STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G356	A. BUILDING _____ B. WING _____	04/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENOCH DRIVE	4109 ENOCH DRIVE CHARLOTTE, NC 28269

(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 120	SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3) The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: The facility failed to ensure outside services providing day program activities met the needs of 1 of 3 sampled clients (#1) relative to sufficiently implementing objective training as evidenced by observations, interviews and review of records. The finding is: Observations at the day program on 4/23/18 at 12:45 PM revealed client #1 in a classroom with 3 peers and 1 staff person. Continued observations revealed client #1 to wander about the room unengaged in any activity. It was observed client #1 attempted to walk out of the classroom door when staff stopped him and directed him back into the room. Interview with the 1 staff person present revealed he was assigned as a 1:1 with one of the other clients in the room, and was just monitoring client #1 and the other 2 clients in the room while all other staff were accompanying others on an activity in the community. Further observations in the classroom revealed at 12:47 PM 2 staff and 5 additional clients arrived from an outing and the clients began to prepare for lunch. Observations at 12:50 PM revealed staff noticed client #1 was not in the room and a search was initiated of the bathroom and the rest of the facility. Client #1 was discovered in the gym at approximately 12:51 PM where another class was playing basketball and having lunch.	W 120		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G356	A. BUILDING _____ B. WING _____	04/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENOCH DRIVE	4109 ENOCH DRIVE CHARLOTTE, NC 28269

(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 120	Continued From page 1	W 120		

Additional observations at this time revealed the client was escorted back to the classroom and a staff person was noted to stay with the client and to take him on 2 separate walks. Further observations revealed the only structured activity offered client #1 from 12:45 PM until 1:15 PM was 2 walks in the hallway.

Review of the records for client #1 revealed an individual support plan (ISP) dated 9/6/17 which included a behavior support plan (BSP) to reduce the rate of target behaviors to 1 or less per month for 12 consecutive months. Continued review of the BSP revealed target behaviors are defined as physical aggression, food seeking, self-injurious behaviors, disrupted sleep and wandering (leaving the group home or classroom anytime without supervision or permission). Further review of the BSP revealed staff are to closely monitor the client and to keep him within eyesight at all times. Additional review of the 9/6/17 ISP and records of the day program revealed objective training to include engage in structured activity with peers and to participate in an exercise activity.

Interview with the program director verified staff failed to notice client #1 leaving the classroom, with the arrival of the other 5 clients into the classroom and preparing for them to eat lunch. Continued interview revealed in the future different clients will be attending the friendship tray program allowing more staff to be present in the classroom to provide objective training and monitoring.

Therefore, the outside service providing day program activities failed to meet the needs of client #1 by failing to sufficiently implement the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G356	A. BUILDING _____ B. WING _____	04/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENOCH DRIVE	4109 ENOCH DRIVE CHARLOTTE, NC 28269

(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 120	Continued From page 2 BSP to prevent leaving the classroom, and to consistently implement objective training for client #1 to participate in structured activity with peers.	W 120		
W 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: The facility failed to promote the rights to privacy during the care of personal needs for 1 of 3 non-sampled clients (#4) as evidenced by observations and interview. The finding is: Observations in the group home on 4/24/18 at 6:52 AM revealed client #4 to go to the bathroom escorted by staff holding the client's gait belt. Continued observations revealed client #4 and staff to enter the bathroom and for the client to toilet with the door open as staff stood in the door way. Continued observations revealed the client to stand up with pants around his ankles and staff to assist the client to pull up and fasten his pants. The door remained open with the client visible to passers by during this time. Interview with the qualified intellectual disabilities professional verified staff should not have left the door open, but closed it during the client's toileting and dressing. Therefore, the facility failed to promote the client's rights to privacy during the care of personal needs.	W 130		
W 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)	W 242		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G356	A. BUILDING _____ B. WING _____	04/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENOCH DRIVE	4109 ENOCH DRIVE CHARLOTTE, NC 28269

(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 242	Continued From page 3 The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: The team failed to ensure objective training to meet identified needs relative to privacy were implemented for 1 of 3 sampled clients (#1) as evidenced by observations, interviews and review of records. The finding is: Observations in the group home on 4/23/18 at 5:14 PM revealed client #1 to enter the bathroom and toilet with the door open. It was noted staff was not monitoring client #1's bathroom use during this observation. Interview with the qualified intellectual disabilities professional (QIDP) substantiated client #1 has a history of toileting with the bathroom door open. Continued interview with the QIDP, verified by review of the 9/1/17 individual support plan (ISP), revealed the client had a program to address closing the bathroom door in the past but it was discontinued. Further interview with the QIDP, substantiated by review of the 9/1/17 ISP, revealed a program was implemented by the team for client #1 to remain clothed for a 5 minute period. Subsequent interview with the QIDP revealed the objective to remain clothed was formulated to address the issue of privacy and closing bathroom door for client #1.	W 242		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G356	A. BUILDING _____ B. WING _____	04/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENOCH DRIVE	4109 ENOCH DRIVE CHARLOTTE, NC 28269

(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 242	Continued From page 4 Review of the steps and methodology for the objective to remain clothed, revealed no mention of closing the bathroom door to ensure privacy during the care of personal needs. Therefore, the facility failed to ensure objective training has been implemented to address the identified needs for closing the bathroom door during the care of personal needs.	W 242		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: The team failed to ensure 2 of 2 communication objectives listed on the individual support plan (ISP) for 1 of 3 sampled clients (#1) was implemented consistently to support the achievement of the objective as evidenced by observations, interviews and review of records. The finding is: Observations in the group home during the 4/23-4/24/18 survey, substantiated by interviews with staff and the qualified intellectual disabilities professional (QIDP) revealed client #1 to be non-verbal and communicated wants and needs by pulling staff or using gestures to communicate	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G356	A. BUILDING _____ B. WING _____	04/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENOCH DRIVE	4109 ENOCH DRIVE CHARLOTTE, NC 28269

(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 249	Continued From page 5 what he wanted. Continued observations during the 4/23-4/24/18 survey revealed staff to offer the client various activities such as a container of balls for him to transfer to another contained, a single ball to play catch with, or a container of blocks. Staff were also noted to physically assist the client in transitioning to activities such as eating, getting on the van and going to the bathroom to brush teeth. Review of the records for client #1 revealed a 9/6/17 ISP which included the following 2 communication objectives: take a picture from a schedule board and go to the appropriate activity. Review of the objective revealed pictures to include getting dressed, loading the van, getting snack, and putting objects in their place. The second objective included to touch /point/and take an object representing an item or activity client #1 wants. Review of the objective revealed staff are to present 2 items for the client to choose from. Observations in the group home during the 4/23-4/24/18 survey, verified by interviews with the QIDP who was present in the group home during the survey, revealed staff were not noted to prompt the client to a picture schedule for the transition of getting on the van to go to the day program or to offer 2 objects representing activities for the client to choose from. Therefore, the team failed to ensure the communication objectives for client #1 were consistently implemented in order to support the achievement of the objective.	W 249		
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1)	W 440		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G356	A. BUILDING _____ B. WING _____	04/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENOCH DRIVE	4109 ENOCH DRIVE CHARLOTTE, NC 28269

(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 440	Continued From page 6 The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to hold evacuation drills at least quarterly for the first shift of personnel during the past review period. The finding is: On 4/23/18 a review of the facility's fire evacuation drills for the past review period was conducted which revealed fire evacuation drills were conducted with the first shift of personnel on 4/28/17, 10/30/17 and 1/21/18. Therefore, no fire evacuation drill was conducted for the first shift of personnel for more than 6 month period between 4/28/17 and 10/30/17. Interview conducted on 4/24/18 with the qualified intellectual disabilities professional (QIDP) verified the facility had failed to conduct fire evacuation drills for the first shift of personnel during the 6 month period between 4/28/17 and 10/30/17.	W 440		