

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

PRINTED: 07/25/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G341</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/23/2025</b>	
NAME OF PROVIDER OR SUPPLIER  <b>WOODING PLACE GROUP HOME</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>112 WOODING PLACE KINGS MOUNTAIN, NC 28086</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 249	<p><b>PROGRAM IMPLEMENTATION</b> 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: Based on observations, record review and interview, the facility failed to ensure 5 of 6 audited clients (#1, #3, #4, #5, #6) received a continuous active treatment program consisting of needed interventions through formal and informal training opportunities. The finding is:</p> <p>Observation in the group home on 7/22/25 at 4:22 PM revealed all six clients to begin participation in a staff led group bingo game. Continued observation at 4:54 PM revealed client #2 to be directed by staff to wash hands and engage in dinner preparation. Further observation revealed clients #1, #3, #4, #5, and #6 to continue participation in the bingo game until 5:45 PM, for a total of one hour and 23 minutes without any other formal or informal active treatment. Additional observations revealed client #6 to not be offered the opportunity to assist with dinner preparation.</p> <p>Review of client #6's record on 7/23/25 revealed an individual support plan (ISP) dated 1/15/25 which indicated a training objective to assist staff with making a side dish for dinner with 60%</p>			W 249			

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	Continued From page 1 independence for three consecutive months.  Interview with the qualified intellectual disabilities professional (QIDP) on 7/23/25 confirmed the one hour and 23 minute duration of the bingo game was excessive and clients #1, #3, #4, #5, and #6 should have been engaged in other opportunities to promote progress towards the achievement of goals and objectives. Continued interview with the QIDP confirmed client #6 should have been offered the opportunity to assist with dinner preparation.	W 249			