

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

PRINTED: 02/25/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2020
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NAME OF PROVIDER OR SUPPLIER BURTONWOOD CIRCLE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1710 BURTONWOOD CIRCLE CHARLOTTE, NC 28212
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(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
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W 247	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>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:</p> <p>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.</p> <p>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</p>	W 247	<p>DHSR - Mental Health</p> <p>MAR 10 2020</p> <p>Lic. & Cert. Section</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Director of Operations	(X6) DATE 2/28/2020
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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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NAME OF PROVIDER OR SUPPLIER BURTONWOOD CIRCLE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>Continued From page 1</p> <p>assistance to client #4 when cutting her pancakes and turkey sausage into bite size pieces.</p> <p>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.</p> <p>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.</p>	W 247	<p>W 247</p> <p>RHA Health Services will ensure all staff are in-service trained on the individual needs for the people supported at Burtonwood including the mealtime opportunities for individual choice and self-management regarding dining skills. The IDT members will monitor these skills and needed DSP assistance for each individual supported by completing Mealtime Assessments weekly for 30 days and then monthly ongoing. All Mealtime Assessments are trended and reviewed monthly at the CQI meetings by the Clinical Management Team and Director of Operations to identify and address any areas of concern.</p>	4/18/2020	



February 28, 2020

Ms. Clarissa Henry, MHSA, QP
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
952 Old US Highway 70
Black Mountain, NC 28711-4501

DHSR - Mental Health

MAR 10 2020

Lic. & Cert. Section

RE: MHL-060-228 Burtonwood Circle Home

Dear Ms. Henry:

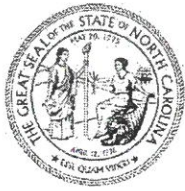
Please see the enclosed Plan of Correction (POC) for the deficiencies sited at the Burtonwood Circle Group Home during your annual survey visit on 2/19/2020. We have implemented the POC and invite you to return to the facility on or around 4/18/2020 to review our POC items.

Please contact me with any further issues or concerns regarding the Burtonwood Circle Group Home (MHL-060-228).

Sincerely,

A handwritten signature in black ink, appearing to read "Katherine Benton".

Katherine Benton
Director of Operations
RHA Health Services, LLC
kbenton@rhanet.org



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

February 26, 2020

Katherine Benton, Administrator
RHA Health Services, Inc.
195 Ervin Woods Drive
Kannapolis, NC 28081

DHSR - Mental Health

MAR 10 2020

Lic. & Cert. Section

Re: Recertification Completed February 19, 2020
Burtonwood Circle Home, 1710 Burtonwood Circle, Charlotte, NC 28212
Provider Number #34G314
MHL# 060-228
E-mail Address: kbenton2@rhanet.org

Dear Ms. Benton:

Thank you for the cooperation and courtesy extended during the recertification survey completed February 19, 2020. This survey was required for continued participation in the Medicaid program.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practices that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiencies were cited.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is April 18, 2020.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the CMS-2567 Form.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call Clarissa Henry at 704-589-2523.

Sincerely,



Clarissa Henry, MHSA, QP
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: qmemail@cardinalinnovations.org
File