STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G314	A. BUILDING _____ B. WING _____	02/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURTONWOOD CIRCLE HOME	1710 BURTONWOOD CIRCLE CHARLOTTE, NC 28212

(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 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that clients were provided opportunities for choice and self-management relative to dining skills for 1 of 3 sampled clients (#4). The finding is: Afternoon observations in the group home at 5:15 PM on 2/18/20 revealed client #4 to sit at the dining room table awaiting participation in the dinner meal. The meal consisted of the following: mandarin orange chicken, rice, spinach, a jello cup, and beverage choices of water, 2% milk, and/or sugar free beverage. Further observations from 5:25 PM to 5:45 PM revealed staff E and staff F to rotate sitting beside client #4 as she participated in the dinner meal. During that time, client #4 was observed eating a large piece of chicken and rotating it around with a knife while biting it until the chicken was smaller in size. At no point during the dinner meal did staff offer hand over hand assistance to client #4 in cutting her chicken into bite size pieces with a knife. Morning observations in the group home from 7:35 AM to 8:00 AM on 2/19/20 revealed client #4 to sit at the dining room table while participating in the breakfast meal. The meal consisted of 2 pancakes, turkey sausage, eggs, and beverage choices of 2% milk, juice, water and/or coffee. Further observations at 7:40 AM revealed staff E to stand behind client #4 and cut her pancakes into bite size pieces. At no point during the observation did staff offer hand over hand	W 247		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G314	A. BUILDING _____ B. WING _____	02/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURTONWOOD CIRCLE HOME	1710 BURTONWOOD CIRCLE CHARLOTTE, NC 28212

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W 247	Continued From page 1 assistance to client #4 when cutting her pancakes and turkey sausage into bite size pieces. Review of the record on 2/19/20 for client #4 revealed a person-centered plan (PCP) dated 3/5/19. Further review of the PCP revealed an adaptive behavior inventory (ABI) assessment dated 12/24/19 which indicates that client #4 can use a knife for cutting food with partial independence. Interview with the home manager (HM) on 2/19/20 verified that client #4 should be offered hand over hand assistance in using a knife to cut her food during all meals. Interview with the qualified intellectual disabilities professional (QIDP) confirmed that client #4 should be offered assistance by staff when using a knife during meals, therefore the team failed to ensure opportunities for client choice and self-management relative to dining skills.	W 247		