STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G213	A. BUILDING _____ B. WING _____	02/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBURNE PLACE	2524 SHELBURNE PLACE CHARLOTTE, NC 28227

(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 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to assure privacy was maintained for 1 non-sampled client (#2) during medication administration. The finding is: Afternoon observations in the group home on 2/16/21 at 5:45 PM revealed staff A to enter into client #2's room with the medication cart in order to administer medications. Further observations revealed the Home Manager (HM) to enter client #2's room along with client #5 to enter behind her. Continued observations revealed staff A to administer medication to client #2 with the door open which could be seen from the hallway. During the observation, the HM and client #5 were also present in the room during the medication administration for client #2. At no point during the observation did staff close the door or offer client #2 privacy during medication administration. Interview with the Home Manager (HM) on 2/17/21 verified that all clients should receive medication in their rooms with the door closed to ensure privacy. Interview with the qualified intellectual disabilities professional (QIDP) on 2/17/21 verified that staff are aware that during medication administration, clients and staff should have exited the room to allow client #2 privacy in her room with the door closed. The QIDP confirmed that all clients have a right to	W 130		

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
	34G213	A. BUILDING _____ B. WING _____	02/17/2021

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W 130	Continued From page 1 privacy when receiving medication administration.	W 130		
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure staff were sufficiently trained to monitor food/dairy expiration dates. The finding is: Afternoon observations in the group home on 2/16/21 at 5:15 PM revealed staff to seat the clients at the dining table to prepare for the dinner meal. Continued observations revealed staff to offer milk to all clients. The staff were observed to either assist clients or allow clients to pour a glass of milk. Subsequent observations revealed clients #1, #2, #3, #4, and #6 to ingest the milk with their dinner meal. Observation of the milk carton used for the clients' dinner meal revealed a 1/22/21 expiration date and the milk expired 25 days prior to the 2/16/21 survey date. It is important to mention that the staff returned the milk to the refrigerator and this surveyor alerted the Qualified Intellectual Disabilities Professional (QIDP) to remove the milk from the refrigerator. The QIDP was observed to discard the expired milk from the refrigerator and alert the staff that were working in the kitchen. Interview with the Home Manager (HM) on 2/17/21 verified she was not aware that the milk	W 189		

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W 189	Continued From page 2 was expired although the milk carton had an expiration date of 1/22/21 stamped on it. The HM verified during the interview that staff should verify all dates on food and dairy items in the kitchen during meal preparation. The HM confirmed during the interview that expired milk should not be served to the clients and should be discarded or used prior to the expiration date. Interview with the QIDP on 2/17/21 verified that all staff "knew better" and should check the expiration dates on all food and dairy products during meal preparation. The QIDP confirmed that the agency nurse and physician assistant (PA) were made aware of the clients ingesting the expired milk during the dinner meal. The QIDP also confirmed that the expired milk had been discarded and staff will be trained on checking for expired food and dairy items.	W 189		