

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G038</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>09/11/2018</b> |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLEAR CREEK</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11950 HOWELL CENTER DRIVE<br/>CHARLOTTE, NC 28227</b>               |                      |   |
| (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><b>INDIVIDUAL PROGRAM PLAN</b><br/>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:<br/>Based on observation, interview and review of records, the person centered plans (PCP's) for 1 of 2 sampled residents and one non-sampled resident of the blue wing (#5 and #19) failed to have objective training to address identified needs in dining skills. The finding is:</p> <p>A. The PCP dated 2/21/18 for client #19, who resides on blue wing, failed to included objective training to address needs in dining skills. For example:</p> <p>Observation on 9/10/18, on the blue wing, at 6:05 pm revealed client #19 to participate in the dinner meal that included chopped chicken, rice, diced carrots and a roll. The place setting for client #19 was observed to consist of a regular spoon, high sided divided dish, regular cup, placemat and napkin. Further observation revealed client #19 to sit at a table and eat her meal with her fingers with no redirection from staff. At various times client #19 was observed to utilize a spoon to eat and then return to eating with her hands.</p> <p>Review of records for client #19 on 9/11/18 revealed a PCP dated 2/21/18. Review of the PCP for client #19 revealed training objectives for clothing choice, coin identification, putting dishes away after meals, toileting and communication.</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.

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

PRINTED: 09/12/2018  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G038</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>09/11/2018</b> |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLEAR CREEK</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11950 HOWELL CENTER DRIVE<br/>CHARLOTTE, NC 28227</b>               |                      |   |
| (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>Continued From page 1</p> <p>The PCP further revealed mealtime guidelines of : Independent with self feeding. Currently uses a regular spoon, high sided dish, regular fork and cup. Continued review of the PCP revealed no training objectives relative to feeding skills for client #19. Additional record review revealed a nutritional assessment dated 2/7/18 with identified needs to maintain feeding skills by following mealtime guidelines, increasing self help skills and needs to learn to remove utensils from package/napkin.</p> <p>Interview with the facility program manager revealed client #19 should have been redirected by staff at the dinner meal to not use her fingers to eat with and encouraged to use the proper utensil. Further interview verified client #19 should have been provided a place setting and training objectives relative to needs assessed in the nutritional assessment to support independence in self feeding skills.</p> <p>B. The PCP dated 6/22/18 for client #5, who resides on blue wing, failed to included objective training to address needs in dining skills. For example:</p> <p>Observation on 9/10/18, on the blue wing, at 6:05 pm revealed client #5 to participate in the dinner meal that included chopped chicken, rice, diced carrots and a roll. The place setting for client #5 was observed to consist of a regular spoon, divided dish, regular cup, placemat and napkin as set by staff with no client assistance. Further observation revealed client #5 to sit at a table and eat her meal with a spoon with spillage while eating and drinking. Client #5 was observed to eat multiple bites of her meal before staff poured her drinks. Additional observation revealed client</p> | W 227   |   |                      |   |

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

PRINTED: 09/12/2018  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G038</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>09/11/2018</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLEAR CREEK</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11950 HOWELL CENTER DRIVE<br/>CHARLOTTE, NC 28227</b>               |                      |   |
| (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  | Continued From page 2<br>#5 to require verbal prompts from staff to wipe her mouth after eating.<br><br>Review of records for client #5 on 9/11/18 revealed an PCP dated 6/22/18. Review of the PCP for client #5 revealed training objectives to put dishes away after meals, walk, activity choice and communication. Continued review of the PCP revealed no further training objectives relative to dining skills for client #5. Additional record review revealed a nutritional assessment dated 6/13/18 with identified needs to increase dining skills and manners such as wipe mouth with napkin, not to put hands in bowls during family style dining, not to grab others food or items, drink using straw, feed self with fork, obtain eating utensils, beverage or napkin before eating and needs to learn to set place at table in accordance with house rules/etiquette.<br><br>Interview with the facility program manager revealed client #5 should have training objectives for dining skills relative to needs assessed in the current nutritional assessment to support independence in dining skills. Further interview verified client #5 did not currently have training objectives relative to dining needs identified in the current nutritional assessment. | W 227   |   |                      |   |
| W 249  | PROGRAM IMPLEMENTATION<br>CFR(s): 483.440(d)(1)<br><br>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   | W 249   |   |                      |   |

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

PRINTED: 09/12/2018  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G038</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>09/11/2018</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLEAR CREEK</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11950 HOWELL CENTER DRIVE<br/>CHARLOTTE, NC 28227</b>               |                      |   |
| (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>Continued From page 3 plan.</p> <p>This STANDARD is not met as evidenced by:<br/>The facility failed to ensure sufficient interventions were implemented to assure 6 of 8 sampled clients residing in yellow wing (#9, #10, #11, #12, #13 and #14) , 4 of 6 sampled clients ( #15, #16, #17 and #18) residing in green wing, and 2 of 2 sampled clients (#7 and #8) residing in orange wing received a continuous active treatment and that objectives listed on the person centered plans (PCPs) were implemented as prescribed as evidenced by observations, interviews and review of records. The findings are:</p> <p>A. Observations in yellow wing on 9/10/18 at 5:12 PM revealed clients #9, #10, #11, #12, #13 and #14 to be sitting in the day room at a table when staff were noted to clear the table of leisure activities and put down plates, cups and eating utensils. Continued observations revealed the above mentioned clients sat at the table unengaged in any leisure activity until 5:45 PM when the food was brought to the table. This is a total of 33 minutes clients sat at the table unengaged in any objective training or structured leisure activity.</p> <p>Review of the records for clients #9, #10, #11, #12, #13 and #14 revealed PCPs dated 5/3/18, 10/17/17, 12/12/17, 11/20/17, and 4/12/18, respectively. Continued review of these PCPs revealed the following objectives that could have been implemented during the 33 minutes the clients sat unengaged :</p> | W 249   |   |                      |   |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G038</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>09/11/2018</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLEAR CREEK</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11950 HOWELL CENTER DRIVE<br/>CHARLOTTE, NC 28227</b>               |                      |   |
| (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>Continued From page 4</p> <ol style="list-style-type: none"> <li>Review of the 5/3/18 PCP for client #9 included objectives to turn head in the direction of name being called, follow requested commands or choose and activity to engage in.</li> <li>Review of the 10/17/17 PCP for client #10 included objectives to match coins and identify classmates.</li> <li>Review of the 12/12/17 PCP for client #11 included objectives to comply with 1 step commands, wipe table area and to participate in group activities.</li> <li>Review of the 11/20/17 PCP for client #12 included objectives to repeat days of the week, identify pictures and to choose an activity.</li> <li>Review of the 4/12/18 PCP for client #13 included objectives to turn head in the direction of name being called and to point to pictures representing activities to participate in.</li> <li>Review of the 9/21/17 PCP for client #14 included objectives to choose and board game, write telephone numbers, toss a ball, identify currency and identify site words.</li> </ol> <p>Interview with the second shift supervisor stated due to the number of clients on the wing who needed assistance with eating some clients had to wait until staff were available. However, continued interview with the second shift supervisor and the qualified intellectual disability professional (QIDP), verified staff should not have cleared the table when they did but allowed the clients to continue with objective training or leisure activities until time for the meal to be served.</p> | W 249   |   |                      |   |

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

PRINTED: 09/12/2018  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G038</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>09/11/2018</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLEAR CREEK</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11950 HOWELL CENTER DRIVE<br/>CHARLOTTE, NC 28227</b>               |                      |   |
| (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>Continued From page 5</p> <p>B. Observations on the green wing on 9/11/18 at 7:10 AM revealed clients #4, #15, #16, #18, and #20 to be seated in a community/dining room. Client #4 was observed to be interacting intermittently with a 1:1 staff member and client #20 was observed to be sorting blocks and using a DVD player. Clients #15, #16 and #18 were observed to be sitting and waiting. The television was noted to be on a news channel, but none of the clients appeared interested. Two staff were observed to be in the room, one of which being a 1:1 staff for client #4. No interaction or prompting was noted until 7:17 AM when client #15 was assisted to the bathroom.</p> <p>Continued observations at 7:25 AM revealed client #17 to enter the room with a staff member and be seated with no activities offered. At 7:30 AM, client #18 was observed to be mouthing his fingers and was directed to use a chew stick hanging from his neck, which he used for approximately 10 seconds. Client #18 was also observed lightly hitting himself on the side of his head. Staff was observed prompting him to stop and "be nice". No other activities were provided. Further observations at 7:45 AM revealed client #15 to begin lightly to moderately hit his protective helmet with his hand. Staff were observed to say "no" and "nice hands", and observed blocking, and lightly holding and rubbing the client's hands. No other activities were offered. At 7:48 AM, client #16 left to go to the facility's school.</p> <p>Continued observations at 7:50 AM revealed staff assisting client #15 with placing napkins on the tables for breakfast. At 7:55 AM all clients in the room were observed sitting and waiting while staff set the rest of the place settings prior to breakfast</p> | W 249   |   |                      |   |

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

PRINTED: 09/12/2018  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G038</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>09/11/2018</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLEAR CREEK</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11950 HOWELL CENTER DRIVE<br/>CHARLOTTE, NC 28227</b>               |                      |   |
| (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>Continued From page 6</p> <p>plates being brought into the room. At 7:55 AM client #17 was observed picking up a sanitary wipe packet and attempting to put it in his mouth, and staff removed it from his hand. At 8:05 AM, staff started assisting all clients with the breakfast meal. This is a total of 55 minutes without objective training or structured activities for clients #15 and #18, 38 minutes for client #16, and 40 minutes for client #17.</p> <p>Review of the record for client #15 revealed a PCP dated 12/5/17. The PCP included an objective for the client to participate in a group activity for at least 5 minutes. The PCP also included a behavior support plan (BSP) which included self injurious behavior as a target behavior. Preventative interventions for the target behaviors included providing client #15 with access to several activities which he could independently choose, and encouragement to use activities involving his hands, such as musical instruments and other objects to hold.</p> <p>Review of the record for client #18 revealed a PCP dated 5/8/18. The PCP included an objective to reach for a preferred item when given a choice. The PCP also include a BSP which included self injurious behavior and mouthing fingers. Preventative interventions included providing the client with preferred materials when not involved with other scheduled activities and engaging him in activities which require him to hold an object.</p> <p>Review of the record for client #17 revealed a PCP dated 3/12/18. The PCP included objectives for the client to choose a book to be read aloud, participating in leisure activities for at least 3 minutes and tracing his name with hand over</p> | W 249   |   |                      |   |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G038</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>09/11/2018</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLEAR CREEK</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11950 HOWELL CENTER DRIVE<br/>CHARLOTTE, NC 28227</b>               |                      |   |
| (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>Continued From page 7</p> <p>hand assistance. The PCP also included a BSP which included a target behavior of licking inedible objects. Preventative interventions included allowing the client to have a preferred item in his hand.</p> <p>Review of the record for client #16 revealed a PCP dated 1/19/18. The PCP included an objective for the client to choose a book for staff to read aloud and to trace items on a template sheet.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 9/11/18, confirmed staff should have provided objective training, preventative interventions and other activities while the clients were waiting for breakfast to be served.</p> <p>C. Observations on 9/10/18 at 5:45 PM in a community/dining room located on the green wing, revealed client #4 finishing his dinner meal and assisting with placing his dish and utensils on a side cart. After the dining utensils were cleared for all the clients in the room, staff began setting up the room for activities. Staff were not observed prompting client #4 to wipe the table on which he dined. Continued observations on 9/11/18 at 8:16 AM revealed client #4 to have finished his breakfast meal. Staff was observed to wipe the dining table without assistance from client #4.</p> <p>Review of the record for client #4 revealed a PCP dated 1/9/18. The PCP included an objective for the client to clean his dining table with hand over hand assistance at 75% of trials for 3 consecutive months. Review of the program directions to staff indicated client #4 was to be told it was time to</p> | W 249   |   |                      |   |



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

PRINTED: 09/12/2018  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G038</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>09/11/2018</b> |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLEAR CREEK</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11950 HOWELL CENTER DRIVE<br/>CHARLOTTE, NC 28227</b>               |                      |   |
| (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>Continued From page 8</p> <p>clean up his area after mealtime and then to hand over hand assist the client with wiping the table. The objective indicated data was to be taken 7 days a week.</p> <p>Interview with the QIDP on 9/11/18 confirmed staff should have followed the program directions at both the dinner and breakfast meal to support the achievement of the objective.</p> <p>D. Observations conducted in orange wing on 9/10/18 at 5:30 PM revealed client #7 was transferred from her wheelchair to a dining chair and seated at the dining table, waiting for the supper meal to be served. Continued observations revealed four other clients seated at the dining table with client #7 were served the supper meal and began eating at 5:40 PM while client #7 remained seated at the table unengaged in any activity until 6:10 PM at which time her supper meal was brought to the table in a Styrofoam container. After opening the container and starting to assist client #7 with her meal, staff was observed to take the meal away to be reheated in the microwave and return client #7's meal at 6:12 PM. Client #7 was then observed to be assisted by staff to eat her supper meal from the Styrofoam container in which it was served. This is a total of 42 minutes client #7 sat at the table, unengaged in any objective training or structured leisure activity.</p> <p>Review of the 12/6/17 PCP for client #7 revealed objectives to wash her face, manipulate a musical instrument, release an item into a container, place cup on table when finished with her drink, and wipe her place at the table after meals. Further review of the 12/6/17 PCP revealed an Occupational Therapy Evaluation dated 12/6/17</p> | W 249   |   |                      |   |

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

PRINTED: 09/12/2018  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G038</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>09/11/2018</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLEAR CREEK</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11950 HOWELL CENTER DRIVE<br/>CHARLOTTE, NC 28227</b>               |                      |   |
| (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>Continued From page 9</p> <p>with recommendations to follow meal card guidelines including the use of 2 high-sided dishes, a plastic-handled rubber coated spoon, regular cup and a clothing protector.</p> <p>Interview with the QIDP verified client #7 should have received her supper meal at the same time the other clients at her table received their meal, and further verified client #7 should be provided with the high-sided divided dish as documented in the 12/6/17 PCP. On-going interview with the QIDP verified staff should have provided client #7 with active engagement in objective training or structured leisure activities during the 40 minutes she was waiting for her supper meal to be served.</p> <p>E. Observations conducted in orange wing throughout the 9/10/18 - 9/11/18 survey revealed client #8 was non-verbal, however, client #8 was observed to vocalize to get staff's attention and to utilize limited gestures and manual signs to communicate. Client #8 was not observed to use a communication book during survey observations. On-going observations conducted during morning observations on 9/11/18 revealed client #8 was seated in his wheelchair looking out the window of an outside door located in the common room of the unit from 7:45 AM until the breakfast meal was served at 8:50 AM. During this time client #8 was observed to vocalize intermittently and hold up a communication book which he had taken from the side-pocket of his wheelchair. Staff were observed to speak to client #8 occasionally when passing by, however, staff was not observed to engage with or assist client #8 in the use of his communication book. This is a total of 65 minutes client #8 was unengaged in any objective training or structured leisure activity.</p> | W 249   |   |                      |   |

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

PRINTED: 09/12/2018  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G038</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>09/11/2018</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLEAR CREEK</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11950 HOWELL CENTER DRIVE<br/>CHARLOTTE, NC 28227</b>               |                      |   |
| (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 10<br><br>Review of the 5/8/18 PCP for client #8 included objectives for client #8 to correctly match 10 hygiene items, indicate need to use urinal, identify 8 of 12 picture cards, write his name on a line and maneuver himself down the hall independently. Continued review of the 5/8/18 PCP revealed a Communication Plan of Care dated 4/4/18 recommending client #8 increase expressive language by encouraging use of a communication book, respond or acknowledge his vocalizations , prompt him to get the book and point to a picture of what he wants, and respond to his want. Further review of the 5/8/18 PCP for client #8 revealed a behavior support plan (BSP) documenting staff should keep client #8 fully engaged in unit activities.<br><br>Interview with the QIDP revealed client #8 communicates with vocalizations, gestures and manual signs as well as the use of two communication books. This interview further verified staff should keep client #8 fully engaged in unit activities and assist him in the utilization of his communication book as indicated in the 5/18/18 PCP. | W 249   |   |                      |   |