

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

PRINTED: 07/19/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/17/2018
NAME OF PROVIDER OR SUPPLIER DALMOOR DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4400 DALMOOR DRIVE CHARLOTTE, NC 28212		
(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	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: The facility failed to implement sufficient interventions to address oral hygiene for 1 of 3 sampled clients (#5) as evidenced by interview and review of records. The finding is:</p> <p>Review of the records for client #5 on 7/17/18 revealed an individual program plan dated 3/16/18 which included an objective to brush teeth and floss daily (AM and PM) with the program implemented on 7/8/17. Continued review of the records revealed dental consultations dated 10/19/17 and 4/3/18. Further review of these dental consult reports revealed the client had poor oral hygiene ratings. Subsequent review of the IPP, substantiated by additional interviews with the QIDP and the residential director, revealed no additional interventions have been implemented to address the client's poor oral hygiene rating.</p>	W 249			
W 288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for</p>	W 288			

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 288	<p>Continued From page 1 an active treatment program.</p> <p>This STANDARD is not met as evidenced by: The team failed to ensure techniques to manage inappropriate client behaviors were never used as a substitute for active treatment for 2 of 3 sampled clients (#3 and #5) as evidenced by observations, interviews and review of records. The findings are:</p> <p>A. Observations in the group home on 7/16/18 at 4:07 PM after snack revealed client #4 and staff to go to the closet in the hallway closest to the dining room and get a tube of tooth paste and take it to the bathroom. Continued observations revealed at 4:09 PM client #4 and staff were noted to return the tube of tooth paste back to the closet.</p> <p>Interview with staff revealed the client's tooth paste is kept in the hall closet due to the client squirting it all out inappropriately. Continued interview with staff revealed she did not think it was part of a program.</p> <p>Review of the records on 7/17/18 for client #4 revealed an individual program plan (IPP) dated 5/28/18 which included a behavior support plan (BSP) to reduce target behaviors to zero per month for 12 consecutive months. Review of the BSP revealed the target behaviors are defined as property destruction and compulsive behaviors. Further review of the BSP, verified by interview with the program coordinator and acting qualified intellectual disabilities professional (QIDP), revealed the BSP failed to address keeping the client's tooth paste in the hall closet and not in personal bedroom.</p>	W 288			

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W 288	<p>Continued From page 2</p> <p>Therefore, the team failed to ensure the technique of storing the client's tooth paste in the hall closet, instead of personal bedroom due to the client's squirting it all out, is tied to an active treatment program.</p> <p>B. Observations in the group home on 7/16/18 at 4:00 PM to 4:55 PM revealed client #5 sitting in the living room area engaged in his iPad activity with his eyeglasses on. Continued observations at 5:00 PM revealed client #5 standing in the doorway of the dining area handing his eyeglasses to staff of which staff then immediately placed in the locked medication closet. Subsequent observations at 5:05 PM to 5:20 PM revealed client #5 to perform his walking exercise routine around the home, complete all dining table place settings and then sit at the dining table to eat his meal without his eyeglasses on.</p> <p>Review of records on 7/17/18 for client #5 revealed an ISP dated 3/16/18 which included a BSP dated 3/14/18 to reduce target behaviors to zero per month for 12 consecutive months. Continued review of the BSP revealed the target behaviors are defined as physical aggression, property aggression, agitation and self-injurious behaviors. Further review of the BSP and subsequent interviews with both the QIDP and the residential director confirmed client #5 does not have a need for his "readers" [over the counter eyeglasses] to be stored in the medication closet.</p>	W 288			