STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G184	A. BUILDING _____ B. WING _____	C 11/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BON REA DRIVE GROUP HOME	3747 BON REA DRIVE CHARLOTTE, NC 28266

(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 111	CLIENT RECORDS CFR(s): 483.410(c)(1) The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure record keeping for 1 of 6 clients (#6) was maintained and accurate relative to behavior management. The finding is: Review of records for client #6 on 11/25/19 revealed team meeting documentation on 9/19/19. Review of the 9/19/19 team meeting documentation revealed the current description details of the client to reflect 1:1 reassigned, increase in food seeking and toileting incidents. Further review of the 9/2019 team meeting notes revealed the recommendation to seek accurate diagnosis and treatment for ongoing food seeking and associated aggression. Subsequent review of team meetings for client #6 revealed no meeting since 9/19/2019. Additional review of records for client #6 revealed no documentation of qualified intellectual disabilities professional (QIDP) notes relative to intervention progress or lack of progress since 6/11/2019. Interview with administration staff on 11/25/19 revealed client #6 was expected to be discharged from the facility on 11/27/19. Further interview with facility administration revealed the facility had determined that it was unable to provide the level of care needed for client #6. Facility administration staff identified an increase in behaviors relative to aggression, food seeking	W 111	QP will dictate a Q-Note reflecting all subject matters discussed in team meetings. A monthly progress note will follow to serve as an update to the team meeting as objective are reached. The Q-Notes will be reviewed by the Compliance Specialist as part of the internal auditing process. QP will arrange for weekly check-in calls for any member with a discharge notice to provide current reports to the entire team. RECEIVED JAN 28 2020 DHSR-MH Licensure Sect	To be implemented by January 23, 2020 and will be ongoing.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Compliance Specialist | 1/21/20

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G184	A. BUILDING _____ B. WING _____	C 11/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BON REA DRIVE GROUP HOME	3747 BON REA DRIVE CHARLOTTE, NC 28266

(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 111	Continued From page 1 and self-injurious behavior as to the facility's inability to provide the appropriate level of care for client #6. Subsequent interview with administration staff verified the guardian of client #6 had been notified 10/1/19 of the facility's intent to discharge on 11/27/19. Continued interview with administration revealed a new placement had not been located for client #6 and the client would be taken to the local hospital emergency room on 11/27/19 and dropped off if placement had not been located by the identified discharge date. Facility administration further reported he was unsure why proper documentation of the status of client #6 relative to an increase in target behaviors was not documented in the client's record. Facility administration additionally reported he was unsure why there were no QIDP notes in the record of client #6 since 6/11/19 and why the planned discharge of client #6 had not been documented at a team meeting with the guardian.	W 111		
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on review of records and interview, the team failed to ensure data for a behavior management program listed in the individual support plan (ISP) for 1 of 6 clients (#6) was collected as prescribed. The finding is:	W 252	QP will review behavior data sheets weekly to confirm all behaviors are being documented appropriately and as needed. Behavior data sheets will also be reviewed by the Compliance Specialist during the internal audit process.	To be implemented by January 23, 2020 and will be ongoing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G184	A. BUILDING _____ B. WING _____	C 11/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BON REA DRIVE GROUP HOME	3747 BON REA DRIVE CHARLOTTE, NC 28266

(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 252	Continued From page 2 Review of records for client #6 on 11/25/19 revealed an individual support plan (ISP) dated 11/15/18. Review of the 11/2018 ISP revealed a behavior support plan for target behaviors of: self injurious behavior, aggression, elopement, inappropriate toileting, PICA, food seeking and destruction of clothing. Continued review of the ISP for client #6 revealed a diagnosis of profound intellectual disability, Autism and PICA. Additional record review for client #6 revealed team meeting documentation on 9/19/19. Review of the 9/19/19 team meeting documentation revealed the current description details of the client to reflect 1:1 reassigned, increase in food seeking and toileting incidents. Further review of the 9/2019 team meeting notes revealed the recommendation to seek accurate diagnosis and treatment for ongoing food seeking and associated aggression. Subsequent review of team meetings for client #6 revealed no meeting since 9/19/2019. Additional review of records for client #6 revealed no documentation of qualified intellectual disabilities professional (QIDP) notes relative to intervention progress or lack of progress since 6/11/2019. Subsequent record review of client #6 revealed no behavior data or documentation to reflect a recent increase in target behaviors. Interview with administration staff on 11/25/19 revealed client #6 was expected to be discharged from the facility on 11/27/19. Further interview with facility administration revealed the facility had determined that it was unable to provide the level of care needed for client #6. Facility administration staff identified an increase in behaviors relative to aggression, food seeking and self-injurious behavior as to the facility's inability to provide the appropriate level of care for	W 252		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G184	A. BUILDING _____ B. WING _____	C 11/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BON REA DRIVE GROUP HOME	3747 BON REA DRIVE CHARLOTTE, NC 28266

(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 252	Continued From page 3 client #6. Subsequent interview with administration staff verified the guardian of client #6 had been notified of the facility's intent to discharge. Continued interview with administration revealed a new placement had not been located for client #6 and the client would be taken to the local hospital emergency room on 11/27/19 and dropped off if placement had not been located by the identified discharge date. Facility administration further reported he was unsure why proper documentation of the status of client #6 relative to an increase in target behaviors was not documented in the client's record. Facility administration additionally reported he was unsure why there were no QIDP notes in the record of client #6 since 6/11/19 reflecting an increase in behavioral challenges.	W 252		

LIFESPAN
Abilities illuminated

January 21, 2020

Kaila Mitchell
Facility Compliance Consultant II
ICF/IID West Team Leader
Division of Health Service Regulation, Mental Health Lic & Cert.
NC Department of Health and Human Services

RE:
Complaint Investigation Survey Completed November 25, 2019
Bon Rea Drive Group Home
Provider Number 34G184
MHL# 060-120
Intake #NC00158114

Dear Ms. Mitchell,

Attached, please find the Plan of Correction for LIFESPAN Bon Rea Group Home. If you have any questions or need further information, please feel free to contact me at 704-944-5100 ext. 5114 or at jboles@lifespanservices.org.

Regards,

Jessica Boles, BSW, QP

Jessica Boles
Compliance Specialist
LIFESPAN
704-944-5100 ext. 514
jboles@lifespanservices.org