

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

PRINTED: 04/08/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/03/2019</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>LAKEVIEW</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5927 LAKEVIEW DRIVE CHARLOTTE, NC 28270</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> 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: Based on observation, review of records and interview the person centered plans (PCPs) failed to have sufficient interventions to address identified needs in vocational skills for 2 of 3 sampled clients (#1 and #4). The findings are:</p> <p>A. The PCP dated 10/16/18 for client #1 failed to include sufficient interventions to address vocational deficits. For example:</p> <p>Observation at the vocational program on 4/2/19 revealed client #1 to not be present at the site due to a vocational schedule that identified the client to be scheduled for community volunteer work. Observation in the group home on 4/3/19 revealed client #1 to complete a morning routine and load the facility van for transportation to scheduled community volunteer work at a local church.</p> <p>Review of records for client #1 on 4/2/19 revealed a PCP dated 10/16/18 with training objectives to address oral hygiene, exercise, dusting, naming objects and a vocational objective to address activity of choice. Continued review of client #1's vocational objective revealed when provided with instructions and materials, client #1 will participate in an activity of choice for 20 minutes with verbal prompts 65% of data collection</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/03/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAKEVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5927 LAKEVIEW DRIVE CHARLOTTE, NC 28270</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>sessions for three consecutive months. Additional review of client #1's vocational objective revealed data collected at vocational program. Review of client #1's adaptive behavior inventory dated 2/25/19 revealed skill deficits in numerical skills, money management skills, reading and writing and safety skills.</p> <p>Review of the vocational schedule for client #1 revealed the client to be linked to community activities and volunteer work four days of the week. Further review of the vocational schedule revealed client #1 to be scheduled for attendance at the vocational program site one day weekly. Subsequent record review for client #1 revealed the client to have no formal training objectives related to community activities or volunteer work.</p> <p>Interview with the habilitation specialist revealed client #1 had a past program related to volunteer work although the client achieved the goal and no further training objective was developed.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) verified client #1 had only one formal vocational objective relative to activity of choice with data collection specified at the vocational site. The QIDP further verified client #1's is scheduled to attend the vocational site 1 day weekly. Therefore the PCP failed to address sufficient interventions to address vocational deficits for client #1 relative to the clients vocational schedule.</p> <p>B. The PCP dated 1/21/19 for client #3 failed to include sufficient interventions to address vocational deficits. For example:</p> <p>Observation at the vocational program on 4/2/19 revealed client #3 to not be present at the site</p>	W 227			

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

PRINTED: 04/08/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/03/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAKEVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5927 LAKEVIEW DRIVE CHARLOTTE, NC 28270</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 2</p> <p>due to a vocational schedule that identified the client to be scheduled for community volunteer work. Observation in the group home on 4/3/19 revealed client #3 to complete a morning routine and load the facility van for transportation to scheduled community volunteer work at a local church.</p> <p>Review of records for client #3 on 4/2/19 revealed a PCP dated 1/21/19 with training objectives to address exercise, toothbrushing, meal prep, wiping tables and a vocational objective to stay on task with an activity. Continued review of client #3's vocational objective revealed client #3 will stay on task with an activity with verbal prompts supported with partial assist for 2 minutes, 60% of data collection sessions for three consecutive months. Additional review of client #3's vocational objective revealed program materials to include puzzles, coloring games and various materials. Review of client #3 adaptive behavior inventory dated 3/8/19 revealed skill deficits in numerical skills, money management skills, reading and writing, traveling, personal independence and safety skills.</p> <p>Review of the vocational schedule for client #3 revealed the client to be linked to community activities and volunteer work four days of the week. Further review of the vocational schedule revealed client #3 to be scheduled for attendance at the vocational program site one day weekly. Subsequent record review for client #3 revealed the client to have no formal training objectives related to community activities or volunteer work.</p> <p>Interview with the habilitation specialist revealed client #3 had a past program related to volunteer work although the client achieved the goal and no</p>	W 227			

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

PRINTED: 04/08/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/03/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAKEVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5927 LAKEVIEW DRIVE CHARLOTTE, NC 28270</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 3 further training objective was developed. Interview with the QIDP verified client #3 had only one formal vocational objective to stay on task with an activity. Therefore the PCP for client #3 failed to address sufficient interventions to address vocational deficits relative to the clients vocational schedule.	W 227			
W 289	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(4)  The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.  This STANDARD is not met as evidenced by: Based on observation, review of record and verified by interview, the team failed to assure that the use of systematic interventions to manage inappropriate behavior for 1 non-sampled client (#2) was incorporated into the client's person centered plan (PCP). The finding is:  Observation at the group home on 4/3/19 at 8:55 AM revealed client #2 to exit the group home with staff and other residents to load the facility van. Client #2 was observed to wear a coat with a large rip along the shoulder and a tear along the collar. Additional observation revealed no alternative jacket was offered to client #2 by the home manager or staff after this surveyor identified the damage to the client's outerwear.	W 289			

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

PRINTED: 04/08/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/03/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAKEVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5927 LAKEVIEW DRIVE CHARLOTTE, NC 28270</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 289	<p>Continued From page 4</p> <p>Review of records for client #2 on 4/3/19 revealed a PCP dated 11/27/18. Review of the PCP revealed a behavior support plan (BSP) dated 2/13/18 for target behaviors that included tearing items that belong to the client and others. Further review of the BSP revealed interventions for target behaviors relative to tearing items to indicate if client #2 tears his items or items that do not belong to him, staff should direct the client to place the items in a bag and give to staff. No further intervention was identified for client #2's behavior of tearing clothing.</p> <p>Interview with group home manager on 4/3/19 revealed client #2 tears his clothing and excess shoes and clothing for the client is kept in the group home office. Further interview with the group home manger revealed staff do not tell the client about what excess clothing he has available in the office to prevent the client from tearing other clothing to be replaced by the stored clothing in the office. The group home manager further indicated after client #2 tears his clothing the item is put into a bag and thrown away and a replacement item is retrieved from the office and given to the client. Interview with the QIDP verified extra clothing is kept for client #2 in the group home office due to client #2's behavior of tearing clothing. The QIDP further verified the need to keep items for client #2 in the group home office due to maladaptive behavior was not part of the client's BSP and a consent had not been obtained.</p>	W 289			