

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

PRINTED: 12/17/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G077</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/16/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BONNIE LANE GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>121 BONNIE LANE STATESVILLE, NC 28625</b>
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(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
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W 260	<p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s) 483.440(f)(2)</p> <p>At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to update the person-centered plan (PCP) annually for 2 of 5 audited clients (#2, #3). The finding is:  Review of records on 12/15/25 revealed a PCP for client #2 dated 9/24/24 and a PCP for client #3 dated 9/30/24. Continued review revealed no evidence of current PCPs for client's #2 and #3.  Interview with qualified intellectual disability professional (QIDP) on 12/15/25 revealed they held the annual meeting for client #2, but the PCP has not been completed. Continued interview with the QIDP revealed the annual meeting for client #3 has not been scheduled yet.</p>	W 260	<p>W 260</p> <p>The Qualified Professional will complete PCP's for client's #2 and 3. The program manager will in-service the QP on holding PCPs annually and ensuring PCPs are written and uploaded into the EHR. The clinical team will monitor by completing chart reviews for the home 1x a week for a period of 30 days and then on a routine basis. In the future, the Qualified Professional will ensure all PCPs are held annually and completed for all People Supported</p>	2/14/26
W 287	<p><b>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</b> CFR(s) 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used for the convenience of staff. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to follow written guidelines for 1 of 5 audited clients (#2) relative to use of a booster seat with an attached seat belt during the dinner meal. The findings are:  Observations prior to the dinner meal on 12/15/25 from 5:10 PM to 5:30 PM revealed client #2 to be assisted by staff into her booster seat with a seat</p>	W 287		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>IDD Regional Administrator</b>	(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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G077	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  12/16/2025
NAME OF PROVIDER OR SUPPLIER  BONNIE LANE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 121 BONNIE LANE STATESVILLE, NC 28625		
(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 287	<p>Continued From page 1</p> <p>belt applied prior to the dinner meal. Further observation during this period revealed client #2 to rock her chair back; to drag her chair back and forth; to lunge forward in her chair and touch the floor; to physically kick at staff; and to grab at staff placing her off balance in the chair.</p> <p>Review of records on 12/16/25 for client #2 revealed a person-centered plan (PCP) dated 10/1/25. Further review of the PCP, review of client #2's adaptive dining equipment consisting of a sectional plate with attached utensils, cup with straw, and a booster with seatbelt, with the client being placed in the booster seat right before meals.</p> <p>Continued review of records for client #2 revealed a behavior support plan (BSP) dated 10/01/25. Further review of the BSP revealed the following target behaviors: un-cooperation, sensory, self-regulation &amp; communication challenges, dealing with disappointment, transitioning behavior, difficulty with food management, inappropriate toileting, aggression, property destruction, meltdowns, and disruptive sleep.</p> <p>Interview with the facilities qualified intellectual disabilities professionals (QIDP) and behavior support analyst (BSA) on 12/16/25 for client #2 revealed she is to be assisted into her booster seat and buckled in just before receiving her meal to avoid distractions and disruptions. Further interview with the QIDP and BSA confirmed they agreed that client #2 should not be placed in the booster until time for her meal presentation.</p>	W 287	<p>W 287</p> <p>The behavior analyst will in-service all staff on the use of client #2's booster seat and BSP. The clinical team will monitor through interaction assessments 1x a week for a period of 30 days and then on a routine basis to ensure the BSP is being followed and the booster seat is being used appropriately as well as a meal time assessment 1x a week for a period of 30 days and then on a routine basis to ensure the booster seat is used appropriately during meal times. In the future, the behavior analyst will ensure all staff are trained on BSPs of People Supported.</p>	2/14/26	