

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

PRINTED: 04/04/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/03/2018
NAME OF PROVIDER OR SUPPLIER LAKEVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 5927 LAKEVIEW DRIVE CHARLOTTE, NC 28270		
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: The person centered plan (PCP) failed to include formal objective training to address identified needs for 1 of 3 sampled clients (#2) as evidenced by observations, interview and review of records. The finding is:</p> <p>Observations in the group home on 4/2/18 from 5:00 PM to 5:30 PM of the evening meal revealed the meal to consist of beef stew, rice, mixed vegetables and beverages. Continued observations during this time revealed staff to prompt client #2 to put utensils down, wipe mouth and to take a drink on 2 occasions at 5:17 and 5:20 PM.</p> <p>Review of client #2 records revealed an occupational therapy assessment dated 9/6/17 stating the client "requires verbal prompts to place utensils on plate and decrease speed between bites and chewing slowly." Continued review of the assessment revealed the "therapist observed these behaviors during snack and the caregiver confirmed (client's name) frequently exhibited this behavior." Further review of the assessment revealed the "therapist recommends adding verbal prompt to clear food per 2-3 bites secondary to pocketing in cheeks."</p> <p>Continued review of the records revealed a</p>	W 227			

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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W 227	Continued From page 1 10/16/17 PCP. Review of this PCP, verified by interview with the qualified intellectual disability professional, revealed no formal objective training is in place at this time to address client #2's rate of eating.	W 227			