

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:  <b>34G308</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/11/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HEATHCROFT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3046 HEATHCROFT COURT CHARLOTTE, NC 28269</b>
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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 322	<p><b>PHYSICIAN SERVICES</b> 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	<i>Please see Attached.</i>	<i>5.03.21</i>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE *Executive Director* (X6) DATE *4.02.21*

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	<p>Continued From page 1</p> <p>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.</p> <p>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.</p> <p>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.</p>	W 322		
W 436	<p>SPACE AND EQUIPMENT</p> <p>CFR(s): 483.470(g)(2)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to furnish adaptive</p>	W 436	Please see attached.	5.03.21

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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		
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**Educare Heathcroft Court Group Home**  
**3046 Heathcroft Court**  
**Charlotte, NC 28269**  
**Plan of Correction**  
**Date of Survey: 3.11.2021**  
**Provider # 34G308**

W322

The facility will ensure nursing services are provided according to the medical needs.

Nursing will ensure appointment is scheduled and followed to remove stiches for client #4. Nursing will receive in-service from Quality Assurance Manager to ensure all consults are reviewed and followed after any appointment, Urgent Care/Emergency Room visits or Hospitalizations.

To prevent further occurrences: Nursing will review appointments, medications and any medical concerns during monthly core team meeting. This includes review of the medical diary and any medication changes. Facility nurse will have daily meetings with regional nurse to ensure all nursing concerns have been met.

To be completed by: 5/3/02021  
Person(s) responsible: Nursing

W436

The facility will ensure adaptive devices relative to arch supports are furnished.

QP will ensure arch supports are purchased for Client#4 as indicated in consult. Nursing, QP and Site Supervisor will be in-serviced by Quality Assurance Manager to review medical consults after any appointment, Urgent Care/Emergency Room visits or Hospitalizations to ensure adaptive equipment needs are communicated to QP and Site Supervisor to furnish indicated in consults/discharge summaries.

To prevent further occurrences: Nursing will review appointments, medications and any medical concerns during monthly core team meeting. This includes review of the medical diary and any medication changes. Facility nurse will have daily meetings with regional nurse to ensure all nursing concerns have been met.

To be completed by: 5/3/02021  
Person(s) responsible: Nursing, QP and Site Supervisor



## Community Alternatives North Carolina

818 Tyvola Road  
Suite 104  
Charlotte, NC 28217

704-519-0077  
Fax: 704-558-4773  
www.rescare.com

April 2, 2021

Ms. Kaila Mitchell  
Mental Health Licensure & Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Dear Kaila Mitchell,

Please find the enclosed plan of correction for deficiencies cited during the recent complaint survey completed at the Heathcroft Group Home on 3.11.2021. Deficiencies will be corrected as indicated in plan of correction.

We would like to request an invitation of return visit on or after 5.03.2021.

Thank you for all your assistance that you provide us in helping meet the needs of the people we serve.

Sincerely

Denise Derkowski  
Executive Director

Respect and Care

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Assisting People to Reach Highest Level of Independence