

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G118	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/07/2026
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NAME OF PROVIDER OR SUPPLIER SHANNONBROOK HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 914 WEST FIRST STREET NEWTON, NC 28658
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E 015	<p>Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1)</p> <p>§403.748(b)(1), §418.113(b)(6)(iii), §441.184(b)(1), §460.84(b)(1), §482.15(b)(1), §483.73(b)(1), §483.475(b)(1), §485.542(b)(1), §485.625(b)(1)</p> <p>[(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:</p> <p>(1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:</p> <ul style="list-style-type: none"> (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: <ul style="list-style-type: none"> (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal. <p>*[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures.</p> <p>(6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following:</p> <p>(iii) The provision of subsistence needs for</p>	E 015		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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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E 015	<p>Continued From page 1</p> <p>hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following:</p> <p>(A) Food, water, medical, and pharmaceutical supplies.</p> <p>(B) Alternate sources of energy to maintain the following:</p> <p>(1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.</p> <p>(2) Emergency lighting.</p> <p>(3) Fire detection, extinguishing, and alarm systems.</p> <p>(C) Sewage and waste disposal.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the provision of subsistence needs for clients and staff related to the emergency food supply. The finding is:</p> <p>Observation of the facilities emergency food supply on 1/6/26 revealed the emergency food supply contained various expired food items which included 12 packs of snack puddings, bag of cereal, 1 box graham crackers, 8 cans of green beans, 2 64 Fl. Oz. of apple juice and 1 orange juice, 7 cans of vegetables, 6 cans of fruits, 12 jars of baby foods, and 1 box of saltines. Further observation revealed 8 gallons of water to be expired and 2 cases of bottle waters that expired in 2024.</p> <p>Interview on 1/7/26 with the qualified intellectual disabilities professional (QIDP) confirmed that the facility should inspect the emergency food regularly and ensure that the home has an adequate supply of unexpired foods and waters.</p>	E 015			
W 129	PROTECTION OF CLIENTS RIGHTS	W 129			

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W 129	Continued From page 2 CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure that privacy was maintained for 1 of 5 audited clients (#4) during toileting. The finding is: Morning observations in the group home on 1/7/26 at 6:37 AM revealed client #4 to finish the breakfast meal and exit the dining area to the living room and sit on the couch. Further observation at 6:41 AM revealed client #4 to exit the living room and go to the bathroom. Continued observation revealed client #4 to enter the bathroom and use the toilet with the door open with no privacy being provided to the client. Subsequent observation revealed client #4 to exit the bathroom and not wash her hands before returning to the living room couch. Interview with the qualified intellectual disabilities professional (QIDP) on 1/7/26 confirmed that staff are to provide privacy when toileting by closing the client's bathroom door. Further interview with the QIDP confirmed that staff training was recently provided.	W 129			
W 137	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12) The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by:	W 137			

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W 137	Continued From page 3 Based on observations and interviews, the facility failed to ensure clients had the right to retain and use appropriate personal possessions affecting 5 of 5 audited clients (#1, #2, #4, #5, and #6) relative to hygiene products. The finding is: Observations in the group home during survey 1/6-1/7/26 revealed the bathroom with the bathtub to have several bottles of shampoos, conditioners, body washes and a bar of soap to line the bathtub safety bars and tub entry. Further observations revealed that the products remained in the bathtub both days with different initials on the opened containers and an open bar of soap. Continued observations in the walk-in shower revealed a shelf upon entry into the bathroom. Subsequent observations revealed toiletry bins on the shelf and opened shampoos and body washes placed on the shelf not identifying who they belonged. Interview on 1/7/26 with the qualified intellectual disabilities professional (QIDP) confirmed that the hygiene products should be stored in a labeled toiletry bin and kept in a hallway closet. Further interview with the QIDP revealed that there is toiletry bins kept in the walk-in shower due to limited space and they should be labeled and kept in the individual's toiletry bin and not left loosely on the shelf.	W 137			
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	W 249			

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W 249	<p>Continued From page 4</p> <p>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 reviews, and interviews, the facility failed to ensure that 3 of 5 audited clients (#1, #2 and #4) received a continuous active treatment program as identified in the Person-Centered Plan (PCP) relative to the use of prescribed adaptive equipment. The findings are:</p> <p>A. The facility failed to provide client #1 with his prescribed adaptive equipment. For example:</p> <p>Observations in the group home on 1/7/26 at 5:50 AM revealed client #1 to be seated at the dining room table wearing a soft helmet and drop support harness. The client did not wear glasses, hand pillow (for right hand contracture), and protective sleeves. Further observation revealed the client participated in the breakfast meal, medication administration, and watched the television. At no time during the morning observations were staff observed to provide client #1 with his glasses, right hand pillow, and protective sleeves.</p> <p>Review of records on 1/7/26 revealed a PCP dated 9/8/25. Further review of the PCP notes that client #1's glasses, right hand pillow, and protective sleeves are provided to the client daily. Further review of the PCP revealed a vision consultation dated 11/7/24 to note the client to be diagnosed with Myopia, Astigmatism, presbyopia and to continue to use current glasses and will</p>	W 249		

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W 249	<p>Continued From page 5 monitor cataracts.</p> <p>Interview with the qualified intellectual disability professional (QIDP) on 1/7/26 confirmed that client #1's PCP and eye consultation are current. Continued interview with the QIDP confirmed that staff should provide client #1 with his prescribed adaptive equipment which includes eyeglasses, protective sleeve, and hand pillow for right hand.</p> <p>B. The facility failed to provide client #2 with his prescribed adaptive equipment. For example:</p> <p>Observations in the group home on 1/7/26 at 5:50 AM revealed client #2 to participate in activities which included showering, make bed, breakfast meal, toileting, and music on the IPAD. Further observations at 8:20 AM revealed client #2 entered the medication administration room and staff asked him to put on his glasses that were stored in the medication administration room and the client complied.</p> <p>Review of records on 1/7/26 for client #2 revealed a PCP dated 8/27/25. Further review of the PCP revealed a vision consultation for the client dated 5/21/25 for the client to be diagnosed with Myopia and to try to wear glasses full-time.</p> <p>Interview with QIDP on 1/7/26 confirmed that client #2's PCP is current. Further interview with the QIDP confirmed that staff should have provided client #2 with prescribed eyeglasses for the waking hours.</p> <p>C. The facility failed to provide client #4 with prescribed adaptive equipment. For example:</p> <p>Observations in the group home on 1/7/26 at 5:50</p>	W 249			

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W 249	Continued From page 6 AM revealed client #4 to participate in the activities which included showering, participated with breakfast meal, watch television, and toileting. Further observations revealed at 7:26 AM the client participated with medication administration. Continued observations revealed the staff to assist client #4 with her hearing aids stored in the medication administration room. Review of records on 1/7/26 for client #4 revealed a PCP dated 3/24/25. Further review of the PCP notes that the client is to wear her hearing aids daily. Interview with QIDP on 1/7/26 confirmed that client #4's PCP is current. Further interview with the QIDP confirmed that staff should have provided client #4 with prescribed hearing aids for the waking hours.	W 249			
W 463	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(4) The client's interdisciplinary team, including a qualified dietitian and physician must prescribe all modified and special diets. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure 1 of 5 audited clients (#4) received their specialty diet as prescribed. The finding is: Evening observations in the group home on 1/6/26 at 5:35 PM revealed client #4 to participate in the dinner meal which included a pulled barbecue chicken sandwich, green beans, baked fries, and bananas. Further observations revealed that the client consumed the dinner meal. Continued observations at 6:00 PM revealed the	W 463			

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W 463	<p>Continued From page 7</p> <p>staff to give client #4 additional servings of barbecue chicken and baked fries.</p> <p>Morning observations in the group home on 1/7/25 revealed client #4 to participate in the breakfast meal which included waffles with syrup, oatmeal, peaches, and lemonade. Further observations revealed that the client consumed her breakfast meal. Continued observations revealed client #4 was not offered ACTi via during the breakfast meal and the client was not offered ACTi via during medication administration.</p> <p>Review of records on 1/7/26 for client #4 revealed a Person-Centered Plan (PCP) dated 3/24/25. Further review of the PCP revealed an annual nutritional assessment for the client to be prescribed an 1800 calorie weight loss diet, cut into 1/4" pieces. ACTi via BID (twice daily). No caffeine, no grapefruit, low calorie snacks. Provide meals in 4-5 portions due to very fast eating.</p> <p>Interview on 1/7/26 with the qualified intellectual disabilities professional confirmed client #4's diet as prescribed. Continued interview with the QIDP confirmed that staff should have provided client #4 with her prescribed diet and prescribed ACTi via.</p>	W 463			