

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G018	(X2) MULTIPLE CONSTRUCTION A BUILDING B WING	(X3) DATE SURVEY COMPLETED 04/15/2026
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NAME OF PROVIDER OR SUPPLIER SPRINGDALE LANE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 934 SPRINGDALE LANE , GASTONIA, North Carolina, 28052
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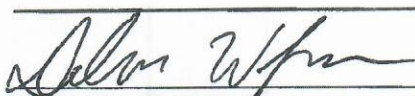
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N0474	<p>MEAL SERVICES</p> <p>CFR(s): 483.480(b)(2)(iii)</p> <p>Food must be served in a form consistent with the developmental level of the client.</p> <p>This STANDARD is NOT MET as evidenced by</p> <p>Based on observations, record reviews, and interviews, the facility failed to serve food in a form consistent with the developmental level of 5 of 5 audited clients (#1, #2, #3, #4 and #5) 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 4/14/26 at 5:10 PM revealed client #1 to participate in the dinner meal which consisted of beverage of choice, waffles, scrambled eggs, turkey bacon and strawberries served in ¼ consistency At no time during the dinner meal was staff observed to provide the client with food to cut into bite size pieces. Additionally, during observations client #1 did not have any difficulty with consuming the dinner meal.</p> <p>Observations in the group home on 4/15/26 at 7:30 AM revealed client #1 to participate in the breakfast meal which consisted of water, milk, margarine, jelly, omelet and toast, served in ¼ consistency At no time during the breakfast meal was staff observed to provide the client with food cut into bite size pieces. Additionally, during observations client #1 did not have any difficulty with consuming the breakfast meal</p> <p>Review of client #1's record on 4/15/26 revealed an Individual Personal Plan (IPP) dated 12/4/25 Review of the IPP revealed a nutritional assessment dated 11/26/25 for client #1 to be prescribed a regular diet. Bites-SIZED, thin liquid</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 4/15/26 confirmed client #1's prescribed diet. Continued interview with the QIDP confirmed specially modified diets should be followed as prescribed.</p>	W0474	<p>The Interdisciplinary Team for the Springdale Home will assure each person receives food in the consistency as prescribed by the nutritionist, doctor, and speech pathologist.</p> <p>Specifically, for each person a new food consistency evaluation will be completed to assure each person is prescribed the correct diet Even though a person may have no visible issues eating or consuming food, there may exist a medical reason, such as aspiration, that the person requires a modified diet.</p> <p>Once completed, the QIDP and House Manager will educate all Direct Service Professionals in the food consistency prescribed, as well as, how to correctly prepare and serve the prescribed consistency</p> <p>Mealtimes will be observed at least quarterly by the QIDP and staff taught and re-taught as necessary to assure each person receives the correct consistency at mealtimes and snacks.</p>	6/14/26

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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 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

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TITLE
ICF Clinical Director

(X6) DATE
5/1/2026

N0474	<p>Continued from page 1</p> <p>B. The facility failed to provide client #2 with prescribed diet. For example:</p> <p>Observations in the group home on 4/14/26 at 5:10 PM revealed client #2 to participate in the dinner meal which consisted of beverage of choice, waffles, scrambled eggs, turkey bacon and strawberries. Further observations revealed client #2 to steadily pick up his waffle from his plate, bite into it 3 times and consume while standing. Continued observations revealed staff to assist client #2 with serving eggs, turkey bacon and strawberries cut in 1/4 consistency into his plate. At no time during the dinner meal was staff observed to provide the client with food to cut into bite size pieces. Additionally, during observations client #2 did not have any difficulty with consuming the dinner meal.</p> <p>Review of client #2's record on 4/15/26 revealed an Individual Personal Plan (IPP) dated 10/23/25. Review of the IPP revealed a nutritional assessment dated 10/20/25 for client #2 to be prescribed a Regular diet, Bites-SIZED, thin liquid. MAY HAVE DOUBLE PORTIONS ON NON-STARCHY VEGETABLES</p> <p>Interview with the QIDP on 4/15/26 confirmed client #2's prescribed diet. Continued interview with the QIDP confirmed specially modified diets should be followed as prescribed.</p> <p>C. The facility failed to provide client #3 with prescribed diet. For example:</p> <p>Observations in the group home on 4/14/26 at 5:10 PM revealed client #3 to participate in the dinner meal which consisted of beverage of choice, waffles, scrambled eggs, turkey bacon and strawberries served in 1/4 consistency. At no time during the dinner meal was staff observed to provide the client with food in whole consistency. Additionally, during observations client #3 did not have any difficulty with consuming the dinner meal.</p> <p>Observations in the group home on 4/15/26 at 7:30 AM revealed client #3 to participate in the breakfast meal which consisted of water, milk, margarine, jelly omelet served in 1/4 consistency and toast in whole consistency. At no time during the breakfast meal was staff observed to provide the client with food in whole consistency. Additionally, during observations client #3 did not have any difficulty with consuming the breakfast meal.</p> <p>Review of client #3's record on 4/15/26 revealed an</p>	W0474		
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W0474	<p>Continued from page 2 Individual Personal Plan (IPP) dated 1/9/26. Review of the IPP revealed a nutritional assessment dated 2/16/26 for client #3 to be prescribed a Regular diet: Regular Texture, thin liquid</p> <p>Interview with the QIDP on 4/15/26 confirmed client #3's prescribed diet. Continued interview with the QIDP confirmed specially modified diets should be followed as prescribed.</p> <p>D. The facility failed to provide client #4 with prescribed diet. For example:</p> <p>Observations in the group home on 4/14/26 at 5 10 PM revealed client #4 to participate in the dinner meal which consisted of beverage of choice, waffles, scrambled eggs, turkey bacon and strawberries served in ¼ consistency. At no time during the dinner meal was staff observed to provide the client with food to cut into bite size pieces. Additionally, during observations client #4 did not have any difficulty with consuming the dinner meal.</p> <p>Observations in the group home on 4/15/26 at 7 30 AM revealed client #4 to participate in the breakfast meal which consisted of water, milk, margarine, jelly, omelet and toast, served in ¼ consistency. At no time during the breakfast meal was staff observed to provide the client with food cut into bite size pieces. Additionally, during observations client #4 did not have any difficulty with consuming the breakfast meal.</p> <p>Review of client #4's record on 4/15/26 revealed an Individual Personal Plan (IPP) dated 7/24/25. Review of the IPP revealed a nutritional assessment dated 6/27/25 for client #4 to be prescribed an 1800 calorie diet, Bite size, receiving 8 ounces of water daily, AVOID LIQUID AND SOLID TOGETHER, NO SECOND PORTIONS</p> <p>Interview with the QIDP on 4/15/26 confirmed client #4's prescribed diet. Continued interview with the QIDP confirmed specially modified diets should be followed as prescribed.</p> <p>E. The facility failed to provide client #5 with prescribed diet. For example:</p> <p>Observations in the group home on 4/14/26 at 5 10 PM revealed client #5 to participate in the dinner meal which consisted of beverage of choice, waffles, scrambled eggs, turkey bacon and strawberries served in ¼ consistency. At no time during the dinner meal was staff observed to provide the client with food to cut into bite size pieces. Additionally, during</p>	W0474		

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N0474	<p>Continued from page 3 observations client #5 did not have any difficulty with consuming the dinner meal.</p> <p>Observations in the group home on 4/15/26 at 7:30 AM revealed client #5 to participate in the breakfast meal which consisted of water, milk, margarine, jelly, omelet and toast, served in ¼ consistency. At no time during the breakfast meal was staff observed to provide the client with food cut into bite size pieces. Additionally, during observations client #5 did not have any difficulty with consuming the breakfast meal.</p> <p>Review of client #5's record on 4/15/26 revealed an Individual Personal Plan (IPP) dated 3/9/26. Review of the IPP revealed a nutritional assessment dated 4/20/25 for client #5 to be prescribed a NCS, low cholesterol, regular diet textures, thin liquids as tolerated, bite sized pieces to improve safety, NO SECONDS, NO CAFFEINE, NO GRAPEFRUIT.</p> <p>Interview with the QIDP on 4/15/26 confirmed client #5's prescribed diet. Continued interview with the QIDP confirmed specially modified diets should be followed as prescribed.</p>	W0474		

<p>W0475</p>	<p>MEAL SERVICES</p> <p>CFR(s). 483 480(b)(2)(iv)</p> <p>Food must be served with appropriate utensils</p> <p>This STANDARD is NOT MET as evidenced by</p> <p>Based on observation, record review and interview, the facility failed to assure that 5 of 5 clients were provided with appropriate utensils to allow each client to eat as independently as possible. The findings are:</p> <p>Observations in the group home on 4/14/26 at 5 10 PM revealed all clients to participate in the dinner meal which consisted of beverage of choice, waffles, scrambled eggs, turkey bacon and strawberries. Continued observations revealed staff to ask each client which utensil (fork, or spoon) they would like to eat with. Further observations revealed clients to choose from staff's hand which utensil they preferred. Subsequent observations revealed all clients to consume dinner utilizing the utensil requested with no concerns. Subsequent observations revealed staff to assist all clients to cut waffles with a rocker knife provided. At no point during the observation period were clients offered a full place setting of a fork, knife and spoon during the dinner meal.</p>	<p>W0475</p> <p>The Interdisciplinary Team for the Springdale Home will assure all appropriate utensils are available to each person at mealtimes and snacks</p> <p>The QIDP will review each person's dining utensil recommendations and teach all Direct Support Professionals how to assist the people with setting the table with each place having at least a placemat, plate, cup, fork, knife, spoon, and napkin</p> <p>Also, the QIDP will update each person's dining card to list specifically each person's individualized utensil needs. For example, if a person should have a scoop plate, cup with lid and straw, fork and spoon with built up handles, and a rocker knife, these will be specifically listed and a picture on the meal card. The QIDP and House Manager will observe table setting at least quarterly to assure each person is receiving a full place setting.</p>	<p>6/14/26</p>
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N0475	<p>Continued from page 4</p> <p>Observations in the group home on 4/15/26 at 7 30 AM revealed all clients to participate in the breakfast meal which consisted of water, milk, margarine, jelly, omelet and toast. Continued observations revealed staff to provide all clients with a spoon only as they participated in the breakfast meal. Further observations revealed all clients to consume breakfast utilizing the utensil provided with no concerns. At no point during the observation period were clients offered a full place setting of a fork, knife and spoon during the breakfast meal.</p> <p>Interview with the QIDP on 4/16/26 revealed all clients should have been offered a full place setting including a fork, knife and spoon during all meals. Continued interview with the QIDP verified that all clients should be provided with a full place setting to promote independence during mealtimes</p>	W0475		
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