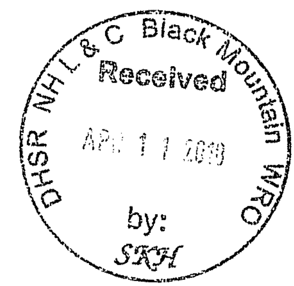
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G317	A. BUILDING ______ B. WING ______	04/03/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW	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	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) 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. This STANDARD is not met as evidenced by: The person centered plan (PCP) failed to included 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: 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. 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." Continued review of the records revealed a	W 227	W 227 RHA Health Services, LLC will ensure the IDT members address identified individual needs as determined by the various assessments and observations completed with individuals and IDTmembers. The Habilitation Specialist will ensure Client #2 has a formal objective in place at mealtimes to address his rate of eating. The implementation of this objective will be monitored by the Group Home Supervisor, QP and Habilitation Specialist by at least 1 bi-weekly Meal Assessment for 60 days. The Meal Assessments will be monitored by the IDT and reviewed monthly at the CQI Meeting and through the Chart Review process. 	6/3/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Regional Administrator	4/10/18

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		