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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G174	A. BUILDING ______ B. WING ______	12/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARNES GROUP HOME	**2823 STARNES ROAD** **CHARLOTTE, NC 28214**

(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	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interview, the facility failed to ensure the individual support plan (ISP) included objectives to address identified needs relative to independent living skills for 1 of 3 sampled clients (#3). The finding is: Observations on the morning of 12/17/19 at 6:15 AM revealed client #3 stood and talked to staff in front of the tv in the living room area. Further observations from 6:30 AM - 8:00 AM revealed client #3 walked throughout the group home and talked to various staff and clients. At no point during the observations did staff prompt client #3 to engage in any activities or treatment programming. Review on 12/17/19 of the current record for client #3 revealed an ISP dated 11/7/19. Review of the ISP for client #3 revealed the following program objectives: identify coins, recite group home address, cooking, laundry, cleaning his room and bathroom, complete a volunteer activity two times a week, and complete a daily scheduled activity for 30 minutes. Review of the community/home life assessment dated 9/8/19 revealed numerous skills that client #3 can perform independently in categories such as meal preparation, home activites, dressing and	W 227		

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 227	Continued From page 1 undresssing, personal care, comunity activities/skills, and employment/vocational/educational skills. Further review of the ISP revealed client #3 could benefit from additional programming to challenge him to improve his independent living skills. Interview with client #3 on 12/17/19 at 7:30 AM verified he is "bored" with not having enough activities and he is "bored" with attending the day program. During the interview, client #3 also verified he would like to have a job again. Interview with the house manager (HM) and QIDP verified client #3 has had previous employment in the community. Further interview with the HM and substantiated by the QIDP confirmed that client #3 could benefit from additional program objectives to improve his independent living skills.	W 227		