PRINTED: 06/21/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLICK:		(X3) DATE SURVEY COMPLETED	
		34G095	B WING		06/19/2018	
	ROVIDER OR SUPPLIER	MARK	c	TREET ADDRESS, CITY, STATE, ZIP CODE 1801 OAK STREET CHARLOTTE, NC 28269		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	D	
W 249	each client must rec treatment program c interventions and se	disciplinary team has individual program plan, eive a continuous active onsisting of needed rvices in sufficient number oport the achievement of	W 249	A. In an effort of ensure communic objectives for Client are implemented as documented correct	rel Hy, Line	
	Based on observation interviews, the facility contained in the individual were implemented a sampled clients (#2 a communication. The A. The team failed to	findings are: assure sufficient ess the communication		Speech Thesapson with QIDF and Luith QIDF and Residential Manag has been schedul for Wednesday, to	es ed ly 18, 3278.	
0	6/19/18 revealed clie and to communicate vocalizations. Client survey to participate included nail care, d magazine, washing meals, taking dishes packing her lunch at transport. Observati revealed client #2 to included with her plautilized to say the blobservation of the barry say the say the blobservation of the barry say the say the blobservation of the barry say the s	her hands, setting the table, so to the kitchen after meals, and loading the facility van for on of the dinner meal on 6/18 have a voice output switch ace setting that the client		enclude how to the sure by Mote 8will and object cues in accordance to communication of contraction of contract	K	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which like institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients resembly institutions. 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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DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 06/21/2018 FORM APPROVED OMB NO 0038-0301

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				CONSTRUCTION	(X3) DATE S	SURVEY
		34G095	B WING		06/19	9/2018
	ROVIDER OR SUPPLIER EET GROUP HOME-ST.	MARK	co	TREET ADDRESS, CITY, STATE, ZIP DDE 1801 OAK STREET HARLOTTE, NC 28269		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 249	client #2 and unused Observation througho providing client #2 che activities and through direction. Review of records for revealed an IHP date IHP revealed a comm to household tasks. Revealed when preser will make a choice by taking chosen photo the activity 90% of the time verbal prompts, revise review of client #2's recommunication assessidentifying communication develop the ability photos when present and to continue the untransition prompts, us ask for more drink and to comment. Interview with the rese 6/19/18 verified client objective relative to how communication tool of developed to support interview with the RM tools such as pictures voice output switches	ice output switch to be If the table, out of reach of until after the meal. ut the survey revealed staff bices, directing the client to transitions only with verbal client #2on 6/19/18 d 11/16/17. Review of the unication objective relative eview of the objective nted with 2 photos, clent #2 pointing b/naming and o indicate her desire for that with no more than 2 ed in 5/2018. Subsequent ecord revealed a sement dated 3/7/18 ation needs of continuing to make choices from ed in a variety of situations se of object based se of a big mack switch to d use of a big mack switch idential manager (RM) on #2's communication ousehold chores remain s unable to locate any r pictures that had been the objective. Continued revealed communication of household tasks and a should have been used amendations in the client's ation.		to 299 A. continuel amonthly cheek big Maes, sich	estals/	s Le
ORM CMS-25	567(02-99) Previous Versions C	bsolete Event ID:9D2	Q11 Fa	cility ID: 990150 NOUGUDI 14,0	ô continuation she	et Page 2 of 6

PRINTED: 06/21/2018 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	OF DEFICIENCIES FCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLIDNE		CONSTRUCTION		PLETED
		34G095	B WING			06/	19/2018
NAME OF PROVIDER OR SUPPLIER OAK STREET GROUP HOME-ST. MARK				CC	REET ADDRESS, CITY, STATE, ZIP DDE 1801 OAK STREET HARLOTTE, NC 28269		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	Κ	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 249	6/19/18 revealed cliand to communicate vocalizations. Client survey to participate included nail care, of magazine, washing meals, taking disher packing her lunch a transport. Observatirevealed client #2 to included with her plutilized to say the brown of the Irevealed the same placed in the center client #2 and unuse Observation through providing client #2 activities and through direction. Review of records frevealed an IHP dat IHP revealed a communication provided in 6/2018. #2's record revealed assessment dated communication need ability to make choic presented in a varie continue use of objets.	the group home on 6/18 and ent #2 to be limited verbally ewith pointing and occasional at #2 was observed during the ein various activities that drawing, looking at a her hands, setting the table, as to the kitchen after meals, and loading the facility van for ion of the dinner meal on 6/18 to have a voice output switch acce setting that the client dessing for the meal. Or each fast meal on 6/19 voice output switch to be for of the table, out of reach of the duntil after the meal. Though transitions only with verbal for client #2 on 6/19/18 ted 11/16/17. Review of the amunication objective relative Review of the objective sented with 2 photos, client #2 by pointing to/naming and to to indicate her desire for the time with no more than 2 four consecutive months, Subsequent review of client da a communication	W	249			

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUDY	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		34G095	B WING		06/19/2018
	ROVIDER OR SUPPLIER	MARK		STREET ADDRESS, CITY, STATE, ZIP CODE 1801 OAK STREET CHARLOTTE, NC 28269	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
W 249	Interview with the RN #2's communication activity remains curre various leisure pitur for outdoor plants, a television and a boa interview with the RN have been provided during leisure opport communication object identified in the client assessment. B. The team failed to interventions to addrenceds for client #3. For the season of the comparticipate in various handling block object her hands, meal preparticipate in various handling block object her hands, meal preparticipate in various handling the facility various throughout the surve client #3 choices, directly and through transitor revealed an IHP data revealed a community task initiation. Review of records for revealed a community with a community and initiation. Review of records for revealed a community ask initiation. Review of records for revealed a community task initiation. Review of records for revealed a community with the province output switch province output swit	on 6/19/18 verified client objective relative to leisure ent and provided a tool with es that included a water can magazine, outdoors, friends, regame. Continued if revealed client #2 should with pictures to choose from unities as indicated in the ctive to support needs its current communication	W 24	B. In an effort to ensure communication documental correction on in-serve with the Speech Therapis with RIDP and Residential Manage has been schedul you wednesday, truly 18, 2018. This wish correctly us show to correctly us been surely us been something the propriese / v. Sual cues and object eves consultation object consultation object or consultation object	d #3 d of p t olong ed s ille

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BTTLVE			SURVEY PLETED
Wist	100 1011-11-11-11-11-11-11-11-11-11-11-11-11	34G095	B WING		- 06/·	19/2018
NAME OF PROVIDER OR SUPPLIER OAK STREET GROUP HOME-ST. MARK				STREET ADDRESS, CITY, STATE, ZIP CODE 1801 OAK STREET CHARLOTTE, NC 28269		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD B) CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 249	4/2018. Additional recommunication assessan updated concurrer pathologist dated 3/6/communication needs client needs to continivisual symbols and si integrated basis, to de choices from photos, on an integrated basis activation skills for sin designated situations. Interview with the RM #3 should have been a voice output device every opportunity of tan activity. Additional has a communication washing hands, show brush teeth and time RM further confirmed client #3's picture cue communicating with communicating with communicating with communication was observed duri in various activities the objects from a basket prep, meals, taking dimeals, packing her luvan for transport. Observations continued to be seen a communication with confirmation was observed duri in various activities the objects from a basket prep, meals, taking dimeals, packing her luvan for transport. Observations of the communication was observed duri objects from a basket prep, meals, taking dimeals, packing her luvan for transport. Observations of the communication was observed duri objects from a basket prep, meals, taking dimeals, packing her luvan for transport. Observations of the communication was observed duri objects from a basket prep, meals, taking dimeals, packing her luvan for transport. Observations of the communication was observed duri objects from a basket prep, meals, taking dimeals, packing her luvan for transport.	of the time, implemented cord review revealed a sement dated 4/14/17 with nee statement by the speech 18. Review of the current of client #3 revealed the ue to make transitions using imple verbal cues on an evelop the ability to make pictures and visual symbols of and to continue to develop imple voice output in the prompted by staff to utilize indicating "I'm ready" with transitioning the client from interview revealed client #3 tool with pictures cues for the reverse in the prompts in the staff should have used the swith verbal prompts in the survey to participate at included handling block of the with the staff should handling block of the with the survey to participate at included handling block of the with the staff and loading the facility servation throughout the providing client #3 choices, activities and through erbal direction.	W	Pesidostral manage Pesidostral manage will complete a mo cheek of Bic Moes cheek and cheek and cheek available and cond working comd cond working cond c	Lower it on the war to see	

Facility ID: 990150

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G095	B WING		06/19/2018	
NAME OF PI	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 OAK STREET		
OAK STR	EET GROUP HOME-ST.	MARK	l	CHARLOTTE, NC 28269		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
W 249	IHP revealed a common to task completion. Referevealed client #3 will programmed voice out picture photo to indicate routine group home a given no more than 3 time, implemented 3/2 review revealed a condated 4/14/17 with an statement by the spee Review of the current client #3 revealed the make transitions using verbal cues on an intervieural symbols on an icontinue to develop activities output in design. Interview with the RM #3 should have been a voice output device with every opportunity from an activity. Addit client #3 has a common cues for washing han table, brush teeth and with the RM further countries.	atted 6/10/18. Review of the unication objective relative eview of the objective activate a simple pretout switch paired with a ste completion for a variety of ctivities with "I'm finished" verbal prompts 80% of the 2018. Additional record munication assessment updated concurrence such pathologist dated 3/6/18. communication needs of client needs to continue to givisual symbols and simple grated basis, to develop the strom photos, pictures and integrated basis and to ctivation skills for simple atted situations. In 6/19/18 verified client prompted by staff to utilize indicating "I'm finished" of transitioning the client cional interview revealed unication tool with pictures ds, shower, help cook, set it time for meds. Interview onfirmed staff should have re cues with verbal prompts	W 24	9		





June 25, 2018

Recertification Survey June 19, 2018 Plan of Corrections/Oak Street Group Home:

The following plans of corrections are in response to the state audit survey completed June 19, 2018.

W249

A. In an effort to ensure communication objectives for client #2 are implemented and documented correctly, an in-service with the Speech Therapist along with QIDP and Residential Manager has been scheduled for Wednesday, July 18, 2018. This in-service will include how to correctly use Big Mac switches, picture/visual cues and object cues in accordance to communication objective goals. Residential manager will complete a monthly check of Big Macs, picture cues and object cues to ensure all materials/equipment's are available and in good working condition. Group Home Manager will monitor running of all program goals at least monthly in the home and QIDP will review program goals including communication goals at least quarterly with the staff. This policy/procedure will be implemented on or before August 19, 2018.

W249

B. In an effort to ensure communication objectives for client #3 are implemented and documented correctly, an in-service with the Speech Therapist along with QIDP and Residential Manager has been scheduled for Wednesday, July 18, 2018. This in-service will include how to correctly use Big Mac switches, picture/visual cues and object cues in accordance to communication objective goals. Residential manager will complete a monthly check of Big Macs, picture cues and object cues to ensure all materials/equipment's are available and in good working condition. Group Home Manager will monitor running of all program goals at least monthly in the home and QIDP will review program goals including communication goals at least quarterly with the staff. This policy/procedure will be implemented on or before August 19, 2018.

Sincefely,

Sonya Reid, Program Director Qualified Professional Residential Services