

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

PRINTED: 01/26/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G247	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/13/2026
NAME OF PROVIDER OR SUPPLIER LINOAK GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3175 BANK ROAD LINCOLNTON, NC 28092		
(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	
E 037	<p>EP Training Program CFR(s): 483.475(d)(1)</p> <p>§403.748(d)(1), §416.54(d)(1), §418.113(d)(1), §441.184(d)(1), §460.84(d)(1), §482.15(d)(1), §483.73(d)(1), §483.475(d)(1), §484.102(d)(1), §485.68(d)(1), §485.542(d)(1), §485.625(d)(1), §485.727(d)(1), §485.920(d)(1), §486.360(d)(1), §491.12(d)(1).</p> <p>*[For RNCHIs at §403.748, ASCs at §416.54, Hospitals at §482.15, ICF/IIDs at §483.475, HHAs at §484.102, REHs at §485.542, "Organizations" under §485.727, OPOs at §486.360, RHC/FQHCs at §491.12:]</p> <p>(1) Training program. The [facility] must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.</p> <p>(ii) Provide emergency preparedness training at least every 2 years.</p> <p>(iii) Maintain documentation of all emergency preparedness training.</p> <p>(iv) Demonstrate staff knowledge of emergency procedures.</p> <p>(v) If the emergency preparedness policies and procedures are significantly updated, the [facility] must conduct training on the updated policies and procedures.</p> <p>*[For Hospices at §418.113(d):] (1) Training. The hospice must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures to all new and existing hospice employees, and individuals providing services under arrangement, consistent with their expected roles.</p>	E 037			

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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E 037	<p>Continued From page 1</p> <p>(ii) Demonstrate staff knowledge of emergency procedures.</p> <p>(iii) Provide emergency preparedness training at least every 2 years.</p> <p>(iv) Periodically review and rehearse its emergency preparedness plan with hospice employees (including nonemployee staff), with special emphasis placed on carrying out the procedures necessary to protect patients and others.</p> <p>(v) Maintain documentation of all emergency preparedness training.</p> <p>(vi) If the emergency preparedness policies and procedures are significantly updated, the hospice must conduct training on the updated policies and procedures.</p> <p>*[For PRTFs at §441.184(d):] (1) Training program. The PRTF must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) After initial training, provide emergency preparedness training every 2 years. (iii) Demonstrate staff knowledge of emergency procedures. (iv) Maintain documentation of all emergency preparedness training. (v) If the emergency preparedness policies and procedures are significantly updated, the PRTF must conduct training on the updated policies and procedures.</p> <p>*[For PACE at §460.84(d):] (1) The PACE organization must do all of the following: (i) Initial training in emergency preparedness</p>	E 037			

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E 037	<p>Continued From page 2</p> <p>policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, contractors, participants, and volunteers, consistent with their expected roles.</p> <p>(ii) Provide emergency preparedness training at least every 2 years.</p> <p>(iii) Demonstrate staff knowledge of emergency procedures, including informing participants of what to do, where to go, and whom to contact in case of an emergency.</p> <p>(iv) Maintain documentation of all training.</p> <p>(v) If the emergency preparedness policies and procedures are significantly updated, the PACE must conduct training on the updated policies and procedures.</p> <p>*[For LTC Facilities at §483.73(d):] (1) Training Program. The LTC facility must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role.</p> <p>(ii) Provide emergency preparedness training at least annually.</p> <p>(iii) Maintain documentation of all emergency preparedness training.</p> <p>(iv) Demonstrate staff knowledge of emergency procedures.</p> <p>*[For CORFs at §485.68(d):](1) Training. The CORF must do all of the following:</p> <p>(i) Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.</p>	E 037			

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E 037	<p>Continued From page 3</p> <p>(ii) Provide emergency preparedness training at least every 2 years.</p> <p>(iii) Maintain documentation of the training.</p> <p>(iv) Demonstrate staff knowledge of emergency procedures. All new personnel must be oriented and assigned specific responsibilities regarding the CORF's emergency plan within 2 weeks of their first workday. The training program must include instruction in the location and use of alarm systems and signals and firefighting equipment.</p> <p>(v) If the emergency preparedness policies and procedures are significantly updated, the CORF must conduct training on the updated policies and procedures.</p> <p>*[For CAHs at §485.625(d):] (1) Training program. The CAH must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures, including prompt reporting and extinguishing of fires, protection, and where necessary, evacuation of patients, personnel, and guests, fire prevention, and cooperation with firefighting and disaster authorities, to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.</p> <p>(ii) Provide emergency preparedness training at least every 2 years.</p> <p>(iii) Maintain documentation of the training.</p> <p>(iv) Demonstrate staff knowledge of emergency procedures.</p> <p>(v) If the emergency preparedness policies and procedures are significantly updated, the CAH must conduct training on the updated policies and procedures.</p>	E 037			

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E 037	Continued From page 4 *[For CMHCs at §485.920(d):] (1) Training. The CMHC must provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles, and maintain documentation of the training. The CMHC must demonstrate staff knowledge of emergency procedures. Thereafter, the CMHC must provide emergency preparedness training at least every 2 years. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure direct care staff were trained on the facility's emergency preparedness plan (EPP) at least initially or biennially. The finding is: Review on 1/13/26 of the facility's EPP revealed no evidence of initial or biennial training on the EPP. Interview on 1/13/26 with the qualified intellectual disabilities professional (QIDP) confirmed that initial training and biennial training for current staff were not completed.	E 037			
W 129	PROTECTION OF CLIENTS RIGHTS 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 observations, record review and interview, the facility failed to ensure clients have a right to privacy for 3 of 5 audited clients (#3, #4 and #5). The findings are: A. The facility to failed to ensure privacy for	W 129			

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W 129	<p>Continued From page 5</p> <p>clients #4 and #5 during the day. For example:</p> <p>Observations in the group home throughout survey on 1/12/26 - 1/13/26 revealed two video monitors belonging to clients #4 and #5 to be positioned in the living room area, sitting on a stand directly in front of the big screen television, on both ends in the "on" position. Further observations revealed clients #4 and #5 to be observed during the day by other clients and staff while sitting in the living room watching television. Continued observations revealed client #4 to walk up to both video monitors and look directly into them. Subsequent observations revealed client #4 to go to his room and change his shirt while the monitor remained on. Additional observations revealed at no time during observations did staff ensure clients #4 and #5 receive privacy while in their bedrooms.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 1/13/26 verified that the video monitor for client #4 and #5 should be turned off during awake hours. Further interview with the QIDP revealed the video monitor is to be used at night due to the client's seizure disorder diagnosis. Continued interview with the QIDP revealed staff have been trained on respecting clients' privacy.</p> <p>B. The facility failed to ensure client #3 privacy during medication administration. For example:</p> <p>Observations at the group home on 1/12/26 at 5:40 PM revealed staff B to ask client #3 if he had some water to drink. Continued observations revealed staff B to enter the medication room, exit with a medication cup in hand and gave it to client #3. Further observations revealed client #3</p>	W 129			

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W 129	Continued From page 6 to put the medication cup to his mouth, swallow the pills, then drink water from his cup. When asked by surveyor what medications were administered to client #3, staff B responded, his 6 PM medications which included; Clozapine, Divalproex, Senna Plus, and Thermotabs. Interview with the QIDP on 1/13/26 verified that client #3 should be receiving medications in the medication room. Further interview with the QIDP revealed staff have been trained on administering medications in the medication room to ensure privacy for all clients.	W 129			
W 195	ACTIVE TREATMENT SERVICES CFR(s): 483.440 The facility must ensure that specific active treatment services requirements are met. This CONDITION is not met as evidenced by: The team failed to ensure that each client received a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialize and generic training and treatment directed towards the acquisition of behaviors necessary for the client to function with as much self-determination and independence as possible (W249); ensure data was collected with the frequency as prescribed by clients and written person-centered plans (PCPs) (W252); and ensure the PCP was reviewed and revised when clients fail to make progress (W257). The cumulative effect of these systemic practices	W 195			

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W 195	Continued From page 7 resulted in the facility's failure to provide statutorily mandated active treatment services to the clients.	W 195			
W 196	<p>ACTIVE TREATMENT CFR(s): 483.440(a)(1)</p> <p>Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure continuous active treatment program by failing to implement needed interventions and services identified in the person-centered plans (PCPs) for 5 of 5 audited clients (#1, #2, #3, #4, and #5). The findings are:</p> <p>A. Cross reference W249. The facility failed to ensure a continuous active treatment program by failing to implement needed interventions and services identified in the PCPs for 4 of 5 audited clients (#1, #2, #3, and #5).</p> <p>B. Cross reference W252. The facility failed to ensure data related to the accomplishment of objective criteria was documented in measurable terms. This affected 4 of 5 audited clients (#1, #2,</p>	W 196			

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W 196	Continued From page 8 #3, and #4).	W 196			
W 249	<p>C. Cross reference W257. The facility failed to ensure the PCP was reviewed and revised when clients fail to make progress. This affected 4 of 5 audited clients (#1, #2, #3, and #4).</p> <p>PROGRAM IMPLEMENTATION 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 reviews and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the person-centered plans (PCPs) for 4 of 5 audited clients (#1, #2, #3, and #5). The findings are:</p> <p>A. The facility failed to provide formal or informal active treatment opportunities for client #1. For example:</p> <p>Observations on 1/12/26 from 3:50 PM - 6:00 PM revealed client #1 to spend 85 of 130 minutes sitting on the sofa in the livingroom or at the dining room table unengaged. Continued observations for the remaining 45 minutes</p>	W 249			

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W 249	<p>Continued From page 9</p> <p>revealed client #1 to participate in a snack, the dinner meal and taking his dishes to the kitchen.</p> <p>Further observations on 1/13/26 from 6:30 AM - 8:45 AM revealed client #1 to spend 95 of 135 minutes sitting on the sofa in the livingroom unengaged. Subsequent observations for the remaining 40 minutes revealed client #1 to participate in the breakfast meal, take his dishes to the sink, and brush his teeth.</p> <p>Review of the record for client #1 on 1/13/26 revealed a PCP dated 4/30/25 with six formal training programs. Further review of the training objectives for client #1 included the following: respecting others personal space, remain seated during training, interacting with peers, dust bedroom, brush teeth thoroughly and bathing.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 1/13/26 revealed client #1's PCP and program goals are current. Further interview with the QIDP revealed client #1 should be offered opportunities to participate in informal and formal programming throughout the day.</p> <p>B. The facility failed to provide formal or informal active treatment opportunities for client #2. For example:</p> <p>Observations on 1/12/26 from 3:50 PM - 6:00 PM revealed client #2 to spend 85 of 130 minutes sitting on the sofa in the livingroom or in his bedroom unengaged. Continued observations for the remaining 45 minutes revealed client #2 to participate in medication administration, a snack, the dinner meal, and taking his dishes to the kitchen.</p>	W 249			

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W 249	<p>Continued From page 10</p> <p>Further observations on 1/13/26 from 6:30 AM - 8:45 AM revealed client #2 to spend 100 of 135 minutes in his room and livingroom unengaged. Continued observations for the remaining 30 minutes revealed client #2 to participate in the breakfast meal, take his dishes to the sink and medication administration.</p> <p>Review of the record for client #2 on 1/13/26 revealed a PCP dated 9/1/25 with eight formal training programs. Further review of the training objectives for client #2 included the following: take out the trash, naming colors, time on task, fold clothes, make bed, name the days of the week, wash hands thoroughly and write his name.</p> <p>Interview with the QIDP on 1/13/26 revealed client #2's PCP and program goals are current. Further interview with the QIDP revealed client #2 should be offered opportunities to participate in informal and formal programming throughout the day.</p> <p>C. The facility failed to provide formal or informal active treatment opportunities for client #3. For example:</p> <p>Observations on 1/12/26 from 3:50 PM - 6:00 PM revealed client #3 to spend 90 of 130 minutes walking around the house showing off his watches, in the living room or in his bedroom. Continued observations for the remaining 40 minutes revealed client #3 to participate in a snack and the dinner meal, medication administration, and taking his dishes to the kitchen.</p> <p>Further observations on 1/13/26 from 6:30 AM - 8:45 AM revealed client #3 to spend 100 of 135</p>	W 249			

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W 249	<p>Continued From page 11</p> <p>minutes in his room and livingroom unengaged. Subsequent observations for the remaining 35 minutes revealed client #3 to participate in the breakfast meal, taking his dishes to the sink, and medication administration.</p> <p>Review of the record for client #3 on 1/12/26 revealed a PCP dated 3/25/25 five formal training programs. Further review of the training objectives for client #3 included the following: remain on task, using the dishwasher, work behaviors, fold pants and flossing teeth.</p> <p>Interview with the QIDP on 1/13/26 revealed client #3's PCP and program goals are current. Further interview with the QIDP revealed client #3 should be offered opportunities to participate in informal and formal programming throughout the day.</p> <p>D. The facility failed to provide formal or informal active treatment opportunities for client #5. For example:</p> <p>Observations in the group home during the 1/12/26 - 1/13/26 survey revealed client #5 to spend most 110 minutes in his bedroom lying in the bed. Further observations on 1/12/26 from 4:12 PM - 4:22 PM revealed client #5 to participate in a snack and to take a bath following snack. Continued observations revealed the client returned to his bedroom and remained until the dinner meal. Subsequent observations on 1/13/26 from 6:30 AM - 8:25 AM revealed client #5 to spend 115 minutes in his bedroom. Additional observation at 8:25 AM revealed client #5 to enter the dining room to participate in the breakfast meal. At no time during observations did staff offer opportunities for client #1 to participate in</p>	W 249			

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W 249	Continued From page 12 informal or formal programming. Review of the record for client #5 on 1/12/26 revealed a PCP dated 11/10/25 with eight formal training programs. Further review of the training objectives for client #5 included the following: 1) attends the Vocational program; 2) reacts appropriately to frustration; 3) Tolerates toothbrushing for 30 seconds; 4) clean bedroom; 5) hand washing; 6) laundry; 7) tolerance for wearing shoes; and 8) names the days of the week. Interview with QIDP on 1/13/26 revealed client #5's PCP and programs goals are current. Further interview with QIDP revealed client #5 should be offered opportunities to participate in informal and formal programming throughout the day.	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that program objectives specified in the person-centered plans (PCPs) for 4 of 5 audited clients (#1 #2, #3, and #4) were adequately documented in measurable terms. The findings are: A. The facility failed to ensure client #1's program	W 252			

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W 252	<p>Continued From page 13</p> <p>data for 8 of 8 objectives included in the client's 4/30/25 PCP were collected as prescribed. For example:</p> <ol style="list-style-type: none"> 1. Review of client #1's respecting others personal space program revealed data should be taken weekly (seven times a week). Further review of program data revealed for the past 5 months data was only collected in 8/25 - 9 times, 9/25 - 7 times, 10/25 - 6 times, 11/25 - 4 times and 12/25 - 6 times. 2. Review of client #1's remain seated during training program revealed data should be taken weekly (three times a week). Further review of program data revealed for the past 5 months data was only collected in 8/25- 8 times, 9/25 - 1 time, 10/25 - 3 times, 11/25 - 0 times and 12/25 - 1 time. 3. Review of client #1's interacting with peers program revealed data should be taken weekly (five times a week). Further review of program data revealed for the past 5 months data was only collected in 8/25 - 11 times, 9/25 - 4 times, 10/25- 3 times, 11/25 - 3 times and 12/25 - 5 times. 4. Review of client #1's dust bedroom program revealed data should be taken weekly (one time a week). Further review of program data revealed for the past 5 months data was only collected in 8/25 - 8 times, 9/25 - 0 times, 10/25 - 3 times, 11/25 - 1 time and 12/25 - 0 times. 5. Review of client #1's brush teeth thoroughly program revealed data should be taken daily. Further review of program data revealed for the past 5 months data was only collected in 8/25 - 5 	W 252			

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W 252	<p>Continued From page 14</p> <p>times, 9/25 - 0 times, 10/25- 3 times, 11/25 - 3 times and 12/25 - 2 times.</p> <p>6. Review of client #1's bathing program revealed data should be taken weekly (seven times a week). Further review of program data revealed for the past 5 months data was only collected in 8/25 -8 times, 9/25 0 times, 10/25 - 4 times, 11/25 - 3 times and 12/25 - 4 times.</p> <p>7. Review of client #1's rate of eating program revealed data should be taken daily. Further review of program data revealed for the past 5 months data was only collected in 8/25 - 0 times, 9/25 - 0 times, 10/25 - 0 times, 11/25 - 0 times and 12/25 - 6 times.</p> <p>8. Review of client #1's visual task sequence program revealed data should be taken daily. Further review of program data revealed for the past 5 months data was only collected in 8/25 - 8 times, 9/25 - 1 time, 10/25 - 3 times, 11/25 - no data and 12/25 no data.</p> <p>Interview on 1/13/26 with the (qualified intellectual disabilities professional) QIDP confirmed that program training data collection was correct in the electronic system. Further interview with the QIDP confirmed that program training data collection for client #1 was not being collected as prescribed.</p> <p>B. The facility failed to ensure client #2's program data for 10 of 10 training objectives included in the client's 9/1/25 PCP were collected as prescribed. For example:</p> <p>1. Review of client #2's take out the trash program revealed data should be taken weekly (</p>	W 252			

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W 252	<p>Continued From page 15</p> <p>three times a week). Further review of program data revealed for the past 5 months data was only collected in 8/25 - 0 time, 9/25 - 5 times, 10/25 - 7 times, 11/25 - 1 time and 12/25 - 3 times.</p> <p>2. Review of client #2's naming colors program revealed data should be taken weekly (three times a week). Further review of program data revealed for the past 5 months data was only collected in 8/25 - 1 time, 9/25 - 5 times, 10/25 - 5 times, 11/25 - 2 times and 12/25 - 0 times.</p> <p>3. Review of client #2's time on task program revealed data should be taken weekly (two times a week). Further review of program data revealed for the past 5 months data was only collected in 8/25 - 7 times, 9/25 - 2 times, 10/25 - 5 times, 11/25 - 0 times and 12/25 - 0 times.</p> <p>4. Review of client #2's fold clothes program revealed data should be taken weekly (three times a week). Further review of program data revealed for the past 5 months data was only collected in 8/25 - 9 times, 9/25 - 3 times, 10/25 - 5 times, 11/25 - 0 times and 12/25 - 0 times.</p> <p>5. Review of client #2's make bed program revealed data should be taken daily. Further review of program data revealed for the past 5 months data was only collected in 8/25 - 6 times, 9/25 - 5 times, 10/25 - 5 times, 11/25 - 4 times and 12/25 - 3 times.</p> <p>6. Review of client #2's name the days of the week program revealed data should be taken weekly (three times a week). Further review of program data revealed for the past 5 months data was only collected in 8/25 - 11 times, 9/25 - 5</p>	W 252			

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W 252	<p>Continued From page 16</p> <p>times, 10/25 - 5 times, 11/25 - 2 times and 12/25 - 1 time.</p> <p>7. Review of client #2's wash hands thoroughly program revealed data should be taken daily. Further review of program data revealed for the past 5 months data was only collected in 8/25 - 13 times, 9/25 - 6 times, 10/25 - 6 times, 11/25 - 2 times and 12/25 - 4 times.</p> <p>8. Review of client #2's write name program revealed data should be taken weekly (three times a week). Further review of program data revealed for the past 5 months data was only collected in 8/25 - 1 time, 9/25 - 4 times, 10/25 - 5 times, 11/25 - 2 times and 12/25 - 2 times.</p> <p>9. Review of client #2's healthy choices program revealed data should be taken daily. Further review of program data revealed for the past 5 months data was only collected in 8/25 - 0 times, 9/25 - 0 times, 10/25 - 0 times, 11/25 - 0 times and 12/25 - 0 times.</p> <p>10. Review of client #2's exercise program revealed data should be taken weekly (three times a week). Further review of program data revealed for the past 5 months data was only collected in 8/25 - 0 times, 9/25 - 0 times, 10/25 - 0 times, 11/25 - 0 times and 12/25 - 0 times.</p> <p>Interview on 1/13/26 with the QIDP confirmed that program training data collection was correct in the electronic system. Further interview with the QIDP confirmed that program training data collection for client #2 was not being collected as prescribed.</p> <p>C. The facility failed to ensure client #3's program</p>	W 252			

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W 252	<p>Continued From page 17</p> <p>data for 5 of 5 training objectives included in the client's 3/25/25 PCP were collected as prescribed. For example:</p> <ol style="list-style-type: none"> 1. Review of client #3's remain on task program revealed data should be taken weekly (three times a week). Further review of program data revealed for the past 5 months data was only collected in 8/25 - 9 times, 9/25 - 6 times, 10/25 - 6 times, 11/25 - 2 times and 12/25 - 2 times. 2. Review of client #3's using the dishwasher program revealed data should be taken weekly (three times a week). Further review of program data revealed for the past 5 months data was only collected in 8/25 - 9 times, 9/25 - 8 times, 10/25 - 7 times, 11/25 - 6 times and 12/25 - 7 times. 3. Review of client #3's work behaviors program revealed data should be taken weekly (three times a week). Further review of program data revealed for the past 5 months data was only collected in 8/25 - 10 times, 9/25 - 6 times, 10/25- 6 times, 11/25 - 2 times and 12/25 - 4 times. 4. Review of client #3's fold pants program revealed data should be taken weekly (two times a week). Further review of program data revealed for the past 5 months data was only collected in 8/25 - 0 times, 9/25 - 6 times, 10/25 - 8 times, 11/25 - 0 times and 12/25- 1 time. 5. Review of client #2's flossing teeth program revealed data should be taken daily. Further review of program data revealed for the past 5 months data was only collected in 8/25 - 4 times, 9/25 - 7 times, 10/25- 7 times, 11/25 - 3 times and 12/25 - 3 times. 	W 252			

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W 252	Continued From page 18 Interview on 1/13/26 with the QIDP confirmed that program training data collection was correct in the electronic system. Further interview with the QIDP confirmed that program training data collection for client #3 was not being collected as prescribed. D. For client #4, the facility failed to ensure program data for 6 of 6 objectives included in the client's 9/16/25 PCP were collected as prescribed. For example: 1. Review of client #4's turn on cell phone program revealed data should be taken daily. However, further review of program data revealed for the past 5 months data was collected 0-times 8/25, 2-times 9/25, 9-times 10/25, 5-times 11/25, and 4-times 12/25. 2. Review of client #4's put on pajamas revealed data should be taken daily. However, further review of program data revealed for the past 5 months data was collected 0-times 8/25, 1-time 9/25, 10-times 10/25, 0-times 11/25, and 6-times 12/25. 3. Review of client #4's clean bedroom revealed data should be taken weekly (three times a week). However, further review of program data revealed for the past 5 months data was collected 0-times 8/25, 1-time 9/25, 11-times 10/25, 0-times 11/25, and 1-time 12/25. 4. Review of client #4's responses appropriately to frustration revealed data should be taken weekly (three times a week). However, further review of program data revealed for the past 5 months data was collected 0-times 8/25, 1-time	W 252			

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W 252	Continued From page 19 9/25, 8-times 10/25, 0-times 11/25, and 1-time 12/25. 5. Review of client #4's wash hair thoroughly revealed data should be taken weekly (three times a week). However, further review of program data revealed for the past 5 months data was collected 0-times 8/25, 1-time 9/25, 10-times 10/25, 0-times 11/25, and 2-times 12/25. 6. Review of client #4's choosing an activity at the vocational center revealed data should be taken weekly (five times a week). However, further review of program data revealed for the past 5 months data was collected 0-times 8/25, 1-time 9/25, 8-times 10/25, 0-times 11/25, and 2-times 12/25. Interview on 1/13/26 with the QIDP confirmed that program training data collection was correct in the electronic system. Further interview with the QIDP confirmed that program training data collection for client #4 was not being collected as prescribed.	W 252			
W 257	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii) The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the team failed to ensure that data for 4 of 5 audited clients (#1, #2, #3, and #4) were collected and documented for objectives listed in the	W 257			

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W 257	<p>Continued From page 20</p> <p>person-centered plan (PCP). The findings are:</p> <p>A. The team failed to ensure data relative skill acquisition objectives were reviewed and assessed for client #1 as prescribed. For example:</p> <p>Review of the record for client #1 on 1/12/26 revealed a PCP dated 4/30/25 with six formal training programs. Further review of the training objectives for client #1 included the following: 1) respecting others personal space; 2) remain seated during training; 3) interacting with peers; 4) dust bedroom; 5) brush teeth thoroughly and 6) bathing. Further review of the PCP program objectives revealed a lack of data collection and no program data for goals in 8/25, 9/25, 10/25, 11/25, and 12/25. Continued review revealed no program changes or retraining of staff to show how the team is ensuring client #1 is not failing to progress.</p> <p>B. The team failed to ensure data relative skill acquisition objectives were reviewed and assessed for client #2 as prescribed. For example:</p> <p>Review of the record for client #2 on 1/12/26 revealed a PCP dated 9/1/25 with eight formal training programs. Futher reviw of the training objectives for client #2 included the following: 1) take out the trash; 2) naming colors; 3) time on task; 4) fold clothes; 5) make bed; 6) name the days of the week; 7) wash hands thoroughly; and 8) write name. Further review of the PCP program objectives revealed a lack of data collection and no program data for goals in 8/25, 9/25, 10/25, 11/25, and 12/25. Continued review revealed no program changes or retraining of</p>	W 257			

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W 257	<p>Continued From page 21</p> <p>staff to show how the team is ensuring client #2 is not failing to progress.</p> <p>C. The team failed to ensure data relative skill acquisition objectives were reviewed and assessed for client #3 as prescribed. For example:</p> <p>Review of the record for client #3 on 1/12/26 revealed a PCP dated 3/25/25 with five formal training programs. Further review of the training objectives for client #3 included the following: 1) remain on task; 2) using the dishwasher; 3) work behaviors; 4) fold pants; and 5) flossing teeth. Further review of the PCP program objectives revealed a lack of data collection and no program data for goals in 8/25, 9/25, 10/25, 11/25 and 12/25. Continued review revealed no program changes or retraining of staff to show how the team is ensuring client #3 is not failing to progress.</p> <p>D. The team failed to ensure data relative skill acquisition objectives were reviewed and assessed for client #4 as prescribed. For example:</p> <p>Review of the record for client #4 on 1/12/26 revealed a PCP dated 9/16/25 with six formal training programs. Further review of the training objectives for client #4 included the following: 1) turn in cell phone; 2) put on pajamas; 3) clean bedroom; 4) respond appropriately to frustrations; 5) wash hair thoroughly; and 6) flossing teeth. Further review of the PCP program objectives revealed a lack of data collection and no program data for goals in 8/25, 9/25, 10/25, 11/25, and 12/25. Continued review revealed no program changes or retraining of staff to show how the</p>	W 257			

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W 257	Continued From page 22 team is ensuring client #4 is not failing to progress.	W 257			
W 474	<p>Interview on 1/13/26 with the qualified intellectual disabilities professional (QIDP) confirmed that program training data collection was correct in the electronic system. Further interview with the QIDP confirmed that lack of data collection.</p> <p>MEAL SERVICES CFR(s): 483.480(b)(2)(iii)</p> <p>Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to serve food in a form consistent with the developmental level of 2 of 5 audited clients (#1 and #5) in the facility. The findings are:</p> <p>A. The facility failed to provide client #1 with prescribed diet. For example:</p> <p>Observations in the group home on 1/12/26 at 5:24 PM revealed client #1 to participate in the dinner meal which consisted of fish sticks, corn, and a salad. Further observations at 5:40 PM revealed client #1 to enter the kitchen and return to the table with additional fish sticks. Continued observations revealed the client to pour an excessive amount of ketchup over the fish and to consume it in whole consistency placing large amounts of fish sticks into his mouth. At no time during the dinner meal was staff observed to provide the client his fish sticks in 1" consistency nor assist the client to cut his fish sticks into 1" consistency as prescribed. Additionally, during observations client #1 did not have any difficulty</p>	W 474			

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W 474	<p>Continued From page 23 with consuming the dinner meal.</p> <p>Review of client #1's record on 1/13/26 revealed a Person-Centered Plan (PCP) dated 4/30/25. Review of the PCP revealed a nutritional assessment dated 3/11/25 for client #1 to be prescribed a regular diet, no grapefruit, 1" consistency. Glucerna or Boost once a day between meals. Further review of nutritional assessment revealed that client #1 has a diagnosis of GERD and he is prescribed Omeprazole.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 1/13/26 confirmed client #1's prescribed diet. Continued interview with the QIDP confirmed specially modified diets should be followed as prescribed.</p> <p>B. The facility failed to provide client #5 with prescribed diet. For example:</p> <p>Observations in the group home on 1/13/26 at 8:28 AM revealed client #5 to participate in the breakfast meal which consisted of fried bologna, hash brown, 2 slices of toast with jelly, fruit cup, chocolate milk and Coke zero. Further observations revealed that the client consumed the breakfast meal in whole consistency. Continued observations revealed client #5 to stuff his mouth and talk to staff requesting a "Sprite" with food in mouth. At no time during the breakfast meal was staff observed to provide the client with a 1" consistency diet nor assist the client with cutting food into 1" consistency as prescribed. Additionally, during oservations client #5 did not have any difficulty consuming the breakfast meal.</p>	W 474			

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NAME OF PROVIDER OR SUPPLIER LINOAK GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3175 BANK ROAD LINCOLNTON, NC 28092		
(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 474	<p>Continued From page 24</p> <p>Review of client #5's record on 1/13/26 revealed a PCP dated 11/10/25. Review of the PCP revealed a nutritional assessment dated 11/20/25 for client #5 to be prescribed a heart healthy diet, no caffeine, no grapefruit, salty snacks, 1" consistency due to overstuffing mouth when eating and inconsistently responding to verbal prompts.</p> <p>Interview with the QIDP on 1/13/26 confirmed client #5's prescribed diet. Continued interview with the QIDP confirmed that the client should have been provided with his prescribed diet which includes heart healthy, no caffeine, and 1" consistency diet.</p>	W 474			