unsidue to lack of coopera staff obtaining legal results and the substantial blood in his mouth and right side separated finalso noted to have sweat as scratches and bruis Review of the facilities on 1/6/25 revealed an exploitation policy 102 has no tolerance for all the abuse policy reveas striking may constitute	e evidence that all alleged ghly investigated. In our met as evidenced by: acility records, documents, cility failed to ensure that an thoroughly investigated coming aware of a reported ints (#1). The finding is: Indivestigation on 1/6/25 is noted that client #1 is regency Medical Service that staff A had hit him. The investigation revealed fractures in his mouth and the review of the lithat the facility was unable substantiate physical abuse atton from staff A due to the investigation. It on 1/6/25 - revealed that is welling in his lower jaw amounts of coagulated did the teeth on the lower om his gum. Client #1 was elling in his right ear as well sing on his neck. It policies and procedures abuse, neglect, and incoming and the evidence of physical is evidence of physical in the review of elled that slapping and evidence of physical	W 154	in serviced on the policy for invany allegations of abuse, negle exploitation in a timely manner ensuring all aspects of the inverse are completed thoroughly to enhealth and safety. The QP and administrator will review the proconducting investigations and putilizing the IRIS network to represent the process.	estigating ct, or and stigation sure cess of roperly ort any	01/06/2025	

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STATEMENT	OF DEFICIENCIES	AND PROVIDED TO A STATE OF THE			OMB	NO. 0938-0391	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
	any person receiving. Interview on 1/6/25 widisabilities professional client #1 told her he for QIDP was told by the EMS that staff had hit with the QIDP reveale feel comfortable around asked the client what I the staff had hit him in not interview the QIDP statement for the interview on 1/6/25 with Administrator confirme was not completed with Continued interview reby client #1 was that he fell, which could have interview revealed that	services. ith the qualified intellectual al (QIDP) revealed that all out of bed and then the doctor that client #1 told him. Continued interview d that the client does not not police and later she happened, and he said that the face. The facility did and provide a written nal investigation.	W1	54			