

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

PRINTED: 03/20/2025  
FORM APPROVED  
OMB NO. 0938-0391

|  |   |  |  |                            |  |
|--|---|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION      |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>34G109</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>03/18/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PENNY LANE II</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2830 HIGHWAY 70 EAST<br/>CLAREMONT, NC 28610</b>   |                            |  |
| (X4) ID<br>PREFIX<br>TAG                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)   | (X5)<br>COMPLETION<br>DATE |  |
| W 249  | <p><b>PROGRAM IMPLEMENTATION</b><br/>CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by:<br/>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:</p> <p>A. The facility failed to ensure that client #4's communication program was utilized in various settings and activities. For example:</p> <p>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.</p> <p>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.</p> | W 249  | (W249) Staff in the home will be in-serviced on programs and program documentation by the QP. Interaction assessments will be completed three times per month in the home for the next three months. | 04/03/2025                 |  |

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APR 01 2025

DHSR-MH Licensure Sect

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 249  | <p>Continued From page 1</p> <p>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.</p> <p>B. The facility failed to utilize client #1's program objectives relative to handwashing. For example:</p> <p>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.</p> <p>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.</p> <p>Interview with the QIDP on 3/18/25 verified the program objectives and interventions for client #1 are current. Further interview with the QIDP</p> | W 249  |  |                            |  |



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| W 249  | Continued From page 2<br>verified staff have been trained to prompt client<br>#1 to wash her hands after toileting and prior to<br>mealtimes.  | W 249  |   |                            |  |
| W 341  | <b>NURSING SERVICES</b><br>CFR(s): 483.460(c)(5)(ii)<br><br>Nursing services must include implementing with<br>other members of the interdisciplinary team,<br>appropriate protective and preventive health<br>measures that include, but are not limited to<br>control of communicable diseases and infections,<br>including the instruction of other personnel<br>in methods of infection control.<br>This STANDARD is not met as evidenced by:<br>Based on observations and interview, the facility<br>failed to implement appropriate methods of<br>infection control for 4 of 5 clients (#2, #3, #4, and<br>#5) relative to handwashing. The finding is:<br><br>Morning observations on 3/18/25 at 7:15AM<br>revealed staff to prompt clients to the table to<br>prepare for the breakfast meal. Further<br>observations revealed clients to prepare their<br>plates without washing their hands prior to the<br>breakfast meal. Continued observations did not<br>reveal staff to assist or prompt clients (#2, #3, #4,<br>and #5) to wash their hands in preparation for the<br>breakfast meal.<br><br>Interview with the program manager (PM) and the<br>qualified intellectual disabilities professional<br>(QIDP) on 3/18/25 revealed staff have been<br>trained to wash their hands before all meals.<br>Further interview with the PM revealed staff<br>should prompt all clients to wash their hands prior<br>to mealtimes. | W 341  | (W341) Staff will be trained by the<br>QP on ensuring hand washing<br>occurs before every meal and as<br>needed throughout the day to<br>ensure health and safety for all in<br>the home. | 04/03/2025                 |  |
| W 474  | <b>MEAL SERVICES</b><br>CFR(s): 483.480(b)(2)(iii)   | W 474  |   |                            |  |

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| W 474  | <p>Continued From page 3</p> <p>Food must be served in a form consistent with the developmental level of the client.<br/>This STANDARD is not met as evidenced by:<br/>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:</p> <p>A. The facility failed to follow client #1's diet as prescribed. For example:</p> <p>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.</p> <p>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.</p> <p>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</p> | W 474  | <p>(W474) Staff will be trained by the QP on correct diet consistencies for all individuals in the home to maintain health and safety. Mealtime assessments will be completed three times a month for the next three months to monitor for correct consistency and ensure diets are followed per physicians' orders.</p> | 04/03/2025                 |  |



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| W 474  | <p>Continued From page 4<br/>skills.</p> <p>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.</p> <p>B. The facility failed to follow client #3's diet as prescribed. For example:</p> <p>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.</p> <p>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.</p> <p>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.</p> | W 474  |  |                            |  |

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| W 474  | Continued From page 5   | W 474  |   |                            |  |
| W 475  | <p>MEAL SERVICES<br/>CFR(s): 483.480(b)(2)(iv)</p> <p>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:</p> <p>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.</p> <p>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.</p> | W 475  | (W475) Staff will be in-serviced by the QP on all individuals' adaptive equipment needs and ensure these are being utilized appropriately at all times to ensure health and safety. | 04/03/2025                 |  |



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| W 475  | <p>Continued From page 6</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p> | W 475  |  |  |  |

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B. WING \_\_\_\_\_

(X3) DATE SURVEY  
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STREET ADDRESS, CITY, STATE, ZIP CODE

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CLAREMONT, NC 28610

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COMPLETION  
DATE

W 475

Continued From page 7  
mealtimes as prescribed.

W 475