

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

PRINTED: 03/31/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G316	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2021
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NAME OF PROVIDER OR SUPPLIER LEAVES	STREET ADDRESS, CITY, STATE, ZIP CODE 7106 LEAVES LANE CHARLOTTE, NC 28213
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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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 1 of 3 sampled clients (#3) received a continuous active treatment program consisting of needed interventions as identified in their individual support plans (ISPs) relative to communication. The finding is:</p> <p>Afternoon observations in the group home on 3/16/21 from 4:00 PM to 6:00 PM revealed client #3 to transition to various activities to include structured activities and to participate in the dinner meal. At no point during the observation period was client #3 prompted to use a visual schedule or communication board.</p> <p>Morning observations in the group home on 3/17/21 from 7:15 AM to 8:45 AM revealed client #3 to participate in various activities to include structured activities and to participate in the breakfast meal. At no time during the observation period was staff to prompt client #3 to utilize a visual schedule or communication board.</p> <p>Review of the record for client #3 on 3/17/21</p>	W 249		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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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W 249	Continued From page 1 revealed an individual support plan (ISP) dated 11/19/20 which indicates that client #3 has a communication program which includes using picture cues. Further review of the ISP revealed a behavior support plan (BSP) dated 9/27/20 which indicates that client #3 must use a visual schedule when he exhibits non-compliance and should be redirected to his schedule, along with time and space to process what he will do and what is to follow. Review of the record for client #3 did not reveal behavior data to indicate progress towards this programming goal. Interview with the home manager (HM) on 3/17/21 verified that he was not aware that client #3 needed a personal visual schedule. The HM also verified that behavior data relative to communication objectives was not available for review during the survey period. The HM confirmed during the interview that staff should utilize training objectives for client #3 as prescribed. Interview with the qualified intellectual disabilities professional (QIDP) on 3/17/21 verified that client #3 has a communication goal which has not been implemented prior to this survey period. The QIDP also verified during the interview that behavior data was not completed for the communication goal. The QIDP confirmed during the interview that all of client #3's goals are current. The QIDP also confirmed that staff should utilize client #3's training objectives as prescribed.	W 249			
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	W 436			

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W 436	<p>Continued From page 2</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure that clients use and make informed choices relative to adaptive equipment as recommended regarding for 1 sampled client (#4) and 1 non sampled client (#5). The findings are:</p> <p>A. The facility failed to furnish eyeglasses for client #5 as prescribed. For example:</p> <p>Afternoon observations in the group home on 3/16/21 from 4:00 PM to 6:00 PM revealed client #5 to participate in various activities throughout the group home to include a structured activity, assist with preparing for the dinner meal, and to participate in the dinner meal. At not point during the observation period did staff prompt client #5 to use his eyeglasses.</p> <p>Morning observations in the group home on 3/17/21 from 7:15 AM to 8:45 AM revealed client #5 to participate in various activities throughout the group home to include make coffee, participate in the breakfast meal and take his dishes to the sink. At no point during the observation period did staff prompt client #5 to retrieve and use his eyeglasses.</p> <p>Review of the record for client #5 revealed an individual support plan (ISP) dated 11/19/20 which indicates that client #5 must wear</p>	W 436			

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W 436	<p>Continued From page 3</p> <p>eyeglasses daily for vision correction. Review of a medical consult dated 2/11/21 indicates that client #5 has a diagnosis of hypermetropia bilateral and age-related nuclear cataract bilateral. Further review of the medical consult revealed that client #5 on 2/11/21 the physician ordered an updated prescription for eyeglasses.</p> <p>Interview with the home manager (HM) on 3/17/21 verified that client #5 does not like to wear his eyeglasses and broke them a week ago during a behavior outburst. The HM confirmed that client #5 broke an older pair of eyeglasses and the updated prescription had not been filled to date. The HM also confirmed during the interview that client #5 should have the most current prescription lenses as prescribed.</p> <p>Interview with the qualified intellectual disabilities professional verified that client #5 breaks his eyeglasses during tantrum behavior. The QIDP also verified during the interview that client #5 does not have access to his eyeglasses during the observation period. The QIDP verified during the interview that she was not aware that client #5 had not received a new eyeglass prescription since his appointment on 2/11/21. The QIDP confirmed that client #5 should have access to his eyeglasses at all times. The QIDP also confirmed during the interview that client #5 should have the most updated prescription lenses as prescribed.</p> <p>B. The facility failed to ensure usage of eyeglasses for client #4 as prescribed. For example:</p> <p>Afternoon observations in the group home on 3/16/21 from 4:10 PM to 6:00 PM revealed client</p>	W 436			

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W 436	<p>Continued From page 4</p> <p>#4 to participate in various activities throughout the group home such as participate in a coloring activity and participate in the dinner meal. Further observation revealed client #4 to squint as he viewed the coloring pages during the activity. At no point during the observation period did staff prompt client #4 to wear his eyeglasses.</p> <p>Morning observations in the group home on 3/17/21 from 7:40 AM to 8:45 AM revealed client #4 to participate in various activities throughout the group home. At no point during the observation period did staff prompt client #4 to wear his eyeglasses.</p> <p>Review of the record for client #4 revealed an individual support plan (ISP) dated 2/9/21 which indicates that client #4 must wear eyeglasses "all of the time". Review of a medical consult dated 12/21/20 indicates that client #4 has a diagnosis of hyperopia which includes visual difficulties due to farsightedness. Further review of the medical consult revealed that client #4 needs to wear eyeglasses full time for the best vision.</p> <p>Interview with the home manager (HM) on 3/17/21 verified that client #4 does not like to wear his eyeglasses. The HM confirmed during the interview that staff should prompt client #4 to wear his eyeglasses at all times. Interview with the qualified intellectual disabilities professional (QIDP) verified that client #4 needs his glasses at all times. The QIDP also verified during the interview that client #4 has had previous programming relative to wearing his eyeglasses however they were discontinued. The QIDP confirmed during the interview that client #4 must wear and have access to the most current prescription lenses as prescribed.</p>	W 436			

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W 440	<p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>This STANDARD is not met as evidenced by: Based on review of records and interview, the facility failed to show evidence that quarterly fire drills were conducted with each shift of personnel relative to first and third shift drills. The finding is:</p> <p>Review of the facility's fire evacuation drill reports for 12 months ranging from 3/2020 through 2/2021 revealed multiple fire drills missing over the course of the review year. Further review of the fire evacuation drill reports revealed four 2nd shift fire drills, and one 1st and 3rd shift fire drills were completed: 7/17/20, 11/22/20, 12/15/20, 2/10/21 (2nd shift); 9/25/20 (3rd shift) and 1/17/21 (1st shift). Continued review of the fire drill reports did not show additional documentation to reflect that the missing 1st and 3rd shift fire evacuation drills were conducted during the review year.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 2/23/21 verified that the facility could not locate the missing 1st and 3rd shift fire evacuation drill reports for review during the survey period. The QIDP confirmed that all fire drills should have been conducted quarterly over the review period. The QIDP also confirmed during the interview that there was no additional documentation to reflect that 1st or 3rd shift fire evacuation drills were conducted during the review period.</p>	W 440			