STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G109	A. BUILDING _____ B. WING _____	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNY LANE II	2830 HIGHWAY 70 EAST CLAREMONT, NC 28610

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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 reviews and interviews, the facility failed to ensure that a continuous active treatment program consisting of needed interventions were implemented as identified in the person-centered plan (PCP) for 2 sampled clients (#1, #4). The findings are: A. The facility failed to ensure that client #4's communication program was utilized in various settings and activities. For example: Observations throughout the 3/17/25-3/18/25 recertification survey revealed client #4 to participate in various activities. At no point during observations did staff to use pictures to communicate and transition the client to various activities throughout the day. Review of the record for client #4 on 3/18/25 revealed a PCP dated 4/15/24 which indicated the client has the following program goals: communication pictures goal, toileting goal, shoe toleration, use an Ipad to choose card talk, and maintain safety.	W 249		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 249	Continued From page 1 Interview with the qualified intellectual disabilities professional (QIDP) on 3/18/25 verified that all of client #4's program objectives and interventions were current. Further interview with the QIDP revealed staff have been trained to utilize client #4's communication pictures to transition to various activities. Continued interview with the QIDP verified staff should have utilized client #4's communication pictures as prescribed. B. The facility failed to utilize client #1's program objectives relative to handwashing. For example: Morning observations on 3/18/25 at 7:00AM revealed client #1 to enter the bathroom. Further observations revealed client #1 to exit the bathroom without washing her hands after toileting. Continued observations at 7:10AM revealed client #1 to place her hands in her pants and sit at the dining table to prepare for the breakfast meal. Subsequent observations at 7:10AM revealed client #1 to serve her plate with staff assistance and participate in the breakfast meal without washing her hands. At no point during the observation did staff prompt client #1 to sanitize or wash her hands. Review of the record for client #1 on 3/18/25 revealed a PCP dated 4/15/24 which indicated the client has the following program goals: hygiene goal, wiping with toilet paper, and hand washing goal. Continued review of the record for client #1 revealed a behavior support plan (BSP) dated 4/1/24 which indicated the client does vaginal and rectal digging and scratching. Interview with the QIDP on 3/18/25 verified the program objectives and interventions for client #1 are current. Further interview with the QIDP	W 249		

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W 249	Continued From page 2 verified staff have been trained to prompt client #1 to wash her hands after toileting and prior to mealtimes.	W 249		
W 341	NURSING SERVICES CFR(s): 483.460(c)(5)(ii) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to control of communicable diseases and infections, including the instruction of other personnel imethods of infection control. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to implement appropriate methods of infection control for 4 of 5 clients (#2, #3, #4, and #5) relative to handwashing. The finding is: Morning observations on 3/18/25 at 7:15AM revealed staff to prompt clients to the table to prepare for the breakfast meal. Further observations revealed clients to prepare their plates without washing their hands prior to the breakfast meal. Continued observations did not reveal staff to assist or prompt clients (#2, #3, #4, and #5) to wash their hands in preparation for the breakfast meal. Interview with the program manager (PM) and the qualified intellectual disabilities professional (QIDP) on 3/18/25 revealed staff have been trained to wash their hands before all meals. Further interview with the PM revealed staff should prompt all clients to wash their hands prior to mealtimes.	W 341		
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii)	W 474		

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W 474	Continued From page 3 Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to serve food in a form consistent with the developmental level of 2 of 3 sampled clients (#1, and #3). The findings are: A. The facility failed to follow client #1's diet as prescribed. For example: Observations in the group home on 3/17/25 at 4:50 PM revealed the dinner meal consisted of 3 oz oven fried chicken, 1/2 cup potato salad, 1/2 cup green beans and texas cheese toast and water. Further observations at 5:40 PM revealed client #1 to consume her dinner meal in whole consistency. At no time during the dinner meal was staff observed to assist the client to provide one inch consistency. Observations in the group home on 3/18/25 at 7:17 AM revealed the breakfast meal consisted of 2 muffins, 6 oz yogurt, 1/2 cup strawberries, orange juice, water, and milk. Further observations at 7:50 AM revealed client #1 to consume her breakfast meal in whole consistency. At no time during the breakfast meal was staff observed to assist the client to provide the meal in one inch consistency. Review of client #1's record on 3/18/25 revealed a person-centered plan (PCP) dated 4-15-24. Further review of the PCP revealed an occupational therapy (OT) evaluation dated 6-27-24 for client #1 to be prescribed a regular whole one inch diet due to decrease in oral motor	W 474		

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W 474	Continued From page 4	W 474		

skills.

Interview with the program manager (PM) on 3/18/25 confirmed client #1's prescribed diet is current. Further interview with the PM confirmed specially modified diets should be followed as prescribed.

B. The facility failed to follow client #3's diet as prescribed. For example:

Observations in the group home on 3/17/25 at 4:50 PM revealed the dinner meal consisted of 3 oz oven fried chicken, 1/2 cup potato salad, 1/2 cup green beans and texas cheese toast and water. Further observations at 5:40 PM revealed client #3 to consume her dinner meal in whole consistency. At no time during the dinner meal was staff observed to assist the client to provide 1/2 inch consistency.

Observations in the group home on 3/18/25 at 7:17 AM revealed the breakfast meal consisted of 2 muffins, 6 oz yogurt, 1/2 cup strawberries, orange juice, water, and milk. Further observations at 7:50 AM revealed client #3 to consume her breakfast meal in whole consistency. At no time during the breakfast meal was staff observed to assist the client to provide the meal in 1/2 inch consistency.

Review of client #1's record on 3/18/25 revealed a person-centered plan (PCP) dated 1-6-25. Review of the PCP revealed an OT evaluation dated 12-3-24. Further review of the OT assessment revealed client #3 to be prescribed a regular diet, cut into 1/2 inch with thin liquids due to decrease in oral motor skills, coughing and signs of decreased chewing before swallowing.

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W 474	Continued From page 5 Interview with the PM on 3/18/25 confirmed client #3's prescribed diet. Further interview with the PM confirmed specially modified diets should be followed as prescribed.	W 474		
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, record reviews and interviews, the facility failed to ensure clients received a continuous active treatment program consisting of needed interventions as identified in the Person-Centered Plan (PCP) relative to providing adaptive equipment during mealtimes. This affected two sampled clients (#3, #4). The finding is: Afternoon observations in the facility on 3/17/25 at 4:35PM revealed staff to set the table to prepare for the dinner meal. Further observations at 4:55PM revealed staff to sit clients at the table for the dinner meal. Continued observations revealed client #3 to have a full place setting with a plate, fork, and spoon and a teacup. At no point during the observation did staff provide client #3 with a sports bottle as prescribed. Subsequent observations on 3/17/25 at 4:55PM revealed staff to sit client #4 at the dining table for the dinner meal. Further observation revealed staff to provide client #4 with the following utensils: fork, spoon, plate, and a teacup. At no point during the observation did staff provide client #4 with a cup with a lid and straw as prescribed.	W 475		

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W 475	Continued From page 6	W 475		

Morning observations on 3/18/25 at 7:00AM revealed staff to set the table for the breakfast meal. Further observation at 7:10AM revealed client #4 to sit at the dining table to prepare for the breakfast meal. Continued observations revealed staff to provide client #4 with the following utensils for the breakfast meal: fork, spoon, plate, and sports bottle without a lid. At no point during the observation did staff provide client #4 with a cup with a lid and straw as prescribed.

Subsequent observations on 3/18/25 at 7:10AM also revealed client #3 to sit at the dining room table and participate in the breakfast meal. Further observation revealed client #3 to sit at the dining table and participate in the breakfast meal without a sports bottle as prescribed.

Review of the record for client #3 on 3/18/25 revealed a PCP dated 1/6/25 and occupational therapy (OT) Evaluation dated 12/3/24 which indicated the client has the following adaptive equipment to use during mealtimes: sports bottle or cup with lid and straw.

Review of the record for client #4 on 3/18/25 revealed a PCP dated 5/16/24 and OT Evaluation dated 3/28/24 which indicated the client is to use the following adaptive equipment during mealtimes: fork, spoon, plate, clothing protector, and cup with straw and lid.

Interview with the qualified intellectual disabilities professional (QIDP) on 3/18/25 verified both clients #3 and #4's interventions and training objectives are current. Further interview with the QIDP revealed staff have been trained to provide adaptive equipment to the clients during

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W 475	Continued From page 7 mealtimes as prescribed.	W 475		