

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G141	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/13/2026
NAME OF PROVIDER OR SUPPLIER FRANKLIN GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1101 FRANKLIN BLVD , GASTONIA, North Carolina, 28054	
(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
W0249	<p>PROGRAM IMPLEMENTATION</p> <p>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:</p> <p>Based on observations, record review and interview, the facility failed to ensure 3 of 4 audited clients (#1, #2, #5) received a continuous active treatment program consisting of needed interventions and services. The findings are:</p> <p>A. The facility failed to support training objectives for client #1. For example:</p> <p>Observation in the group home on 5/12/26 from 3:30 PM to 5:30 PM revealed client #1 to engage in various activities to include watching TV, medication administration, listening to music outside, washing hands, setting her placemat and participating in the dinner meal. Continued observation revealed staff to prepare the dinner meal and revealed no opportunities for client #1 to participate in meal preparation.</p> <p>Observation in the group home on 5/13/26 from 6:30 AM to 8:30 AM revealed client #1 to engage in various activities to include medication administration, watching TV, hygiene and participating in the breakfast meal. Continued observation revealed staff to prepare the breakfast meal and revealed no opportunities for client #1 to participate in meal preparation.</p> <p>Review of client #1's record on 5/13/26 revealed an individual support plan (ISP) dated 10/22/25 which indicated a training objective to help prepare a meal daily with 5 or less verbal prompts, partial or full physical assistance - using the following method: 1. Staff will verbally encourage client to help staff</p>	W0249		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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W0249	<p>Continued from page 1 prepare a meal. 2. Staff will provide any assistance that she may need. 3. If client refuses, staff will verbally encourage her one more time, if she still refuses, staff will try again later. 4. Verbally praise in all her efforts.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 5/13/26 revealed client #1's training objective is current. Continued interview confirmed staff are responsible for supporting client #1's training objective at each mealtime.</p> <p>B. The facility failed to support training objectives for client #2. For example:</p> <p>Observation in the group home on 5/13/26 from 6:30 AM to 8:30 AM revealed client #2 to engage in various activities to include medication administration, watching TV, hygiene and the breakfast meal. Continued observations revealed staff to prepare the breakfast meal and blend client #2's food items while he sat at the dining table. Further observation revealed no opportunities for client #2 to blend his food for the breakfast meal.</p> <p>Review of client #2's record on 5/13/26 revealed an ISP dated 1/13/26 which indicated a training objective to blend his food with hand over hand assistance with 5 or less verbal prompts - using the following method: 1. For each mealtime with hand over hand assistance staff will have client blend his food. 2. If client becomes agitated or is refusing staff will blend his food for him. 3. Verbally praise in all efforts.</p> <p>Interview with the QIDP on 5/13/26 revealed client #2's training objective is current. Continued interview confirmed staff are responsible for supporting client #2's training objective at each mealtime.</p> <p>C. The facility failed to support training objectives for client #5. For example:</p> <p>Observation in the group home on 5/13/26 at 6:40 AM and 8:06 AM revealed client #5 to enter the medication room for medication administration. Continued observation of both medication passes revealed the staff to complete all tasks of the medication administration without offering client the opportunity to participate independently. Further observation revealed staff to spoon fed client #5 their medications in apple sauce.</p> <p>Review of client #5's record on 5/13/26 revealed an ISP dated 2/26/26 which indicated a training</p>	W0249		

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W0249	Continued from page 2 objective to actively participate in his medication administration process to promote independence with 5 or less verbal prompts - using the following method: 1. Staff should encourage client to actively participate in his medication administration process. 2. Client should participate with: Popping his medications, Staff should explain what his medications are for, Seeing if he can explain back what they are for. 3. Verbally praise in all of his efforts. Interview with the QIDP on 5/13/26 revealed client #5's training objective is current. Continued interview confirmed staff are responsible for supporting client #5's training objective at each medication pass.	W0249		