STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G341	A. BUILDING _____ B. WING _____	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODING PLACE GROUP HOME	112 WOODING PLACE KINGS MOUNTAIN, NC 28086

(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	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 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: 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. 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%	W 249	Tag W249 – Program Implementation CFR(s): 483.440(d)(1) Citation Summary: The facility failed to ensure that 5 of 6 audited clients received a continuous active treatment program as required. Clients participated in non-instructional leisure activity (bingo) for over an hour without integration of formal or informal training opportunities. Client #6, who had an objective to assist with dinner preparation, was not offered that opportunity. 08-15-2025 As of 07/31/2025 QP and Program Manager conducted a review of all clients' Individual Support Plans (ISPs) to ensure goals and training objectives are clearly defined and understood by staff. Staff were re-trained on 07/31/2025 regarding the definition and delivery of active treatment, including how to integrate formal and informal training into daily routines and activities. Direct Support Staff have been reminded that leisure activities like bingo must be supplemented with individualized support, engagement, and training goals (e.g., social skills, turn-taking, number recognition, communication, etc.). Client #6 was provided opportunities to participate in dinner preparation in alignment with their ISP objective. This has been documented and will be monitored for consistency. QP will conduct monthly observations, to ensure active treatment is occurring during all client activities (formal and informal). All staff will receive in-service training on active treatment expectations and implementation, with sign-in sheets and training content retained in personnel files. Staff will monitor how ISP objectives are integrated into activities, including data collection for skill acquisition programs, which will be reviewed monthly by the QP. The Program Manager and QP will conduct unannounced spot checks at varied times to ensure training opportunities are occurring consistently across all shifts. QA will conduct monthly audits of progress notes, activity schedules, and direct observations to verify continuous active treatment is being delivered. Any lapse in implementation will result in immediate re-training and corrective action for responsible staff. Results of these reviews will be reported during monthly interdisciplinary team meetings and documented in quality improvement reports. Resp: QP, Program Manager, Direct Support Staff	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Michael Penland	Executive Director	08-01-2025

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		