

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

PRINTED: 07/30/2019
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G308 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/17/2019 |
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|---|---|
| NAME OF PROVIDER OR SUPPLIER HEATHCROFT | STREET ADDRESS, CITY, STATE, ZIP CODE 3046 HEATHCROFT COURT 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 |
|--------------------|--|---------------|---|----------------------|
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| W 247 | <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to assure the person centered plans (PCP)s for 3 of 6 clients in the group home #1, #3, and #5 included opportunities for client choice and self management regarding meal preparation and independence in setting beverages and food onto the dining room table for the breakfast meal in the group home. The findings are:</p> <p>Morning observations in the group home from 6:30 AM to 7:15 AM revealed clients #1, #3, and #5 seated at the dining room table in the group home awaiting their breakfast meal. Further observations revealed staff A in the kitchen preparing the menu items of eggs, toast, coffee, and milk for each client. Continued observations revealed staff A to fill the individual plates in the kitchen area without assistance from clients #1, #3, and #5 and to bring each client individually their plate with breakfast items to the dining table. Subsequent observations revealed staff A to also bring milk, juice and mugs of coffee to client #1, #3, and #5 at the table while they remained seated at the table throughout their breakfast meal. At no time did any staff member assisting with breakfast encourage client #1, #3, or #5 to assist in meal preparation, getting their coffee from the kitchen area or setting their food or drinks onto the table independently for their breakfast meal.</p> <p>Review of client records for client #1 on 7/17/19</p> | W 247 | <p><i>Please see Attached Plan of Correction</i></p> <p>RECEIVED</p> <p>AUG 27 2019</p> <p>DHSR NH L & C Black Mountain / WRO</p> | <p><i>09/15/19</i></p> |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i> PROGRAM MANAGER | TITLE PROGRAM MANAGER | (X6) DATE 08.22.19 |
|--|-------------------------------------|----------------------------------|

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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| (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 247 | <p>Continued From page 1</p> <p>revealed a current PCP which contained a Community Life Assessment dated 4/12/19 which stated "client #1 can set the table and put things in place with one verbal prompt" and "can assist in preparation of food with supervision". Review of records for client #3 revealed a current PCP with a Life Skills Assessment dated 9/10/18 which stated client #3 "makes food with supervision, uses recipes and "places correct items on the table with a gestural prompt". Review of records for client #5 on 7/17/19 revealed a current PCP containing a Community Life Skills Assessment dated 1/20/19 which stated client #5 "can bring food to the table and place correct items on the table with physical assistance".</p> <p>Interview with staff A confirmed she "made everyone's plate this morning in the kitchen without assistance from clients #1, #3, and #5". Continued interview with staff A revealed she brought all beverages to the table to include milk, juice, and coffee for clients #1, #3, and #5.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) confirmed clients #1, #3, and #5 are able with prompting or assistance to prepare their breakfast meal, and to bring food and drinks to the dining table. Continued interview with the QIDP confirmed staff should have provided each client the opportunity for choice and self management to practice their skills of preparing their breakfast meal, and bringing food and drink items to the dining table for their breakfast meal.</p> | W 247 | | |
| W 369 | <p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure</p> | W 369 | <p>Please see Attached Plan of Correction</p> | <p>09/15/19</p> |

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| W 369 | Continued From page 2 that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility's system for drug administration failed to assure all drugs were administered without error for 2 of 2 clients (#4 and #6) observed during drug administration. The findings are: A. The facility failed to administer medications without error for client #4. Observations conducted on 7/17/19 at 6:48 AM revealed client #4 was prompted by staff to enter the medication administration area where she was assisted by staff (C) to receive medications including Vyfemla-one tablet, Vitamin D 1000 IU-one tablet, Gabapentin 600 mg-1 capsule, Tegretol 200 mg-three tablets, Multi vitamin with iron-one tablet, Fluticasone Propionate 50 mcg-one one spray each nostril and Chlorhexidine Gluconate-10 cc, apply with swab. Review of records for client #4 conducted on 7/17/19 revealed physician's orders dated 6/28/19 which revealed client #4 should receive Fluticasone Propionate 50 mcg-two sprays to each nostril. Interview conducted with the facility nurse on 7/17/19 verified client #4 should have received Fluticasone Propionate 50 mcg-two sprays to each nostril during the morning medication administration on 7/17/19 as ordered by the physician. | W 369 | | | |

RECEIVED

AUG 27 2019

DHSR NH L & C
Black Mountain / WRO

W247 483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN
The individual program plan must include opportunities for client choice and self-management.

Community Alternatives of NC, specifically the Heathcroft home, will ensure the individual program plan includes opportunities for client choice and self-management.

The QIDP will provide training to all staff on client choice and self-management. The QIDP will develop a checklist to promote choice and self-management during mealtimes for clients #1, #3, and #5 based on a review of their comprehensive functional assessments. The QIDP will ensure staff receives training on the purpose and expectation of the checklist. The Residential Manager will conduct observations 3 x weekly to ensure staff are promoting choice and self-management for all consumers during mealtime. The QIDP will conduct observations 2 x weekly to ensure staff are promoting choice and self-management for all consumers during mealtime. The Program Manager will conduct monthly observations to ensure staff are promoting choice and self-management for all consumers during mealtime.

To be completed by: 09.15.19

Person(s) Responsible: QIDP, Residential Manager, Program Manager

W369 483.460(k)(2) DRUG ADMINISTRATION
The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.

Community Alternatives of NC, specifically the Heathcroft home, will assure that all drugs, including those that are self-administered, are administered without error.

A&B. A Medication Variance was completed for the error on 07.17.19. The QIDP re-trained all staff on the 5 Rights of Medication Administration. Training included Right Dose. The Residential Manager will weekly observations of medication administration passes on a weekly basis to ensure staff are following the 5 Rights of Medication Administration, specifically, the right dose. The QIDP Manager will weekly observations of medication administration passes on a weekly basis to ensure staff are following the 5 Rights of Medication Administration, specifically, the right dose.

To be completed by: 09.15.19

Person(s) Responsible: Residential Manager, QIDP