

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

PRINTED: 10/15/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/09/2019
NAME OF PROVIDER OR SUPPLIER CLEAR CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 11950 HOWELL CENTER DRIVE CHARLOTTE, NC 28227		
(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 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, review of records and interview, the person centered plans (PCP's) for 2 of 3 sampled residents on the blue wing (#6 and #21) failed to have objective training to address identified needs in dining skills and personal space. The findings are:</p> <p>A. The PCP dated 7/11/19 for client #21, who resides on the blue wing, failed to include objective training to address needs in behavior management during meals. For example:</p> <p>Observation on 10/9/19 at 8:05 AM, on the blue unit, revealed client #21 to participate in the breakfast meal that included scrambled eggs, grits, toast, and milk. Continued observation of the breakfast meal revealed client #21 to complete the meal, consume a glass of milk, and become upset with staff A's verbal direction to clean her place setting at the table. Further observation revealed client #21 to physically hit herself in the forehead with her hand, physically aggress towards staff A with pushing behavior and to push seat cushions off the dayroom couch to the floor after physical assistance from staff A to sit on the couch. Staff A was observed to verbally respond to client #21's behavior with repeated directives to the client that she could not have any more milk.</p>	W 227	<p>W227: (#6 and #21)</p> <p>A: A team meeting will be held to review and update the behavior support plan for client #21 to include interventions for behaviors during meal time. The Behavior Analyst will in-service all direct support staff on the team meeting and new interventions. The Qualified Professional will update the PCP to reflect the results of the team meeting. The clinical team will monitor through Mealtime Assessments two times a week for a period of one month, and then on a routine basis thereafter to ensure the behavior management interventions are being implemented as prescribed.</p> <p>B: A team meeting will be held to review and update the behavior support plan for client #6 to include interventions to encourage personal space and independence. The Behavior Analyst will in-service all direct support staff on the team meeting and new interventions. The Qualified Professional will update the PCP to reflect the results of the team meeting. The clinical team will monitor through Interaction Assessments two times a week for a period of one month, and then on a routine basis thereafter to ensure the interventions are being implemented as prescribed. The Qualified Professional and Habilitation Specialist will in-service all direct support staff on the importance of encouraging independence, and the importance of modeling personal space. The Qualified Professional will update client #6's Rights Assessment to reflect the supports needed in personal space and the respect for the rights of others.</p>	12/09/19	

RECEIVED

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

OCT 29 2019

Administrator

10/21/19

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

DHSR NHL & C
Black Mountain / WRO

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/15/2019

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: B2T111

Facility ID: 922019

If continuation sheet Page 1 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G038		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/09/2019	
NAME OF PROVIDER OR SUPPLIER CLEAR CREEK				STREET ADDRESS, CITY, STATE, ZIP CODE 11950 HOWELL CENTER DRIVE CHARLOTTE, NC 28227			
(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 227	<p>Continued From page 1</p> <p>Review of records for client #21 on 10/9/19 revealed a PCP dated 7/11/19. Review of the PCP for client #21 revealed training objectives for activity choice, toothbrushing, and exercise. The PCP further revealed a behavior support plan dated 8/13/19 for PICA behavior. Continued review of the PCP revealed no training objectives relative to aggression, SIB, or mealtime guidelines.</p> <p>Interview with staff A on 10/9/19 revealed client #21 often has behaviors after the breakfast meal due to wanting more milk. Staff A further reported client #21's behaviors regularly include hitting herself in the head and aggression towards staff when she is upset. Interview with the unit qualified intellectual disabilities professional (QIDP) revealed she was unaware client #21 has had behaviors after meals that included SIB or physical aggression. Further interview with the QIDP verified client #21 should have mealtime guidelines or formal behavior interventions to address meal time behaviors if the client is demonstrating SIB or aggressive behaviors at mealtimes.</p> <p>B. The PCP dated 11/13/18 for client #6, who resides on the blue wing, failed to include objective training to address needs relative to personal space. For example:</p> <p>Observation on 10/8/19 and 10/9/19 of client #6 revealed the client to conduct activities in a side dayroom of the blue unit. Further observation of client #6 throughout the 10/8-9/19 survey revealed the client to stand in staff's personal space and dismiss repeated verbal direction from staff to sit in a chair. Observations throughout the</p>			W 227			12/09/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G038		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/09/2019	
--	--	---	--	--	--	---	--

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

PRINTED: 10/15/2019
FORM APPROVED
OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER CLEAR CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 11950 HOWELL CENTER DRIVE CHARLOTTE, NC 28227		
(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 227	Continued From page 2 morning of 10/9/19 revealed client #6 to stand in the personal space of staff and this surveyor while dancing, attempting to place her hands in staff pockets and to grab at the notebook, pen and name badge of this surveyor. Review of records for client #6 on 10/9/19 revealed a PCP dated 11/13/18. Review of the PCP for client #6 revealed training objectives for shoe choice, activity participation, toileting, and communication. Continued review of the PCP revealed no training objectives relative to respecting the personal space of others. Interview with the unit QIDP verified client #6 to have needs of improving respect for the personal space of others. Further interview with the QIDP verified client #6 could benefit from a training objective to address an increased awareness of the personal space of others.	W 227		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain adaptive equipment in clean condition relative to wheelchairs for 1 sampled client (#18) on the green unit and 3 sampled clients (#11, #22, and #26) on the blue unit. The	W 436	W436: (#18, #11, #22, #26) The Qualified Professional and Unit Supervisor will in-service all direct support staff on the process of completing the wheelchair maintenance checklist daily to ensure the wheelchairs are clean and functional. The wheelchair maintenance sheet will be collected by the PT department at the end of every week, and will be reviewed by the Unit QP and Supervisor. The clinical team will monitor the progress of this process by completing interaction assessments three times per week, for a period of one month, then on a routine basis thereafter to ensure wheelchairs are in good repair. In the future, the Qualified Professional and Unit Supervisor will ensure all wheelchairs are in good repair, and all repairs are completed in a timely fashion.	12/09/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2019
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 11950 HOWELL CENTER DRIVE	

CHARLOTTE, NC 28227

(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 436	<p>Continued From page 3</p> <p>findings are:</p> <p>Observation on 10/9/19 on the blue unit at 6:45 AM revealed clients #11, #22, and #26 to be in their bedroom areas while the wheelchair for each client was in the common area dayroom of the unit. Observation of all wheelchairs for clients #11, #22, and #26 revealed dirty footrests, lap belts and seat cushions with encrusted stains. Observation on 10/8/19 at 5:00 PM and on 10/9/19 at 9:15 AM, on the green unit, revealed client #18 sat in her wheelchair with encrusted stains on the footrests and lap belt of the wheelchair.</p> <p>Interview with staff B on the blue unit on 10/9/19 revealed wheelchairs for clients #11, #22, and #26 should be cleaned daily during the day when the clients are out of their wheelchairs. Further interview with staff B confirmed wheelchairs for clients #11, #22, and #26 were dirty with spillage/dripping from tube feeding. Interview with staff C on the Green unit revealed wheelchairs on the unit are cleaned on Tuesdays. Further interview with staff C confirmed client #18's wheelchair lap belt was dirty from what the staff identified as spillage from tube feeding. Interview with the facility administrator on 10/9/19 confirmed client #18's wheelchair was dirty and all wheelchairs should be clean for residents of the facility.</p>	W 436		12/09/19