

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

PRINTED: 03/20/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G308	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/11/2021
NAME OF PROVIDER OR SUPPLIER HEATHCROFT			STREET ADDRESS, CITY, STATE, ZIP CODE 3046 HEATHCROFT COURT CHARLOTTE, NC 28269		
(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 322	<p>PHYSICIAN SERVICES CFR(s): 483.460(a)(3)</p> <p>The facility must provide or obtain preventive and general medical care.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure preventive and general medical care relative to scheduling and ensuring follow-up care in a timely manner for 1 of 1 sampled clients (#4) . The finding is:</p> <p>Review of internal records on 3/11/21 revealed an incident report relative to client #4 dated 1/28/21. Review of the 1/28/21 incident report revealed client #4 was eating breakfast, leaned to the side of the table and slid off her chair to the floor; old wound re-opened over the right eye.</p> <p>Review of records for client #4 on 3/11/21 revealed a diagnosis history of profound intellectual disability, seizure disorder and autism. Continued review of records for client #4 revealed a medical consult dated 1/28/21. Review of the 1/28/21 medical consult revealed client #4 had sustained a laceration to the right eyebrow after a fall; stitches placed. Continued review of the 1/28/21 medical consult revealed the recommendation for stitches to be removed in 5 to 7 days. Further record review for client #4 revealed a medical report dated 3/2/21. Review of the 3/2/21 medical report revealed client #4 was treated for suture removal.</p> <p>Subsequent record review for client #4 revealed a podiatry consult dated 11/25/20. Review of the 11/2020 podiatry consult revealed a</p>	W 322			

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

TITLE

(X6) DATE

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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W 322	Continued From page 1 recommendation of arch supports and an orthopedic consult for knee instability. Additional record review for client #4 revealed no evidence of a orthopedic consult after the 11/2020 podiatry recommendation. Interview with the facility nurse on 3/11/21 verified client #4 had incurred a fall on 1/28/21. Continued interview with the facility nurse revealed client #4 was sent to urgent care for assessment after the fall and received stitches to close the laceration. Interview with the facility nurse and facility home manger verified client #4 was not taken back for removal of stitches until 3/2/21. Further interview with the facility nurse revealed she was unsure if client #4 had been to an orthopedic appointment since the 11/25/20 recommendation. Interview with the facility home manager revealed client #4 had not been to an orthopedic appointment or received any additional care by the podiatrist since 11/25/20.	W 322			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to furnish adaptive	W 436			

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W 436	<p>Continued From page 2</p> <p>devices as recommended relative to arch supports for 1 of 1 sampled client (#4). The finding is:</p> <p>Review of records for client #4 on 3/11/21 revealed a diagnosis history of profound intellectual disability, seizure disorder and autism. Continued review of records for client #4 revealed a medical consult dated 1/28/21. Review of the 1/28/21 medical consult revealed client #4 sustained a laceration to the right eyebrow after a fall and stitches were used to close the laceration.</p> <p>Continued record review for client #4 revealed a podiatry consult dated 11/25/20. Review of the 11/2020 podiatry consult revealed a recommendation of arch supports and an orthopedic consult for knee instability. Additional record review for client #4 revealed no evidence of furnished arch supports after the 11/2020 podiatry recommendation.</p> <p>Interview with the facility nurse on 3/11/21 verified client #4 had incurred a fall on 1/28/21 and was sent to a local urgent care office for evaluation. Continued interview with the facility nurse revealed she was unsure if client #4 had been furnished arch supports since the 11/25/20 podiatry recommendation. Interview with the facility home manager revealed client #4 had not been furnished arch supports for her shoes.</p>	W 436			