

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

PRINTED: 05/08/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G356	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2019
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NAME OF PROVIDER OR SUPPLIER ENOCH DRIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 4109 ENOCH DRIVE CHARLOTTE, NC 28269
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W 227	<p>INDIVIDUAL PROGRAM PLAN 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, record review and interview, the facility failed to ensure the individual support plan (ISP) for 1 sampled client (#5), included sufficient training objectives and activities relative to vocational needs. The finding is:</p> <p>Observations in the group home during the 4/29/19 to 4/30/19 survey revealed client #5 to easily utilize his computer to view written and visual information on various web pages, to read and complete math problems on worksheets, to complete other various worksheets, and to respond to staff's written questions in writing.</p> <p>Review on 4/30/19 of client #5's ISP dated 9/27/18 revealed "client #5 shows a great interest in computers and has the ability to manipulate them as desired" and computer activities is a "liked" activity.</p> <p>Interviews on 4/29/19 with the qualified intellectual disabilities professional (QIDP) verified client #5 enjoys working on his computer, completing math worksheets and responding to written questions from staff. Continued interview on 4/30/19 with the QIDP and facility management revealed client #5 does not attend a formal day program but instead receives day</p>	W 227		
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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 227	<p>Continued From page 1</p> <p>programming at the group home as requested by his guardian. Continued interview on 4/30/19 with facility management revealed group home staff provides client #5 a written daily worksheet schedule titled "Client # 5's Schedule (Day Program)". Client #5 is instructed to write in or to circle his desired day program activities. Further interview revealed these activities choices include taking a van ride into the community, completing work sheets, and identifying money. Subsequent interview with the QIDP revealed it has been discussed that client #5 needs more relevant prevocational programing for continued progress to be made, however no plan is in place to date to increase client #5's prevocational programming.</p> <p>Ongoing record review on 4/30/19 of client #5's worksheet schedule titled "Client #5's Schedule (Day Program)" revealed a snapshot of his daily day program activities as follows:</p> <p>8:00 AM - can choose and circle to either "Go on Van" or "Stay Home" 9:00 AM - "Snack...Work" 10:00 AM - can write in his choice for "Community Outing" 11:30 AM - "Lunch" 12:00 Noon - can write in his choice for "Activity" 1:00 PM - "Art" 2:00 PM - can choose and circle to either "Go on Van" or "Stay Home" 3:00 PM - "Snack" 3:30 PM - "Chores" 4:30 PM - can write in his choice for "Activity" 5:30 PM - "Dinner" 6:00 PM - can write in his choice for "Activity"</p> <p>Interview on 4/30/19 with facility management and the QIDP verified client #5 needs additional</p>	W 227			

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W 227	Continued From page 2 vocational programming with relevant activities formulated for each goal, to promote the accomplishment of client #5's assessed pre-vocational needs.	W 227			
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: Based on observation, record review and interview, the interdisciplinary team failed to assure consistent interventions and services to support the needs identified in the individual support plan (ISP) for 1 of 3 sampled clients (#5) relative to monitoring client behaviors. The findings are: A. The team failed to implement monitoring interventions to address client #5's self-calming needs. Observations in the group home during the 4/29/19 to 4/30/19 survey revealed client #5's bedroom door to have a large, decorative green cloth partially affixed to the outside of his bedroom door. Further observations revealed client #5's bedroom to be tidy and well-maintained. Continued observations of client	W 249			

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W 249	<p>Continued From page 3</p> <p>#5's bedroom door and verified with the qualified intellectual disabilities professional (QIDP) on 4/30/19 revealed no in-door peep hole opening.</p> <p>Review on 4/30/19 of client #5's ISP dated 9/5/18 revealed a behavior support plan (BSP) dated 9/27/18 noting "Peephole: Client #5's bedroom door has a peep hole in case he closes his door so staff can monitor without intruding while he is self-calming. Utilization of monitoring through a peep hole should be implemented when behavior is imminent or when he is calming down after an incident for safety concerns for self, property and others." Further review revealed "Client #5 calms best when left alone, rocks when calm and utilizing his bedroom to calm down."</p> <p>Interview on 4/30/19 with the QIDP verified client #5's bedroom door should be structured with the peephole opening as specified in his BSP by the facility psychologist, and approved by the guardian and the interdisciplinary team.</p> <p>B. The team failed to fully implement interventions to address client #5's wandering behavior.</p> <p>Review on 4/30/19 of facility incident reports involving client #5 revealed two wandering episodes: one occurred on 5/13/18 and the other on 8/9/18. Continued review revealed in both incidents, client #5 wandered away from staff in large retail stores during community outings. Further review of the 8/9/18 incident report revealed at 1:15 PM "Client #5 sped walked away from me into Book-A-Millions where he was AWOL for approximately 15 minutes. Continued review of the record revealed Client #5 was found on van at 1:30 PM by myself." In addition, during</p>	W 249			

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W 249	Continued From page 4 this time, staff did not call 911 to report client #5 was missing but did call facility management to report client #5 was missing. Ongoing review on 4/30/19 of the 8/9/18 incident report revealed the following QIDP comments "Inform QIDP and administrative staff when in community and individual wanders off. Security/police are to be notified immediately." Review on 4/30/19 client #5's BSP dated 9/27/18 (2) wandering guidelines are as follows: Staff must KEEP THEIR EYES ON Client #5 AT ALL TIMES WHILE IN THE COMMUNITY. "If Client #5 wanders off and staff are unable to locate him, staff must immediately contact supervisor who will call 911 while staff continue to look for Client #5". Subsequent review of the record revealed 911 was not called by the supervisor (QIDP) in either incident. Final review of the record revealed client #5 was luckily located and held by store/mall security until group home staff was able to locate and retrieve client #5. Interview on 4/30/19 with the QIDP verified staff should immediately call 911 if client #5 wanders off out of the line of vision, and staff can not locate him immediately. Further interview revealed team meetings were held to address these AWOL incidents. As a result of these meetings, staff has been directed "not to take client #5 to large box stores to prevent further elopement, as these surroundings appear to trigger client #5 to run away from staff."	W 249			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with	W 340			

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W 340	<p>Continued From page 5</p> <p>other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, nursing services and the team failed to ensure staff were sufficiently trained in preventative measures to address health and hygiene relative to appropriate glove removal and hand washing. The finding is:</p> <p>Morning observations in the group home on 4/30/19 at 7:50AM revealed client #4 to be assisted in his wheelchair to the bathroom located in the back hallway by staff A. Further observations revealed client #4 to exit the bathroom at 7:55 AM with staff A wearing protective gloves and pushing his wheelchair toward the van for loading. Continued observations at 7:56 revealed staff A to assist client #4 to load the van by grabbing the hand rail on the van and assisting client #4 to be seated in the van. Further observations revealed staff A to reach into the van to assist client #4 in fastening his seat belt. Subsequent observations revealed staff A to shake hands with client #4 while still wearing the gloves he utilized during the toileting of client #4.</p> <p>Interview with staff A on 4/30/19 confirmed that he put on the protective gloves while assisting client #4 to toilet and forgot to take them off until after assisting with other tasks of loading the van when this surveyor questioned him about the gloves at 8:00 AM. Continued interview with the</p>	W 340			

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W 340	Continued From page 6 qualified intellectual disabilities professional (QIDP) interviewed on 4/30/19 at 9:30AM confirmed staff A should have removed his gloves in the bathroom after assisting client #4 to toilet, to prevent the spread of unsanitary conditions to others.	W 340			
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 interview, the facility failed to provide specifically prescribed meals for 1 non-sampled client (#2). The finding is: Observations of the dinner meal at River Grill restaurant in the community on 4/29/2019 at 5:30 PM revealed client #2 being assisted to serve himself from the food bar a variety of foods to include chicken, broccoli, potatoes, fruit and casseroles. Continued observations revealed staff to transfer food at the table into a high sided dish and to assist client #2 to cut his food. Further observations revealed food pieces of meat, broccoli and other food items were cut to 1 inch to 1½ inches in size. Subsequent observations revealed client #2 to eat his dinner meal with prompting from staff to take a drink when he struggled to swallow. Further observations of the breakfast meal in the group home on 4/30/19 at 7:15 AM for client #2 revealed staff to bring a plate out of the kitchen	W 460			

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W 460	<p>Continued From page 7</p> <p>with two eggs and 2 pieces of toast. Continued observations revealed staff to utilize hand over hand cutting to assist client #2 to cut up his breakfast meal. Further observations revealed the toast was cut into 8 pieces approximately 1&1/2 inches each in size. Subsequent observations revealed client #2 to struggle to swallow his toast pieces and was encouraged to take a drink by staff to wash down the pieces of toast.</p> <p>Record review for client #2 on 4/30/19 revealed a recent Individual Support Plan (ISP) which included a physician's order dated 02/19 for a regular, no concentrated sweets, chopped to 1/4 inch diet. The ISP also included a choking assessment for client #2 with a score of moderate risk of pneumonia (with the modified texture of 1/4 inch), which included a recommendation to continue a 1/4 inch chopped diet.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) on 4/30/19 confirmed client #2 has a 1/4 inch chopped diet and the client should have been served toast, along with all foods with a 1/4 chopped consistency as specially prescribed.</p>	W 460			