STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G185	A. BUILDING ______ B. WING ______	07/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DALMOOR DRIVE GROUP HOME	**4400 DALMOOR DRIVE CHARLOTTE, NC 28212**

(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 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observations, review of records and interviews, the individual support plan (ISP) failed to have a training objective to meet identified client needs for 1 of 3 sampled clients (#3) relative to invading the personal space of others. The finding is: Observations in the group home on 7/6/21 at 4:08 PM revealed client #3 to walk over to the surveyor and grab her arm with a pulling motion. Continued observation revealed staff to intervene and redirect the client back to a table in the living room. Further observation revealed client #3 to sit at the table in the living room and work on a puzzle activity. Subsequent observation at 4:15 PM revealed client #3 to return the puzzle activity to the closet and grab the arm of the surveyor while leaving the activity closet. Additional observation at 4:17 PM revealed staff to hug the client while redirecting him from grabbing the surveyor. Review of records for client #3 on 7/7/21 revealed a individual support plan (ISP) dated 5/26/21. Continued review of the current ISP for client #3 revealed training objectives to use a Keurig, to identify medication, to use a hand sanitizer dispenser, to utilize a house event calendar, to prepare lunch, to set the table, to improve dining	W 227		

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 227	Continued From page 1 skills, to sort/organize, to utilize a chore schedule, to exercise, to request "help", and to use an IPAD for exercise choice. Further review of the ISP for client #3 revealed no training objective or guidelines to address the need to respect the personal space of others. Interview on 7/7/21 with the qualified intellectual disabilities professional (QIDP) verified the 5/26/21 ISP for client #3 was current. Continued interview with the QIDP revealed client #3 does invade the space of others and did not have a current training objective to address the identified behavior. Further interview with the QIDP revealed that client #3 would benefit from a program objective to provide guidance with personal space.	W 227		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 3 sampled clients (#3 and #6) received a continuous active treatment program to implement objective training as identified in the individual support plan (ISP). The findings are:	W 249		

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W 249	Continued From page 2 A. The facility failed to implement 3 of 12 objectives for client #3. For example: 1. The team failed to implement a rate of eating objective as prescribed for client #3. Observations in the group home on 7/6/21 from 4:08 PM to 5:35 PM revealed client #3 to do a puzzle activity, to walk around the home and to participate in medication administration. Continued observation revealed the client to participate in the dinner meal which consisted of toss salad, vegetable lasagna, garlic bread, and fresh fruit. Further observation at 5:24 PM revealed client #3 to eat his salad at a fast pace. Further observation revealed no prompt from staff for client #3 to slow his rate of eating. Observation in the group home on 7/7/21 from 6:45 AM to 8:00 AM revealed client #3 to eat breakfast which consisted of oatmeal, blueberry muffins, and applesauce. Continued observation revealed client #3 to consume his breakfast at a fast pace. Subsequent observation revealed no prompt from staff for client #3 to slow his rate of eating. Review of the records for client #3 on 7/7/21 revealed an ISP dated 5/26/21. Review of the ISP revealed an objective training goal dated 2/15/21 for client #3 to improve his dining skills. Continued review of the 2/15/21 dining skills objective for client #3 revealed the need to aide the client to eat at a slower pace and to to take smaller bites. Interview with the qualified intellectual disabilities professional (QIDP) confirmed client #3's ISP	W 249		

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W 249	Continued From page 3	W 249		

dated 5/26/21 was current. Continued interview with the QIDP revealed client #3 should have been provided a picture cue card to slow his rate of eating during meals. Further interview with the QIDP confirmed that staff should have implemented the training objectives as prescribed to support client #3 with dining skills.

2. The team failed to implement an objective as prescribed for client #3 to set the table.

Observations in the group home on 7/6/21 and 7/7/21 revealed client #3 to participate in various activities that included: puzzle activities, leisure ambulation around the home, medication administration and to collect the trash in the group home. Continued observation revealed client #3 to participate in the dinner and breakfast meal with no prompt from staff to set the table at either meal.

Review of records for client #3 on 7/7/21 revealed an ISP dated 5/26/21. Review of the ISP revealed an objective training goal dated 6/1/21 for client #3 to set the table. Review of client #3's training objective to set the table revealed client #3 is to set the table with assistance with a frequency of 2x's per day Monday-Friday.

Interview with the QIDP confirmed client #3's ISP dated 5/26/21 was current. Continued interview with the QIDP revealed the client should have set the table for dinner on 7/6/21 and breakfast on 7/7/21. Further interview with the QIDP confirmed that staff should have implemented the training objective as prescribed for client #3 to set the table.

3. The team failed to implement an objective for

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W 249	Continued From page 4 client #3 to use a Keurig machine as prescribed. Morning observations in the group home on 7/7/21 from 6:45 AM to 8:00 AM revealed client #3 to do a puzzle activity, to leisurely ambulate inside and outside of the home and to collect the trash. Continued observation revealed client #3 to eat breakfast which consisted of oatmeal, blueberry muffins, and applesauce. Observation of the breakfast menu on 7/7/21 revealed beverages to include the option of coffee. Subsequent observation revealed no staff to offer coffee or prompt client #3 to prepare coffee with a Keurig. Review of the records for client #3 on 7/7/21 revealed an ISP dated 5/26/21. Review of the ISP revealed a training objective dated 6/9/21 for client #3 to use a Keurig. Continued review of client #3's coffee preparation objective revealed client #3 will use a Keurig to make his own cup of coffee. Interview with the qualified intellectual disabilities professional (QIDP) confirmed client #3's ISP dated 5/26/21 was current. Continued interview with the QIDP revealed client #3 should have been prompted by staff to implement his coffee objective using a Keurig during the breakfast meal. B. The facility failed to implement a self-feeding program as prescribed for client #6. For example: Morning observations in the group home on 7/6/21 at 7:10 AM revealed staff C to guide client #6 by hand to the dining table and assist him in sitting in his chair to prepare for the breakfast	W 249		

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W 249	Continued From page 5 meal. The breakfast meal consisted of the following: oatmeal, applesauce, blueberry muffins, water, and a sugar free drink. Further observations revealed staff C to stand beside client #6 and feed until he finished his meal. At no point during the observation was client #6 offered to feed himself independently. Review of the record for client #6 on 7/7/21 revealed an ISP dated 4/18/21. Further review of the ISP revealed that client #6 has the following program goals: a laundry goal, oral care, to tolerate physical assistance with an iPad, to check the mail, to participate in an exercise activity, to follow a daily schedule, to have an AM structured activity schedule, a self-feeding program, and an AM/PM dressing goal. Continued review of the self-feeding program dated 6/1/21 indicated that in order to gain independence of feeding himself, staff should prompt client #6 to pick up his utensil (spoon) to feed himself during each bite. Staff should praise client #6 upon completion of the meal for his independence. Interview with the QIDP on 7/7/21 verified that client #6 does not like to feed himself and prefers that staff feed him during meals. Further interview with the QIDP verified that client #6 has a current self-feeding program to promote independence during meals. The QIDP additionally confirmed that staff should follow the self-feeding program for client #6 as prescribed at all meals in order to increase the client's level of independence during mealtimes.	W 249		