| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G185 | A. BUILDING _____ B. WING _____ | 08/27/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| DALMOOR DRIVE GROUP HOME | 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 | 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 plan.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, record review and interview, the facility failed to implement sufficient interventions to support the achievement of an oral hygiene objective for 1 of 3 sampled clients (#4). The finding is:<br><br>Observations in the group home on 8/27/19 at 6:35 AM revealed staff C assisting client #4 with the administration of morning medications. Continued observations after the administration of client #4's pills, staff C assisted client #4 with the application of toothpaste onto a toothbrush. Further observations revealed client #4 exited the medication administration area holding his toothbrush with paste on it and entered a bathroom to brush his teeth, without staff present.<br><br>Review of the record for client #4 on 8/27/19 revealed an individual support plan (ISP) dated 2/22/19. Continued review of the ISP revealed a current objective related to oral hygiene. Further review of the oral hygiene objective revealed client #4 should brush and floss his teeth, after each meal. Review of the tasks for the oral hygiene objective revealed staff were to assure | W 249 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G185 | A. BUILDING _____ B. WING _____ | 08/27/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| DALMOOR DRIVE GROUP HOME | 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 | Continued From page 1<br>client #4 brushed his teeth and gumline, thoroughly.<br><br>Review of the record for client #4 on 8/27/19 revealed physician's orders dated 7/4/19 for Prevident 5000 Booster toothpaste, "use thin ribbon layer, brush teeth for 2 minutes twice daily, spit out, do not swallow." Continued review of the record for client #4 revealed a dental consult visit on 2/20/19 which indicated "moderate bleeding" and "generalized gingivitis." Further review of the 2/20/19 dental consult revealed a recommendation to continue helping client #4 to brush his teeth daily and to floss.<br><br>Interview with the qualified intellectual disabilities professional (QIDP) on 8/27/19 confirmed client #4's oral hygiene objective was current. Further interview with the QIDP confirmed staff should accompany client #4 into the bathroom, to assist him with toothbrushing, and to assure the program objective tasks are completed to support the achievement of the objective. | W 249 | | |
| W 368 | DRUG ADMINISTRATION<br>CFR(s): 483.460(k)(1)<br><br>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations, record review and interview, the system for drug administration failed to assure all drugs were administered in compliance with the physician's orders for 2 of 4 clients (#3 and #4) during medication administration. The findings are: | W 368 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G185 | A. BUILDING _____ B. WING _____ | 08/27/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| DALMOOR DRIVE GROUP HOME | 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 368 | Continued From page 2<br><br>A. Oral hygiene medications/treatments were not administered in compliance with physician's orders for client #3. Examples include:<br><br>Observations in the group home on 8/27/19 at 7:10 AM revealed client #3 left the medication administration area with a toothbrush with paste and gel on it, as well as a medication cup with green liquid in it. Continued observations revealed client #3 entered the bathroom alone, remained in the bathroom for 2-3 minutes without staff, and then exited the bathroom holding the toothbrush and an empty medication cup. Interview with staff C who administered medications to client #3 revealed 3 separate prescribed pastes or gels were applied to client #3's toothbrush which included: Biotene Dry Mouth Toothpaste 0.15%, Biotene Dry Mouth OralBalance gel and Cavarest Gel 1.1%. Continued interview revealed client #3's medication cup contained Biotene Dry Mouth Oral Rinse.<br><br>Review of the record for client #3 on 8/27/19 revealed physician's orders dated 7/4/19 which indicated, as follows: Biotene Dry Mouth Paste, brush teeth twice daily as directed; Biotene Dry Mouth OralBalance Gel, rub on teeth and gums twice daily for dry mouth; Cavarest Gel 1.1%, use twice daily as directed, and Biotene Dry Mouth Oral Rinse, rinse in mouth twice daily for 45 seconds, do not swallow, spit out. Review of the package directions on 8/27/19 for the Cavarest Gel 1.1% indicated, "After brushing with toothpaste, rinse as usual, then apply a thin ribbon of gel on the teeth with a toothbrush or mouth tray for at least one minute, preferably at bedtime." | W 368 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G185 | A. BUILDING _____ B. WING _____ | 08/27/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| DALMOOR DRIVE GROUP HOME | 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 368 | Continued From page 3<br><br>Interview with the facility nurse on 8/27/19 revealed the Cavarest Gel 1.1%, Biotene Dry Mouth OralBalance Gel, and the Biotene Dry Mouth Paste were applied at the same time to client #3's toothbrush because he would not be able to tolerate multiple, separate applications. Continued interview with the nurse confirmed the prescribing physician had not been contacted to clarify or to discuss the administration of client #3's oral hygiene medications/treatments. Further interview also confirmed staff should accompany client #3 into the bathroom to assure medications/treatments are being administered as ordered and as directed.<br><br>B. An oral hygiene treatment was not administered in compliance with physician's orders for client #4. Examples include:<br><br>Observations in the group home on 8/27/19 at 6:35 AM revealed staff C assisted client #4 with the administration of morning medications. Continued observations in the medication administration area revealed staff C administered client #4's pills and then assisted client #4 with applying Prevident 5000 Booster toothpaste onto a toothbrush. Further observations revealed client #4 exited the medication administration area holding his toothbrush with paste on it and entered a bathroom to brush his teeth, without staff present.<br><br>Review of the record for client #4 on 8/27/19 revealed physician's orders dated 7/4/19 which included, Prevident 5000 Booster toothpaste, "use thin ribbon layer, brush teeth for 2 minutes twice daily, spit out, do not swallow." Continued review of the record for client #4 revealed a | W 368 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G185 | A. BUILDING _____ B. WING _____ | 08/27/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| DALMOOR DRIVE GROUP HOME | 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 368 | Continued From page 4<br>dental consult visit on 2/20/19 which indicated "moderate bleeding" and "generalized gingivitis." Further review of the 2/20/19 dental consult revealed a recommendation to continue helping client #4 to brush his teeth daily and to floss.<br><br>Interview with the facility nurse on 8/27/19 confirmed staff should have assisted client #4 with brushing his teeth to assure compliance with physician's orders. | W 368 | | |
| W 382 | DRUG STORAGE AND RECORDKEEPING<br>CFR(s): 483.460(l)(2)<br><br>The facility must keep all drugs and biologicals locked except when being prepared for administration.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility failed to assure all drugs and biologicals were kept locked except when being prepared for administration. The finding is:<br><br>Observations in the group home on 8/27/19 at 6:54 AM revealed staff C prompted client #3 to the medication closet area for his morning medication administration. Further observations revealed staff C prompted client #3 to wash his hands when he approached the medication closet area. Continued observations revealed staff C then followed client #3 into the kitchen area and assisted him with washing his hands. Subsequently, during this time, observations revealed staff C also left the door to the medication closet area unlocked and slightly open for approximately 45 seconds. | W 382 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G185 | A. BUILDING _____ B. WING _____ | 08/27/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| DALMOOR DRIVE GROUP HOME | 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 382 | Continued From page 5<br>Interview with the facility nurse confirmed staff C had been trained to keep the medication door locked when not in use. Further interview confirmed the medication door should have been locked prior to leaving the medication administration closet area to assist client #3 with washing his hands. | W 382 | | |