STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G322	A. BUILDING _____ B. WING _____	11/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROWNE GROUP HOME	8205 BROWNE 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	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 facility failed to assure a continuous active treatment program for 1 of 4 sampled clients (#3) regarding the implementation of adaptive equipment, a gait belt, as evidenced by interview and record review. The finding is: Interview with the facility qualified intellectual disabilities professional (QIDP) revealed client #3 was hospitalized today for a broken hip. Further interview with the QIDP revealed client #3 fell to the floor when another client hurried past her and bumped client #3 from behind in the group home, approximately two weeks ago. Continued interview revealed client #3 was examined immediately after the fall in the emergency room and no fractures were detected at that time Further interview revealed after a reexamination today because of the client's complaint of pain, a fracture of client #3's hip was detected. Surgery to repair the fracture of client #3 is planned for tomorrow. Record review on 11/27/18 for client #3 revealed a PCP containing a current occupational therapy examination stating client #3 utilizes a gait belt for	W 249	The Physical Therapist will in-service all staff on the use of the gait belt. QIDP will during weekly observations ensure staff are utilizing the gait belt appropriately. RM will daily observe the staff utilizing the gait belt and the PM during monthly site review will monitor staff utilizing the gait belt. DHSR NHL&C Black Mountain WRO Received DEC 27 2018 by: PAM	

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

Program Manager 12-12-18

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 249	Continued From page 1 use while ambulating. Recommendations from the occupational therapy evaluation states staff are to use the gait belt with the client while ambulating. Interview with the facility nurse confirmed that staff are to use the gait belt when client #3 ambulates and makes transitions from standing to sitting, loading and unloading the van and any other ambulation or transition throughout her day. Interview with the group home staff revealed client #3's gait belt was not being held when she was ambulating at the time of her fall. Continued interview with the group home staff revealed "other clients were being assisted off the van and no one was holding client #3's gait belt when she was accidently pushed from behind and fell to the floor hitting her shoulder and hip area." Subsequent interview with the QIDP confirmed client #3's gait belt should have been held while ambulating. Therfore the facility failed to implement needed interventions in sufficient number and frequency to support the use of client # 3's gait belt to prevent falls.	W 249		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to assure all menu items were provided to clients #2 and #5. The findings are:	W 460	QIDP will in-service all staff on serving all menu items. RM and QP during meal time observations will ensure all menu items are offered to all Clients. PM during monthly site review will ensure all menu itens are offered.	

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W 460	Continued From page 2 Observations on 11/27/18 during the breakfast meal revealed clients #2 and #5 seated at the breakfast table eating hot cereal with milk and drinking juice. Clients #2 and #5 were observed being assisted and served these three breakfast items at approximately 6:00 AM. Continued observations revealed clients #2 and #5 completing their breakfast meal and taking their dishes to the kitchen area at approximately 6:10 AM. No other menu items were observed being offered or served to client #2 and #5. Continued observations at approximately 6:15 AM revealed the staff serving client #1 his breakfast items, making client #1 a piece of toast, and assisting him to butter the toast. Interview with the facility qualified intellectual disabilities professional on 11/27/18 revealed all clients are able to eat toast and should have been served toast with their breakfast meal. Review of the facility breakfast menu in the kitchen revealed the following: hot cereal with milk, toast with butter, juice, coffee, and water. Therefore the facility failed to serve all menu items to clients #2 and #5 as prescribed.	W 460		
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to ensure each place setting during the breakfast meal included appropriate eating utensils for 2 of 4 sampled clients (#2 and #5). The findings are:	W 475	QIDP will in-service all staff to have proper utensils present during all meals. QIDP and RM will during meal time observations ensure all utensils are present. PM during monthly site review will ensure all utensils are present during meals.	

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W 475	Continued From page 3 Observations on 11/27/18 at 6:01 AM revealed clients #1, #2, #5 were seated at the dining table having their breakfast meal of cereal, coffee, and juice. All clients were observed to have only a spoon as part of their place setting except for client #1 who was later offered a knife to butter his toast. Client's #2 and #5 were missing their menu item of toast during their breakfast meal. Record review for client #2 on 11/27 /18 revealed a Life Skills Assessment dated 10/18/18 which stated client #2 " independently uses all utensils." Interview with the direct care staff confirmed client #5 also is able to utilize utensils independently. Continued interview on 11/27/18 with the qualified intellectual disabilities professional confirmed that all clients should have a full place setting of utensils to utilize with their meals.	W 475		