PRINTED: 09/16/2019 FORM APPROVED OMB NO. 0938-0391

	STATEMENT OF DEFICIENCIES  AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:		100	(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
		34G096	B. WING _				09	9/05/2019	
	ROVIDER OR SUPPLIER  NBUR DRIVE GROUP H	IOME		STREET ADDRESS, CITY, STATE, ZIP CODE  8324 DENBUR DRIVE  CHARLOTTE, NC 28215					
(X4) ID PREFIX TAG	(EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		(EACH CORE	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD B RENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE	
W 227	objectives necessary as identified by the o		W 2:	27 Pls	See	Attached		11.05.19	
	Based on observation interviews the team of support plans (ISPs) #5 and #6) included identified needs related ambulation support.  A. The ISP failed to it	not met as evidenced by: ons, record reviews, and ailed to ensure the individual for 5 of 6 clients (#1, #2, #4, sufficient objectives to meet ive to vocational needs and The findings are: nclude objective training to eeds for client #1. For							
	survey, verified by intintellectual disabilities revealed client #1 ha Continued observation the 9/4- 9/5/19 survey vocational training as attendance at a voca observed to be involved.	tional site, nor was client #1							
	1:50 PM to 2:30 PM r engaged in table gam cleaning up his snack Further observations #1 to attend an outing Subsequent observat	roup home on 9/4/19 from evealed client #1 to be nes, eating a snack and area at the dining table. at 4:05 PM revealed client g at a local community park. ions in the group home on			TITLE			(X6) DATE	

0 0 0

Executive Director

9.27.19

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.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	5 45CT to 50C	TIPLE CONSTRUCTION  NG	(X3	(X3) DATE SURVEY COMPLETED	
		34G096	B. WING_			09/05/2019	
3049,00000000000000000000000000000000000	ROVIDER OR SUPPLIER	OME		STREET ADDRESS, CITY, STATE, 8324 DENBUR DRIVE CHARLOTTE, NC 28215	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	X (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE	
W 227	9/4/19 at 5:00 PM revithe group home from outing, washed his has setting at the dinner to Observations at the group to the group outing, washed his has setting at the dinner to Observations at the group of the gro	realed client #1 returned to the local community park ands and sat at his place able to eat his supper meal. Iroup home on 9/5/19 from revealed client #1 assisting sitting in the living room and eating his breakfast facility van for transport at for client #1 on 9/5/19 and 11/9/18) which contained as assessment (dated in the areas of all and community mued review of client #1's all deficits revealed the client for participation, tasks and review of client #1's skill deficits revealed the I and gestural cues for	W2	227			
	9/5/19, and verified by following formal prograhabilitation participation manners, safety prographone number), handle eyeglasses, bathing, of toothbrushing using a linterview with the QID #1 has been receiving the group home for the	on, dining skills/table ams (home address and washing, cleaning his oral hygiene (flossing and timer), and identify coins.  P on 9/5/19 revealed client day program activities at e past two months. Further P revealed client #1 has ntly, to places in the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI IDENTIFICATION NUMBER:  A. BUILDIN		TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		34G096	B. WING_			9/05/2019	
	ROVIDER OR SUPPLIER	DME		STREET ADDRESS, CITY, STATE, ZIP 8324 DENBUR DRIVE CHARLOTTE, NC 28215			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
	Further interview reversions and the survey, verified by intervealed client #2 has Continued observations of client #2 has Continued observation at the grounding as it attendance at a vocational training as it attendance at a vocations of the involve community integration.	and community skill needs. Italed client #1 participates in the the local YMCA, park, nature walks, and in s. Continued interview individualized goals/data of the community integration. Further interview revealed insitioned to the facility day in the program has obtained absequent interview with the interview with the interview with the interview with data collection in the facility's day.  Clude objective training to eds for client #2. For interview with the QIDP, wocational deficits. In of client #2 throughout the called no participation in the client was not in onal site, nor was client #2 activity, during the survey.  The program has obtained in the client was not in onal site, nor was client #2 activity, during the survey.  The program has obtained in the client #2 engaged a snack, and sitting in the observation at the group	W 2	227			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	34G096	B. WING _			09/05/2019	
NAME OF PROVIDER OR SUPPLIER  VOCA-DENBUR DRIVE GROUP	номе		STREET ADDRESS, CITY, STATE, ZIP CO 8324 DENBUR DRIVE CHARLOTTE, NC 28215			
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL PR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (  (EACH CORRECTIVE ACTII  CROSS-REFERENCED TO THE  DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
preparation, eating his bedroom/bathro room, until van load Review of the recor revealed an ISP (da a current communit identified vocational the record for client the QIDP, revealed programs: Identify seenter area once an needed, wash cloth participate in day profrom 9 AM to 2 PM, activities, wipe himse three times weekly, Interview with the Q#2 has been going, YMCA, park, pet stonand participating in the past two months to a community skill need the QIDP confirmed goals or data have be activities for client #2 client #2 would be the program, QCQC, after full state licensure. QIDP confirmed clied individualized, format until client #2 can traprogram.	#2 assisting in meal his breakfast meal, going to som and sitting in the living ling began at 8:07 AM.  If for client #2 on 9/5/19 ated 3/21/19) which contained y/home life assessment with If deficits. Ongoing review of #2 on 9/5/19, and verified by the following formal rafety signs, clean nature week, empty recycle bin as res, repeat his phone number, rogram in small group setting participate in community relf, brush his teeth, exercise and decrease rate of eating.  IDP on 9/5/19 revealed client intermittently, to the local bre/shelter, on nature walks, volunteer opportunities for the address his vocational and dis. Continued interview with no formal, individualized been attached to these 2. Further interview revealed ansitioned to the facility day are the program has obtained Subsequent interview with the nut #2 could benefit from all goals with data collection ansfer to the facility's day include objective training to needs for client #5. For	W 2				

STATEMENT OF DEFICIENCIES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN		NSTRUCTION	(X3) DATE SURVEY COMPLETED			
		34G096	B. WING_				9/05/2019	
NAME OF PROVIDER OR  VOCA-DENBUR DRIV		ОМЕ		STREET ADDRESS, CITY, STATE, ZIP CODE  8324 DENBUR DRIVE  CHARLOTTE, NC 28215				
	CH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
Observation survey, verevealed of Continued 9/4-9/5/19 vocational attendance observed communit. Observation 1:50 PM to be droom, his drinking observation PM to 4:50 be droom of the group washed his plate in Continued #5 took his his meal at Observation 7:10 AM to be droom of AM reveals at the his breat 7:52 AM be droom. It load into the Review of revealed at community	erified by intellient #5 had observation of survey revolutions at a vocasto be involved in the group of the property of the pr	t #5 during the 9/4-9/5/19 terview with the QIDP, s vocational deficits. In of client #5 throughout the realed no participation in the client was not in tional site, nor was client #5 ted in any structured n activity during the survey.  The dishwasher is sting his snack and placing the dishwasher. Further toup home on 9/4/19 at 4:05 ted client #5 was in his Continued observation in the kitchen and sat at his nner table. Further M revealed client #5 the kitchen after he finished to his bedroom. The he had be revealed client the kitchen after he finished to his bedroom. The home on 9/5/19 from the vealed client #5 was in his Further observation at 7:20 sat at the dining table and the continued observations the dishwasher. The continued observations the kitchen after he finished to his bedroom. The provided the finished to his bedroom. The continued observations the dining table and the continued observations the dishwasher. The continued observations the kitchen after he finished to his bedroom. The continued observation at 7:20 sat at the dining table and the continued observations the continued observation at 7:20 the continued observations the continued observations the continued observation at 7:20 the continued observation at 7:20 the continued observations the continued observation at 7:20 the conti	W 2	27				

AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDI		STRUCTION		(X3) DATE SURVEY COMPLETED			
		34G096	B. WING_				9/05/2019		
	ROVIDER OR SUPPLIER	OME		STREET ADDRESS, CITY, STATE, ZIP CODE  8324 DENBUR DRIVE  CHARLOTTE, NC 28215					
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE		
	community activities/vocational and educarevealed client requir participation, tasks a review of community client #5 revealed the gestural cues for action ongoing review of the 9/5/19, and verified be following formal progprogram, coffee make and toothbrushing), prays program), exer Subsequent review or revealed a positive be 2/27/19) with the goal maintaining optimal secontinued review of the client #5 revealed the intervention for client maintain a structured understands. Further can be restless, impusshould be kept busy.  Interview with staff Destays mostly in his beout of his bedroom with the QID revealed interview receiving day program home for the past two with the QIDP revealed intermittently, to areas address his vocational	skills. Continued review of ational deficits for client #5 res verbal cues for activities/skill deficits for activities/skill deficits for activities such as shopping.  The record for client #5 on any the QIDP, revealed the rams: Participation, safety representation and for activities, and laundry.  The record for client #5 in activities actions daily. The behavior support plan for activities to consistently action and tends to venture the review revealed client #5 alsive, easily agitated and activities at the group months. Further interview delient #5 has been going, where the state of the state	W 2	27					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		34G096	B. WING_				09/05/2019	
	ROVIDER OR SUPPLIER	НОМЕ		STREET ADDRESS, CITY, STATE, ZIP CODE  8324 DENBUR DRIVE  CHARLOTTE, NC 28215				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE	
W 227	opportunities to inclustore/shelter, on natiopportunities. Contiformal, individualize have been attached activities for client # client #5 would be treprogram, QCQC, affull state licensure. QIDP confirmed clie individualized, format until client #5 can traprogram.  D. The ISP failed to address vocational rexample:  Observations of client #6 has Continued observational training attendance at a vocational training attendance	ude the local YMCA, park, pet ture walks, and volunteer inued interview confirmed no id goals or data collection. To community integration in to community integration in the community integration in the program had obtained subsequent interview with the ent #5 would benefit from all goals with data collection ansfer to the facility's day include objective training to meeds for client #6. For int #6 during the 9/4-9/5/19 interview with the QIDP, as vocational deficits, on of client #6 throughout the vealed no participation in some the client was not in ational site, nor was client #6 wed in any structured on activity during the survey.  In group home on 9/4/19 from revealed client #6 was mes, eating his snack, k area, walking and sitting, at the group home on 9/4/19 client #6 was out of the uting to a local community servations in the group home of revealed client #6 returned outing, washed his hands setting at the dinner table to	W 2	27				

I		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		NG	(X3	B) DATE SURVEY COMPLETED
		34G096	B. WING_			09/05/2019
No facility in the second	ROVIDER OR SUPPLIER  NBUR DRIVE GROUP	номе		STREET ADDRESS, CITY, STATE, ZIP CODE  8324 DENBUR DRIVE  CHARLOTTE, NC 28215		30.00.20.00
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	( (EACH CORRECTI CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE
W 227	eat his supper meal home on 9/5/19 fron revealed client #6 to entry door and greet meal prep, took his is breakfast meal, and loading the facility via Review of the record revealed an ISP (data community/home I 4/2018) with identified vocational/education activities/skills. Con vocational/education to require verbal cue instructions, socially peer socialization. Frommunity activities client to require verbal shopping.  Ongoing record reviet and verified by the Quantity formal programs: So soap, toileting, oral his shaving, daily pre-voprogram), exercise, hunterview with the Quantity with the Quantity interview and verified by the Community activities at the group months. Further interview with the Quantity interview with the Quantity integration include the local YMC include the lo	Doservation in the group in 7:10 AM to 7:55 AM open the group home's front ted visitors, assisted with morning medications, ate his sat in the living room, until an for transport at 8:10 AM.  If for client #6 on 9/5/19 ted 12/7/18) which contained life assessment (dated and deficits in the areas of hal and community tinued review of client #6's hal deficits revealed the client as for participation, tasks, appropriate behaviors, and further review of client #6's /skill deficits revealed the hal cues for activities such as lew for client #6 on 9/5/19, https://doi.org/10/19/19/19/19/19/19/19/19/19/19/19/19/19/	W 2	27		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	FIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G096	B. WING_			09/05/2019	
	ROVIDER OR SUPPLIER	DME		STREET ADDRESS, CITY, STATE, ZIP COE 8324 DENBUR DRIVE CHARLOTTE, NC 28215			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
	opportunities (3 times interview confirmed n goals or data collection community integration. Further interview revertansitioned to the fact after the program had licensure. Subsequent confirmed until client of facility's day program, individualized, formal collection.  E. The individual supplication of the individual sufficient object client needs relative to client #4. For example client meds relative to client #4. For example client meds relative to client #4 for the sofalliving room area. Con revealed staff D to grafitting gait belt worn by observation revealed sight hand on the client pushed client #4 from which led to client #4 from which led to client #4 from which led to client #4 from the sitting position of observation revealed to the sitting position of the sitting position of the sitting position of the sitting position of	a week). Continued of formal, individualized on have been attached to a activities for client #6. Haled client #6 would be allity day program, QCQC, obtained full state at interview with the QIDP #6 can transfer to the he could benefit from vocational goals with data port plan (ISP) failed to cive training to address a ambulation support for example of the left side of the loose of client #4. Further staff D then placed their the back with both hands on the back with both hands on the sofa. Further the qualified intellectual all (QIDP) intervened to bund the waist of client #4 so to staff on how to lient from the sofa to the signal belt. Immediate the revealed that client #4 obility and strength over the makes it more difficult	W 2	27			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		2 CARCON CONTROL CONTROL	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G096	B. WING_			09/0	05/2019
	ROVIDER OR SUPPLIER  NBUR DRIVE GROUP I	HOME	,	STREET ADDRESS, CITY, STATE, ZIP CODE 8324 DENBUR DRIVE CHARLOTTE, NC 28215		0070	7072010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH CORE	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIA' DEFICIENCY)	-	(X5) COMPLETION DATE
	Subsequent observarevealed staff D, E, atransferring from a wan for transport to to Ongoing observation revealed staff E to he with the left hand, and the client's right shour revealed staff F was client #4 and also he right hand while push their left hand. Cont staff D to grab client client's pants with the #4 with the right hand subsequently load client's pants with the subsequently load client's pants with the revealed a physical to 1/31/19. Review of the revealed client #4 has function, strength, more continued record reverseded a gait belt is assistance. Subsequently load client #4 revealed a physical to 1/31/19. Review of the revealed a gait belt is assistance. Subsequently load client #4 revealed a physical indicating a wheel che gait belt for transfers. Interview with the QII received training on 2 a gait belt for client #4 Continued interview wambulation guidelines 3/11/19. Further interclient #4 is in need of	ations at 8:18 AM on 9/5/19 and F to assist client #4 in wheelchair to the group home he day vocational program. It is of the van transfer cold client #4 by the gait belt and to place their right hand on culder. Further observations positioned to the right of solding the gait belt with their ning client #4 in the back with inued observations revealed and to push client die left hand and to push client die in the buttocks area to itent #4 into the van.  The client #4 on 9/5/19 revealed and to push client die in the buttocks area to itent #4 into the van.  The client #4 on 9/5/19 revealed and the 1/31/19 PT evaluation as experienced a decline in abbility, and recent falls. The continued record review therapy (PT) evaluation as experienced a decline in abbility, and recent falls. The cord review for client tian's order dated 2/7/19 air is needed along with a with staff assistance.  The on 9/5/19 verified all staff and 2/25/19 regarding the use of and during all transfers. With the QIDP verified as for client #4 dated for the view with QIDP verified that	W2	27			

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	TIPLE CONSTRUCTION  NG	(X3	(X3) DATE SURVEY COMPLETED	
		34G096	B. WING_			09/05/2019
20.700.00000000000000000000000000000000	ROVIDER OR SUPPLIER	DME		STREET ADDRESS, CITY, STATE, ZIP COI 8324 DENBUR DRIVE CHARLOTTE, NC 28215	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CC X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 227	result of his declining Subsequent interview 2-person assist to tran prescribed gait belt, ro chair due to client #4 of mobility over the past	strength and mobility. with the QIDP verified a nsfer is needed with the billing walker, and wheel declining in strength and six months. Further review abstantiated by interview et no comprehensive et training has been	W2	227		

Denbur Plan of Correction 8324 Denbur Drive Charlotte, NC 28216 Provider #34G096

W277 INDIVIDUAL PROGRAM PLAN CFR9s): 483.440 (c) (4)

The individual Support Plans will include sufficient objectives to meet the identified needs relative to vocational needs and ambulation support.

The Interdisciplinary Team will reconvene to review and revise the Individual Support Plans for Consumers #1, #2, #4, #5, and #6 to include vocational goals/training.

The individuals will have an opportunity to attend the QCQC Day Program by November 30th, 2019.

The Physical Therapist will reassess the mobility needs for Consumer #4 and added the mobility guidelines as needed. The Interdisciplinary Team will reconvene to addend the Individual Support Plan to include the comprehensive mobility guidelines and objective training to meet the ambulation needs of Consumer #4.

The Direct Support Staff members will be trained relative to the revisions to the Individual Support Plans of Consumers #1, #2, #4, #5, and #6.

Persons Responsible: Qualified Professional, Residential Manager, Program Manager, Physical Therapist. Projected Completion Date: November 5<sup>th</sup>, 2019.