

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

PRINTED: 10/23/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G238	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/16/2019
NAME OF PROVIDER OR SUPPLIER MANTLE COURT GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4319 MANTLE COURT CHARLOTTE, NC 28205		
(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	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to implement sufficient interventions to support the achievement of a communication objective for 1 of 3 sampled clients (#1). The finding is:</p> <p>Observations in the group home on 10/15/19 at 5:25 PM revealed client #1 finishing the dinner meal and taking his plate and utensils to the kitchen. The only communication tool on the dining table at that time was a picture symbol of a plate and utensils, which was used to prompt the client not to use his fingers to eat during the meal. Further observations on 10/16/19 at 7:45 AM revealed client #1 finishing the breakfast meal and taking his plate and utensils to the kitchen area. The picture symbol of a plate and utensils, as well as a cue card with the sentence "What are we having for breakfast today" were the only communication tools on the dining table.</p> <p>Review of the record for client #1 on 10/16/19 revealed an individual service plan (ISP) dated 1/14/19. The ISP contained a current communication program objective for client #1 to</p>	W 249			

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 249	<p>Continued From page 1</p> <p>increase receptive and expressive language skills. The directions for staff included giving the client a text cue card containing the statement "Please excuse me". Further directions in the communication program included waiting for client #1 to read the text card aloud, and staff were to acknowledge the statement and prompt client #1 to take his dishes and utensils to the kitchen. Continued review of the record revealed a communication assessment dated 1/1/19 with recommendations for client #1 to continue formal communication programming to increase receptive and expressive communication skills. The recommendations in the ISP also included continuing the program objective goal as described.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 10/16/19 confirmed the communication goal for client #1 was current and confirmed staff should have been consistently running the program at every dining opportunity.</p>	W 249			