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

PRINTED: 02/28/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION	(X3) [(X3) DATE SURVEY COMPLETED	
		34G210	B. WING	NG			
NAME OF PROVIDER OF				STREET ADDRESS, CITY, STATE, ZIF 5400 TUCKASGEE ROAD CHARLOTTE, NC 28208	CODE	02/10/2020	
PREFIX (EACH	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 APPROPRIA DEFICIENCY)		E COMPLE TE DATE	
CFR(s): 4 Each clie well-balar specially- This STA Based or facility fail diet was f The findin Observation revealed a residing in dining roo revealed a designation Subseque	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on record review, and staff interviews, the facility failed to ensure a specifically prescribed diet was followed for 1 of 2 sampled clients (#3). The finding is: Observation on 2/10/2020 at the group home revealed a diet list of all the clients currently residing in the home affixed to a wall board in the dining room. Further observation of the diet list revealed alongside client #3's name was the designation of a heart healthy regular diet. Subsequent observation of the diet list did not reveal the notation for client #3 to receive double portions. Record review for client #3 on 2/10/20 revealed a nutritional evaluation dated 2/3/20. Review of the 2/2020 nutritional evaluation revealed a prescribed heart healthy, double vegetable portion diet. Additional review of the nutritional summary revealed client #3 is now within his desired weight range due to weight loss during the last quarter. Continued record review for client #3 revealed nutrition orders dated 2/10/20 to reflect a change in diet orders with: 1) Add 1 serving of fruit to Lunch daily, 2) Measure Height inform RD., 3) Replace Crystal lite flavor packs with Stevia at DP., 4) Change Colace to PRN., 5) Decrease Vitamin D to 1000IUs QD. Subsequent ecord review of client #3's record for the past 6 months did not reveal a current physician's order		W 460	In-service will be conducted by nutritionist no later than April 9, 2020. The in-service will focus on dietary needs of the individuals including appropriate portion size. QP will monitor staff to ensure they continue to follow dietary orders. Any new dietary orders will be sent to the QP, Group Home Manager an LPN. LPN will review and send the order to the physician for the physician's signature. This process will be implemented no later than April 9, 2020. QP will review records to monitor compliance in ensuring dietary orders have been approved by the physician.		Process will be implemented at the implemented implemented implemented no later than 4/9/20.	
nutritional 2/2020 nut prescribed portion die summary r desired we the last que client #3 re to reflect a serving of t & inform R with Stevia Decrease \(\)				DHSR - Mental Hea			

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 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 program participation.

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

PRINTED: 02/28/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			C 02/10/2020		
34G210			B. WING					
	PROVIDER OR SUPPLIER SEEGEE GROUP HON	1E	STREET ADDRESS, CITY, STATE, ZIP CODE 5400 TUCKASGEE ROAD CHARLOTTE, NC 28208					
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY TOLL			x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE	
W 460	or staff training for 12/2019 or on 2/3/2019 or on 2/3/2019 or on 2/3/2019 or on 2/3/2019 or on 2/3/2020. Further since the last two client #3 with doubt meals. Interview or revealed client #3 hungry after eating ordered double postaff B revealed si extra portions through the facility. Staff B also informed the hom facility management enough to eat. Colient #3 receives portions were not In addition, staff E 2/3/2020 now affind dining room which B further confirment training on the new linterview with the interdisciplinary to guardian met for changes includin 2/3/2020. Further the facility nurse	the diet and dietary changes in 2020. 2020 with staff A revealed they and assistance during meals with interview with staff A revealed, weeks, they have provided be portions and extra fruit after on 2/10/2020 with staff B often appeared recognizably g his meals and he was not ortions. Further interview with the has provided client #3 with be upon the has provided client #3 with the has provided client #3 with the bud on the has previously the manager (HM) and prior the provided interview revealed a heart healthy diet and double included in his current menu. By identified a new diet list dated axed to the wall board in the has not there previously. Staff the was not there previously. Staff the was not there previously. Staff the diet for client #3. If QIDP revealed on 2/3/2020 the the client's ISP with several g a dietary change dated or interview with the QIDP and confirmed there was no current for client #3's diet or staff		460				



March 2, 2020

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

RE:

Complaint Investigation Survey February, 10, 2020

Tuckaseegee Group Home, 5400 Tuckaseegee Road, Charlotte, NC 28208

Provider Number 34G210

MHL# 060-147

Dear Ms. Capps,

Attached, please find the Plan of Correction for LIFESPAN Tuckaseegee Group Home. If you have any questions or need further information, please feel free to contact me at 704-591-9472 or at shuston@lifespanservices.org.

Regards,

DHSR - Mental Health

MAR 9 2020

Lic. & Cert. Section

Steph Huston Qualified Professional LIFESPAN 704-591-9472 shuston@lifespanservices.org