PRINTED: 12/09/2019 FORM APPROVED

OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING 34G322 B. WING 12/03/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8205 BROWNE DRIVE **BROWNE GROUP HOME** CHARLOTTE, NC 28269 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 2/02/2020 INDIVIDUAL PROGRAM PLAN W 227 W 227 W227 Community Alternatives of North Carolina, specifically CFR(s): 483.440(c)(4) the Browne Group Home will ensure the individual support plan (ISP) will include training objectives to The individual program plan states the specific meet the behavioral needs of all individuals. Program Manager will inservice QP to include objectives necessary to meet the client's needs, objective training to address identified behavioral as identified by the comprehensive assessment needs required by paragraph (c)(3) of this section. A. Specific to Client#3 QP will meet with team including behaviorist and psychologist to formulate training objectives to address the target behaviors of PICA and property destruction. This STANDARD is not met as evidenced by: B. Specific to Client#6 QP will meet with team Based on observations, record reviews and including behaviorist and psychologist to formulate interviews, the facility failed to ensure individual training objectives to address personal space, tantrums, verbal aggression, and refusal behaviors. support plans (ISP) included training objectives to address identified needs relative to QP will review individual program plans and behavior support plans monthly to ensure the individual program plan and behavior support plan will include objective non-compliance behaviors for 2 of 3 sampled clients (#3 and #6). The findings are: training to address identified needs including behavioral needs. Program Manager or designee will review charts monthly via monthly site review to A. The ISP dated 5/29/19 failed to include training ensure the individual program plan and behavior objectives to address behavior management support plan will include objective training to address identified needs including behavioral needs needs relative to PICA and property destruction for client #3. For example: Observation on 12/2/19 at 3:45 PM revealed a hole in the seat of a sofa in the facility living room. consisting of a torn seat cushion and the leather ripped apart. Further observation revealed the hole in the seat cushion to be approximately 13 by 12 inches in diameter and 4 inches deep. Interview with staff C on 12/2/19 revealed that client #3 was responsible for making the large hole in the sofa with a clothes hanger and the client had ingested some of the sofa cushion fibers approximately one week ago. Review of records for client #3 on 12/3/19 revealed an ISP dated 5/29/19. Further review of the 5/29/19 ISP revealed program goals including bathing, setting his place setting at the table, carrying utensils to the sink, shaving, laundry,

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

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.

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

Event ID: 5KKS11

Facility ID: 955423

TITLE

If continuation sheet Page 1 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G322	B. WING_			12	/03/2019
NAME OF PROVIDER OR SUPPLIER BROWNE GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CO 8205 BROWNE DRIVE CHARLOTTE, NC 28269	DE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	FIX (EACH CORRECTIVE ACTION SHOUL			(X5) COMPLETION DATE 2/02/2020
	wants by pointing, tou or drink he wants. Further line with the qual disabilities professional verified that she was not complet with the QIDP confirmed behaviors of PICA and be. The ISP dated 8/14 training objectives to a second or sec	pressing his needs and aching, or taking what snack of the record weal a behavior support objectives relative to r PICA. In 12/2/19 verified de aware of the sofa or Interview with the home onfirmed management has for the group home. Diffied independent all (QIDP) on 12/3/19 a PICA diagnosis since and does not have current didress identified target erview with the QIDP of aware that client #3 had bers therefore an incident ted. Continued interview and that client #3 would objectives to address target property destruction.	W 2	27			
1	tantrums, verbal aggrees behaviors for client #6. Observations in the groof 12/2/19 from 3:10 PM client #6 to sit at the direphone book. Client #6 vertaff's personal space, staff's hand, and place	For example: Sup home on the afternoon If to 3:20 PM revealed Ining table and look at a Was observed to stand in					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3)	(X3) DATE SURVEY COMPLETED	
		34G322	B. WING			12/03/2019	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 8205 BROWNE DRIVE CHARLOTTE, NC 28269	CODE	12.00/2010	
(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 X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	COMPLETION DATE	
	touching staff. Further revealed client #6 to a use his walker during while making grunting hands. Client #6 controom area while avoid engage in an activity. 4:15 PM revealed clien medication room while multiple prompts to remedication administration. Observations in the groof 12/3/19 from 6:30 A client #6 to pace from and was prompted multiple agroup activity in which observations at 7:10 A enter into the medication several times to refrain focused while taking his observation revealed of and stomp his feet sever prompted the client to be revealed an ISP dated the ISP revealed progration to the revealed progration of the revealed progration of the revealed and the ISP revealed progration of the revealed and the ISP revealed progration of the revealed and the ISP dated the ISP revealed progration of the revealed and the ISP dated the ISP revealed progration of the revealed and the ISP dated the ISP revealed progration of the revealed and the ISP dated the ISP revealed progration of the revealed and the ISP dated the ISP revealed progration of the reveal and the reveal a	r observation at 3:45 PM woid multiple prompts to ambulation to his room noises and shaking his inued to stand in the living ing multiple prompts to Subsequent observations at at #6 to enter into the cursing and avoiding main focused during his tion. The prompts to Subsequent observations at a fact #6 to enter into the cursing and avoiding main focused during his tion. The prompts to Subsequent observations at a fact #6 to enter into the morning M to 6:50 AM revealed the living room to his room litiple times to participate in the refused. Further M revealed client #6 to on room, while prompted a from cursing and remain s medications. Continued lient #6 to shake his hands eral times while staff remain focused. The prompts of the bathroom, himself during meals, and Continued review of the havior support plan (BSP) elative to verbal personal space, or refusal. The 12/3/19 verified client #6 riate sexual gestures admission to the group	W	227			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SI COMPLE	
		34G322	B. WING		12	2/03/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 8205 BROWNE DRIVE CHARLOTTE, NC 28269		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE 2/02/2020
W 249	confirmed client #6 do or training objectives r Continued interview w client #6 would benefit address personal space aggression, and refuse PROGRAM IMPLEME CFR(s): 483.440(d)(1) As soon as the interdisformulated a client's in each client must receive treatment program continterventions and services.	es not have a current BSP elative to target behaviors. ith the facility QIDP verified from training objectives to be, tantrums, verbal al behaviors. NTATION sciplinary team has dividual program plan, we a continuous active esisting of needed ces in sufficient number out the achievement of the	W 227	the Browne Group Home will ensure the support plan will include needed interver services in sufficient number and freque a continuous active treatment program. Manager will inservice QP to provide neinterventions and services in sufficient in frequency to provide a continuous active program as indicated by assessments arobservations.	individual individual incy to provide Program eded umber and treatment ind anthly via itions and icy to provide Program al support i monthly site es in sufficient	
	Based on observation, interview, the facility fa support plan (ISP) for 1 included needed intervisusficient number and foontinuous active treatries: Afternoon observations 12/2/19 from 3:15 PM uclient #6 to sit at the dir 45 of 50 minutes. During engaged activity on 12/46 to go to the medication afternoon medication. In revealed during the une	iled to assure the individual sampled client (#6) entions and services in requency to provide a ment program. The finding in the group home on intil 4:35 PM revealed ining table unengaged for the 5 minutes of 2/19 staff prompted client on room to take his further observations				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G322	B. WING _			12	/03/2019
NAME OF PROVIDER OR SUPPLIER BROWNE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP COD 8205 BROWNE DRIVE CHARLOTTE, NC 28269	E	1 12	103/2019	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	E TE	(X5) COMPLETION DATE
	being their boyfriend card game with house refusing to go on a phis housemates. Morning observation home from 6:35 AM to sit unengaged at the around the group houring the 15 minutes prompted client #6 to minutes) and take himported the staff and the staff engage client #6 in a which client #6 curse with staff A revealed at times and likes "to mainly". Review of client #6's (ISP) dated 8/14/19 of to have 5 training objincluding brushing his knocking on doors, remeals, toileting with a interrupting others du Interview with the quaprofessional (QIDP) ocurrently has no othe	In the semates at the table, and blanned outing to dinner with the semates at the table, and blanned outing to dinner with the semates at the table, and blanned outing to dinner with the semates at the group to 7:45 AM revealed client #6 the dining table or to walk me for 55 of 70 minutes. The ses of engagement, staff to pack his lunch for (3 is medications (approximately the additional 55 minutes of it was observed to try to it card game at the table, to red and refused. Interview client #6 is difficult to engage walk around and talk Individual Support Plan on 12/3/19 revealed the client esteeth, providing privacy by effraining from pacing during assistance, and not uring conversations. The semanter is alified intellectual disabilities on 12/3/19 revealed client #6	W 24	19			
	current Life Skills Ass has partial but not full signs, recognizing da organizing his clothing knowing his address	nt #6's ISP revealed a essment reflecting client #6 skill in identifying safety nger signs, recognizing and g, identification of coins, and phone number, and cts of his medications.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	2 22 22	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G322	B. WING		1	2/03/2019	
NAME OF PROVIDER OR SUPPLIER BROWNE GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CO 8205 BROWNE DRIVE CHARLOTTE, NC 28269	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 249	client #6 needs addition	P on 12/3/19 verified that	W	249			