PRINTED: 06/28/2021 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G184	B. WING _			06/16/2021	
	ROVIDER OR SUPPLIER DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, 3747 BON REA DRIVE CHARLOTTE, NC 28266	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	((EACH CORRECTIVE CROSS-REFERENCED	IN OF CORRECTION E ACTION SHOULD B D TO THE APPROPRIA CIENCY)		
W 226	INDIVIDUAL PROGR CFR(s): 483.440(c)(4 Within 30 days after a interdisciplinary team client, an individual pr) admission, the must prepare, for each	W 2	226			
	Based on record revi failed to implement a	not met as evidenced by: ew and interview, the facility habilitation treatment plan hission for 1 of 6 sampled ing is:					
	an admission date of treatment plan for clie implementation date of the client was even a Continued review rev assessment which sh	client #1 on 6/15/21 revealed 10/23/20 but a habilitation ent #1 with an of 10/4/20, 19 days before dmitted into the group home. ealed a daily living skills ould be used to develop the an completed on 10/29/20.					
W 247	professional (QIDP) of habilitation treatment was held on 10/4/20. QIDP confirmed clien plan should have beed days after the client's allow for assessment required. INDIVIDUAL PROGRE	AM PLAN	W 2	247			
		m plan must include		TITLE		(VS) DATE	

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

TITLE

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.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G184	B. WING		06/16/2021	
	ROVIDER OR SUPPLIER DRIVE GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3747 BON REA DRIVE CHARLOTTE, NC 28266		1 00.10.252	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
W 247	client choice and section to the group #6) regarding meal observation, intervior. The finding is: Afternoon observation observation observation, intervior. The finding is: Afternoon observation observation observation observation of the horn observation of the horn observation of the order of corn and sprooking on the stown of the oven. Further of until supper at 5:15 participation in meal to only include clien at 4:10 PM, client #bowls at 4:50 PM a mechanically chop on the food process. Continued afternoon to complete all other including gathering opening cans or baturkey on the pan awater and making in up everyone's turker all the food and dring observation of the food of the	o provide opportunities for elf-management for 6 of 6 home (#1, #2 #3, #4, #5 and preparation as evidenced by ew and record verification. It is in the group home on revealed staff to have food for the stove prior to the clients the from the day program. In inach were noted to be ee and turkey was cooking in observations from 3:50 PM PM revealed limited client of the preparation and was noted to the preparation and was noted to the spooning food into serving and client #3 helping to this food by pushing a button for at 5:05 PM. In observations revealed staff or aspects of meal preparation all food needed for supper, gs of vegetables, placing and into the oven, preparing the stant tea for supper, cutting ey in the kitchen and carrying	W 24	7		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		34G184	B. WING		06/16/2021
	ROVIDER OR SUPPLIER DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3747 BON REA DRIVE CHARLOTTE, NC 28266	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETION
W 247	client's plates with foot taking them to the table 6:00 AM. Subsequent staff also completed a carried their dishes to the pots and pans, loat the table and counter. No client participation morning observations. Review of client habilitinterview with the quaprofessional (QIDP) revarying degrees of intwith meal preparation. Review of client #4's revealed the client to participate in meal preweek while client #5's 1/23/21 noted the client but should be encourapreparation. Observations during the amounts of afternoon where the clients were unengaged in activities the clients or complet activities. Staff failed choice and self-mana especially when no of activities were occurring the complete activities were occurring the complete activities were occurring the clients were occurring the complete activities.	acluding preparing the od in the kitchen before on the when breakfast started at at observations revealed all clean up after the clients of the sink including washing ading the dishwasher, wiping and sweeping the floor. It was noted at all during that it all during the dishwasher was noted at all during that it all during that it all during that it all during that it is a several of the clients to have be the clients to have an objective to be paration at least 3 times a subhabilitation plan dated with needs some assistance and morning observations the survey revealed large and morning observations the sitting in the living room the swhile staff either sat with the distribution of the provide opportunities for gement in meal preparation the competing or conflicting ing.	W 24		
W 249	PROGRAM IMPLEMI CFR(s): 483.440(d)(1 As soon as the interd)	W 24	9	

OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		(X3) DATE SURVEY COMPLETED
	34G184	B. WING	 	06/16/2021
ROVIDER OR SUPPLIER DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3747 BON REA DRIVE CHARLOTTE, NC 28266	,
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
formulated a client's each client must rec treatment program conterventions and seand frequency to su	individual program plan, eive a continuous active consisting of needed rvices in sufficient number pport the achievement of the	W 24	19	
The facility failed to treatment program v in the home (#1, #2, of needed interventionumber and frequentionachievement of the their habilitation plar	assure a continuous active was provided for 6 of 6 clients #3, #4, #5 and #6) consisting ons and services in sufficient act to support the the objectives identified in a sevidenced by			
adequate active trea	tment to engage the client			
6/15/21 from 3:50 Piclient to sit unengage room for 95 minutes observation. During observations, the clitable with placemats. Morning observation 6/16/21 from 5:45 Alivan for the day prog	M until 5:40 PM revealed the ed without activity in the living of the 110 minutes of the remaining 15 minutes of ent was observed to set the s, plates, spoons and cups. Is in the group home on M until the clients loaded the ram at 7:30 AM revealed			
	CORRECTION ROVIDER OR SUPPLIER SUMMARY S (EACH DEFICIEN' REGULATORY OF Continued From page formulated a client's each client must rec treatment program of interventions and se and frequency to sure objectives identified plan. This STANDARD is The facility failed to treatment program v in the home (#1, #2, of needed intervention umber and frequency achievement of the fit their habilitation plan observation, intervied The findings are: A. For client #1, the adequate active treat during large amount example: Afternoon observation 6/15/21 from 3:50 Pl client to sit unengag room for 95 minutes observation. During observations, the cli table with placemats Morning observation 6/16/21 from 5:45 Al van for the day prog client #1 to sit on the	AGOVIDER OR SUPPLIER DRIVE GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 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. This STANDARD is not met as evidenced by: The facility failed to assure a continuous active treatment program was provided for 6 of 6 clients in the home (#1, #2, #3, #4, #5 and #6) consisting of needed interventions and services in sufficient number and frequency to support the achievement of the the objectives identified in their habilitation plan as evidenced by observation, interviews, and record verification. The findings are: A. For client #1, the facility failed to provide adequate active treatment to engage the client during large amounts of unstructured time. For	ROVIDER OR SUPPLIER DRIVE GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 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. This STANDARD is not met as evidenced by: The facility failed to assure a continuous active treatment program was provided for 6 of 6 clients in the home (#1, #2, #3, #4, #5 and #6) consisting of needed interventions and services in sufficient number and frequency to support the achievement of the the objectives identified in their habilitation plan as evidenced by observation, interviews, and record verification. The findings are: A. For client #1, the facility failed to provide adequate active treatment to engage the client during large amounts of unstructured time. For example: Afternoon observations in the group home on 6/15/21 from 3:50 PM until 5:40 PM revealed the client to sit unengaged without activity in the living room for 95 minutes of the 110 minutes of observation. During the remaining 15 minutes of observation, the client was observed to set the table with placemats, plates, spoons and cups. Morning observations in the group home on 6/16/21 from 5:45 AM until the clients loaded the van for the day program at 7:30 AM revealed client #1 to sit on the living room couch with his	ROVIDER OR SUPPLIER DRIVE GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRÉCEDED BY FULL (EACH CORRECTIVE ACTION SI COntinued From page 3 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. This STANDARD is not met as evidenced by: The facility failed to assure a continuous active treatment program was provided for 6 of 6 clients in the home (#1, #2, #3, #4, #5 and #8) consisting of needed interventions and services in sufficient number and frequency to support the achievement of the the objectives identified in their habilitation plan as evidenced by observation, interviews, and record verification. The findings are: A. For client #1, the facility failed to provide adequate active treatment to engage the client during large amounts of unstructured time. For example: Afternoon observations in the group home on 6/15/21 from 3:50 PM until 5:40 PM revealed the client to sit unengaged without activity in the living room for 95 minutes of the 110 minutes of observations, the client was observed to set the table with placemats, plates, spoons and cups. Morning observations in the group home on 6/16/21 from 5:45 AM until the clients loaded the van for the day program at 7:30 AM revealed client #1 to sit on the living room couch with his

NAME OF PROVIDER OR SUPPLIER BON REA DRIVE GROUP HOME B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 3747 BON REA DRIVE CHARLOTTE, NC 28266	(X5) COMPLETION
BON REA DRIVE GROUP HOME	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
and forth to his room without any activity for 70 minutes of the 95 minutes of observation. During the remaining 25 minutes of observations, the client was noted to eat breakfast and to take out the trash. Only staff C was observed to attempt to engage the client by prompting him to obtain his tablet at 6:25 AM without success. Review of client #1's habilitation plan dated 10/4/20, substantiated by interview with the qualified intellectual disabilities professional (QIDP), revealed the client to have objective training to take clothing items to washing machine, make his bed, brush his teeth, toileting, pick out clothes for next day, and complete a full shower. Interview with the QIDP revealed the facility is currently experiencing a staff shortage and has been using fill-in staff from other homes that may not be as familiar with the clients. Further interview revealed staff should be implementing client #1's active treatment programing throughout the day and helping the clients with meaningful activities during afternoon and morning periods of inactivity. B. For client #2, the facility failed to implement his communication and fine motor skills program as well as provide adequate active treatment to engage the client during large amounts of unstructured time. For example: Afternoon observations in the group home on 6/15/21 from 3:50 PM until 5:40 PM revealed the client to sit unengaged without activity in the living room for 78 minutes of the 110 minutes of	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
		34G184	B. WING		06/16/202	21
	ROVIDER OR SUPPLIER DRIVE GROUP HOME	1		STREET ADDRESS, CITY, STATE, ZIP CODE 3747 BON REA DRIVE CHARLOTTE, NC 28266	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMP	X5) PLETION ATE
W 249	Morning observation 6/16/21 from 5:45 AN van for the day progredient #2 to sit on the unengaged without at the 95 minutes of obremaining 25 minute was noted to eat bre Review of client #2's 1/19/21, substantiate revealed the client to use a digital picture/of activities, cardiovator 60 seconds, addresure activity with pevery 3 hours, and seconds and revealed the use of pused by client #2 to of leisure activities. 6/15-16/21 survey reto help engage client Interview with the QI currently experiencing been using fill-in staff not be as familiar with interview revealed stationary activities morning periods of interview of interview meaningful activities morning periods of interview morning periods of interv	s in the group home on M until the client's loaded the ram at 7:30 AM revealed living room couch any activity for 70 minutes of servation. During the s of observations, the client akfast and take medications. Thabilitation plan dated and by interview with the QIDP, or have objective training to coord to direct choice making ascular fitness, toothbrushing less drink choice, select a cicture board, use bathroom let the table during mealtime. The client 's habilitation plan conclude the choice making observations during the vealed no use of any items at in a leisure activity. The revealed the facility is go a staff shortage and has affrom other homes that may he the clients. Further aff should be implementing atment programing nd helping the clients with during afternoon and	W 24	49		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	IPLE CONSTE			E SURVEY PLETED
		34G184	B. WING _			06	/16/2021
	ROVIDER OR SUPPLIER DRIVE GROUP HOME			3747 BON	DDRESS, CITY, STATE, ZIP CODE I REA DRIVE DTTE, NC 28266	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 249	well as provide an according to engage to amounts of unstructure. Afternoon observation 6/15/21 from 3:50 Pt client to sit unengage wheelchair in the living 110 minutes of observation observed to roll his with assistance to he eat supper. Morning observation 6/16/21 from 5:55 At van for the day progredient #3 to sit in his unengaged without at the 95 minutes of obremaining 25 minutes was noted to eat bree Only staff C was obsthe client with a leisure 6:25 AM without successive of client #3's 6/3/21, substantiated revealed the client to	fine motor skills programs as dequate active treatment he client during large ured time. For example: ons in the group home on M until 5:40 PM revealed the ed without activity in his ing room for 80 minutes of the rvation. During the remaining vation, the client was wheelchair into the kitchen elp process his food and to s in the group home on M until the clients loaded the ram at 7:30 AM revealed wheelchair in the living room any activity for 70 minutes of servations. During the s of observations, the client akfast and take medication. Herved to attempt to engage are item on one occasion at	W 2	149	DEFICIENCY)		
	indicate he is finishe shapes to improve fi specific objects to le.	use an output switch to d at snack and meals, sort by ne motor skills and to use arn to transition to activities. e client's habilitation revealed y client #3 to help with					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		34G184	B. WING		06/16/2021
	ROVIDER OR SUPPLIER DRIVE GROUP HOME		;	STREET ADDRESS, CITY, STATE, ZIP CODE 8747 BON REA DRIVE CHARLOTTE, NC 28266	,
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
W 249	and a spoon to reprobservations during revealed no use of with transitions ever medication pass were continued observations are revealed the client was observations. In adswitch program to it was only used at brown supper on 6/15/21. Interview with the Courrently experience been using fill-in stand to be as familiar work interview revealed so client #3's active treatment to a mounts of unstruction observation. D. For client #4, the of 6 objectives and active treatment to a mounts of unstruction of the sit unengage of the sit unengage of the with the sit unengage of the sit unen	coothbrush for toothbrushing resent meal times. If the 6/15-16/21 survey any items to help the client in though 2 meals and a re observed. It is during the survey was not engaged in his fine re or other leisure activies hours of unengaged lidition, the client's output indicate when he was finished, eakfast on 6/16/21 and not at the first should be implementing reatment programming and helping the clients with is during afternoon and	W 249		

ND BLAN OF CORRECTION IN IMPER-		` ′	PLE CONSTRUCTION	' '	(X3) DATE SURVEY COMPLETED	
		34G184	B. WING			06/16/2021
	STREET ADDRESS, CITY, STATE, ZIP CODE 3747 BON REA DRIVE CHARLOTTE, NC 28266		•			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 249	6/16/21 from 5:45 AN day program at 7:30 unengaged in the livid 60 of 95 minutes of oremaining 35 minutes eat breakfast, take mbathroom. Review of client #4's 4/6/21, substantiated revealed the client to put dishes in the dish in meal preparation 3 leisure activities, see information and use a device. Continued of survey revealed nonewere implemented ex go talk device at measure at the client #4's active treat throughout the day at meaningful activities morning periods of in E. For client #5, the his choice leisure proan adequate active treat the client during large time. For example:	s in the group home on If until the clients left for the AM revealed client #4 to sit and room without activity for bservations. During the s, the client was observed to edications and go to the habilitation plan dated by interview with the QIDP, have objective training to washer, exercise, participate times a week, participate in k mealtime related a go talk communication bservations during the e of the client's objectives accept the use of the client's als. DP revealed the facility is g a staff shortage and has f from other homes that may the clients. Further aff should be implementing tment programming and helping the clients with during afternoon and	W 24	19		

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		34G184	B. WING _			06/16/2021
	ROVIDER OR SUPPLIER DRIVE GROUP HOME		•	STREET ADDRESS, CITY, STATE, ZI 3747 BON REA DRIVE CHARLOTTE, NC 28266	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN X (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
W 249	client to sit unengage 110 minutes of obset 60 minutes of obset observed to use the serving bowls and e Morning observation 6/16/21 from 5:45 A day program at 7:30 unengaged for 65 of During the remaining the client was only not take medications. Review of client #5's 1/23/21 revealed the including an objective leisure activity. Conhome during the sur implement this objective including an objective leisure activity in the client with the Quarter of the currently experiencing been using fill-in stanot be as familiar with interview revealed so client #5's active treation that the day a meaningful activities morning periods of inference in the client's exercise adequate active treating the client during large at For example:	M to 5:40 PM revealed the ed without activity for 50 of rvation. During the remaining vation the client was bathroom, spoon food into at supper. Is in the group home on M until the clients left for the AM revealed client #5 to sit 95 minutes of observation. If 30 minutes of observation, noted to eat breakfast and shabilitation plan dated eclient to have 5 objectives are to participate in a choice tinued observations in the vey revealed staff did not extive with client #5. IDP revealed the facility is and a staff shortage and has ff from other homes that may the the clients. Further taff should be implementing atment programming and helping the clients with it during afternoon and	W2	249		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	1, ,	DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3747 BON REA DRIVE CHARLOTTE, NC 28266	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 249	6/15/21 revealed the chair unengaged 70 cobservations. The or participated in during was eating supper. Morning observations 6/16/21 revealed cliet unengaged for 70 of 95:45 AM until loading the remaining 25 min client was observed to medication. Review of client #6's 7/27/20 revealed the including an objective using arm weights. Of the home during the simplement this object to engage the client in literview with the QII currently experiencing been using fill-in staff not be as familiar with interview revealed stackient #6's active treathroughout the day as meaningful activities morning periods of in DRUG STORAGE AN CFR(s): 483.460(I)(2)	client to sit in a living room of the 110 minutes of ally activity the client the remaining 40 minutes in the group home on at #6 to sit in his wheelchair be minutes of activity from the van at 7:30 AM. During utes of observation, the of eat breakfast and take his chabilitation plan dated client to have 5 objectives to participate in exercise continued observations in survey revealed staff did not inve with client #6 or attempt in meaningful leisure activity. DP revealed the facility is go a staff shortage and has from other homes that may in the clients. Further aff should be implementing timent programming and helping the clients with during afternoon and activity. ID RECORDKEEPING all drugs and biologicals	W 24			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION	(X3) DATE COMP	SURVEY
		34G184	B. WING_			06/	16/2021
	ROVIDER OR SUPPLIER DRIVE GROUP HOME			374	REET ADDRESS, CITY, STATE, ZIP CODE 47 BON REA DRIVE HARLOTTE, NC 28266		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 382	Continued From page	: 11	w:	382			
	The facility failed to a group home were kep prepared for administ observation and reco is:	not met as evidenced by: assure medications in the at locked except when being ration as evidenced by rd verification. The finding					
	morning medication p the medication room medication cabinet op						
W 475	out of the medication cabinet open and me counter with client #6 medication room. Fu staff B walked out for 6:36 AM and 6:38 AM the clients' medication observation at 6:41 A medication room at 6 standing in the medications before be qualified intellectual of (QIDP) to return to the Subsequent observation.	ation room beside his eing prompted by the isabilities professional e medication room. ions at 7:11 AM revealed the ce again left unlocked and	W	175			
	Food must be served	with appropriate utensils.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		34G184	B. WING _			06/16/2021	
	ROVIDER OR SUPPLIER DRIVE GROUP HOME	•	•	STREET ADDRESS, CITY, STATE, ZIP CODE 3747 BON REA DRIVE CHARLOTTE, NC 28266 PROVIDER'S PLAN OF CORRECTION			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECT REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE			CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE		
W 475	Based on observation interview, the facility appropriate utensils clients in the home (of 2 meals. The find Observations in the	not met as evidenced by: on, record review and failed to ensure all were provided for 6 of 6 #1, #2, #3, #4, #5, #6) for 2	W 4	475			
	spoons to eat with a though clients have a fork and knife. Fo A. The facility failed utensils to client #1.	t both meals observed even the ability or the need to use r example: to provide appropriate					
	PM revealed client # setting that consiste cups. Continued obs meal to include turke	roup home on 6/15/21 at 5:15 to eat supper with a place d of a plate, spoon, and 2 servation revealed the dinner ey chops, spinach, and corn. ation revealed client #1 to use eal items.					
	AM revealed client # divided dish, spoon observation revealed include bananas, eg	roup home on 6/16/21 at 6:00 to eat breakfast using a and cups. Continued the breakfast meal to gs, and grits. Subsequent d client #1 to use a spoon to					
	revealed a habilitatio Review of habilitatio meal preparation go regular utensils and	or client #1 on 6/16/21 on plan dated 10/4/20. n plan for client #1 revealed als for client #1 to utilize plate. Further review of aily living skills assessment					

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		34G184	B. WING _			06/16/2021	
BON REA DRIVE GROUP HOME 3747 BON REA DRIVE CHARLOTTE, NC 28			STREET ADDRESS, CITY, STATE, ZIP CO 3747 BON REA DRIVE CHARLOTTE, NC 28266	TY, STATE, ZIP CODE E			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE) (CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 475	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		W 4				
	spoon and cups. C the breakfast meal in grits. Subsequent of to use a spoon to experience of Review of records of habilitation plan dat of client #2's habilitate skills for client to us himself. Further revealed a nutritions which noted the client	onsisted of a divided dish, ontinued observation revealed to include bananas, eggs, and observation revealed client #2 at all meal items. or client #2 revealed a ed 1/19/21. Continued review ation plan revealed dining e a fork and spoon to feed view of records for client #2 all evaluation dated 3/29/20 ent feeds self, needs some gular utensils, plate and knife.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G184	B. WING			6/16/2021
	NAME OF PROVIDER OR SUPPLIER BON REA DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CO 3747 BON REA DRIVE CHARLOTTE, NC 28266	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
W 475	client #2 can use a for Continued interview work client #2 should be proposed all meals. C. The facility failed the utensils for client #4. Observation in the graph revealed client #4 setting that consisted and 2 cups. Continued dinner meal to include corn. Subsequent obto use a spoon to eat Observation in the graph AM revealed client #4 place setting that conguard, spoon and cup	DP on 6/16/21 revealed rk and spoon at meals. with the QIDP confirmed rovided a fork and spoon at to provide appropriate To p	W 47			
	revealed client #4 to ritems. Review of records for revealed a habilitation of habilitation plan for skills for client to feed spoon and fork. Cont revealed a daily living #4 dated 3/27/20 whiclient #4 included the with supervision, the	client #4 on 6/16/21 n plan dated 4/6/21. Review client #4 revealed dining I himself using a regular inued review of record y skills assessment for client ch noted dining skills for use of a fork to pierce food use of a knife and fork to cut and the use of a knife to				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G184	B. WING _		0	6/16/2021	
NAME OF PROVIDER OR SUPPLIER BON REA DRIVE GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 3747 BON REA DRIVE CHARLOTTE, NC 28266	Ē		
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
W 475	Interview with the QIE client #4 can use a fo Continued interview w	e 15 DP on 6/16/21 revealed rk and spoon at meals. vith QIDP confirmed client d a fork and spoon at all	W 4	75			