

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

PRINTED: 03/15/2021  
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>03/03/2021</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 153	<p><b>STAFF TREATMENT OF CLIENTS</b> CFR(s): 483.420(d)(2)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on facility record/document review and interviews, the facility failed to ensure an injury and investigation relative possible abuse and/or neglect was reported to external officials in accordance with state law for 1 of 1 investigation reviewed. The finding is:</p> <p>Review of facility investigations on 3/3/21 revealed an investigation started on 1/12/21 and ending on 2/1/21. The original scope of the investigation was to rule out abuse and/or neglect. Continued review of the facility investigation revealed on 1/12/21 client #2 was observed by staff A sitting on the living room floor. Subsequent review of the 1/12/21 investigation revealed client #2 was reported to state to staff A "leg hurt" and was unable to stand. Staff A was documented to then call 911 and client #2 was transported to the local hospital for evaluation. Further review of the internal investigation revealed x-rays at the hospital indicated client #2 had a right hip fracture.</p> <p>The facility nurse, program manager, executive director and client #2's guardian were documented to have been notified 1/12/21. Continued review of notifications revealed the department of social services was notified</p>	W 153	<i>Please see Attached.</i>	<i>5.03.21</i>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

*Executive Director*

*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 153	<p>Continued From page 1</p> <p>1/13/21. Further investigation review revealed no evidence of a Incident Response Improvement System (IRIS) report.</p> <p>A review of the conclusion from the 1/12/21 investigation revealed an unsubstantiated finding of abuse and/or neglect. Continued review of the conclusion revealed after a review of the evidence and factual findings it is plausible that client #2 fell while walking to the living room, however no one witnessed the fall. Client #2 did say "fall down, hurt leg" to the investigator. Further review of the investigation conclusion revealed staff A followed protocol and obtained medical treatment timely.</p> <p>Interview with the facility program manager (PM) on 3/3/21 verified an unsubstantiated finding of abuse and/or neglect with the 1/12/21 internal investigation. Continued interview with the facility PM revealed an IRIS report had not been completed with client #2's incident on 1/12/21 and a report should have been completed.</p>	W 153		
W 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the individual service plan (ISP) failed to have sufficient training objectives to meet identified client needs for 2 of 3 sampled clients</p>	W 227	Please see Attached.	5.03.21

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W 227	<p>Continued From page 2 (#2 and #5). The findings are:</p> <p>Observation at the group home on 3/2/21 at 5:55 PM revealed all residents of the group home to begin loading the facility van for a community outing. Continued observation revealed client #5 to sit in the front passenger seat and to utilize the seat belt, buckling the lap belt and placing the shoulder strap behind her back. Further observation revealed client #2 to sit in the back seat of the facility van and to utilize the seat belt, buckling the lap belt and placing the shoulder strap behind her back.</p> <p>Review of records for client #5 on 3/3/21 revealed an ISP dated 2/3/20. Continued review of the 2/2020 ISP revealed current training objectives relative to oral hygiene, laundry, use of deodorant, household task, napkin use at meals and exercise. Further review of records for client #5 revealed a behavior support plan (BSP) dated 2/2/21. Review of the 2/2021 BSP revealed target behaviors of non-compliance and self-injurious behavior.</p> <p>Review of records for client #2 on 3/3/21 revealed revealed an ISP dated 10/6/20. Continued review of the 10/2020 ISP revealed current training objectives relative to communication, household task completion, meal preparation and money management. Further review of records for client #2 revealed a behavior support plan (BSP) dated 10/6/20. Review of the 10/2020 BSP revealed target behaviors of client #2 of: physical aggression, disruptive behavior and non-compliance.</p> <p>Interview with staff on 3/2/21 revealed client's #2 and #5 refuse to wear the shoulder strap of their</p>	W 227		
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W 227	<p>Continued From page 3</p> <p>seatbelt. Continued interview with staff revealed to her knowledge, client's #2 and #5 have always refused to wear their shoulder strap during transport. Interview with the facility qualified intellectual disabilities professional (QIDP) and home manager (HM) on 3/2/21 revealed they were unaware of the refusal of client's #2 and #5 to wear their seat belt correctly with utilizing the shoulder strap.</p> <p>Continued interview with the facility QIDP on 3/3/21 verified client #2 or #5 did not have current programming to address proper wear of their seat belt during transport. The QIDP further revealed he was unaware of any past programming of either client (#2 or #5) relative to proper seat belt use. Subsequent interview with the QIDP confirmed the identified need of supporting both client #2 and #5 with proper wear of their seatbelt was needed.</p>	W 227		
W 369	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 1 of 3 sampled clients (#4) and 1 non-sampled client (#3). The findings are:</p> <p>Observation in the group on 3/3/21 at 7:00 AM revealed all clients in the group home to be up, dressed and engaged in various activities in the</p>	W 369	<i>Please see Attached.</i>	<i>5.03.21</i>

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W 369	<p>Continued From page 4</p> <p>group home. Observation at 7:05 AM revealed client #5 to enter and participate in her morning medication administration. Continued observation of client #5 revealed the client to exit the medication administration area at 7:16 AM.</p> <p>Observation at 7:19 AM revealed client #6 to enter the medication administration area of the group home and participate in the morning medication pass, exiting the medication administration area at 7:28 AM. Further observation revealed staff to lock up the medication administration area and inform the surveyor all medication had been administered for the morning.</p> <p>A review of physician orders on 3/3/21 for clients #3 and #4 revealed multiple medications ordered at 8:00 AM. A review of the facility's internal medication administration record (MAR) for 3/3/21 revealed medication for client #3 ordered at 8:00 AM included Fluticasone Propionate 50mcg. Continued review of the internal MAR for 3/3/21 revealed client #3 was administered Fluticasone Propionate 50mcg on 3/3/21 at 6:54 AM.</p> <p>Further review of the internal facility MAR for 3/3/21 revealed medications ordered at 8:00 AM for client #4 included: Culturelle capsule, Fluticasone spray 50mcg, GNP gas relied chew 125mg, GNP Vitamin D3 1000iu, Lorazepam 1mg, L-Theanine 100mg, Nystatin 50000, One-A-Day Womens Tablet, Super B-Comp Tablet, Tri-Lo- Tab Sprintec and Vitamin C 500mg. Subsequent review of the MAR for 3/3/21 revealed client #4's medications ordered for 8:00 AM were administered at 6:31 AM.</p>	W 369		
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W 369	Continued From page 5 Interview with the facility nurse on 3/3/21 revealed medication can be given up to one hour before and one hour after the time they are ordered. Continued interview with the facility nurse verified medication ordered for 8:00 AM should not be given out before 7:00 AM. Subsequent interview with the facility nurse verified all medications ordered at 8:00 AM and administered before 7:00 AM on 3/3/21 were considered a medication error.	W 369		

Educare Heathcroft Court Group Home  
3046 Heathcroft Court  
Charlotte, NC 28269  
Plan of Correction  
Date of Survey: 3.11.2021  
Provider # 34G308  
Page 1 of 2

#### **W153 STAFF TREATMENT OF CLIENTS**

**The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of an unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.**

The Executive Director will re-inserve the Program Managers on the requirement to complete the IRIS report within 24 hours and 5 days. The Quality Assurance Manager will track the completion of the IRIS report as allegations of abuse/neglect are reported and subsequently investigated.

To be completed by: 05/03/21

Person(s) responsible: Program Manager, Quality Assurance Manager, Executive Director

#### **W227 INDIVIDUAL PROGRAM PLAN**

**The individual program plan states the specific objectives necessary to meet the client's needs, as identified buy the comprehensive assessment required by paragraph (c) (3) of this section.**

The Interdisciplinary team will reconvene to addend the Individual Support Plans for client #2 and client #5 to include proper seatbelt use. The Qualified Professional will inservice the staff on the revisions to the Individual Support Plans for client #2 and client #5. Additionally, the Qualified Professional will inservice staff on general safety while traveling in a vehicle to ensure proper seat belt use. The Qualified Professional and/or the Site Supervisor will periodically check for proper seat belt use as the opportunity presents itself.

To be completed by: 05/03/21

Person(s) responsible: Qualified Professional, Site Supervisor, Interdisciplinary Team, Direct Support Professionals

**Educare Heathcroft Court Group Home**  
**3046 Heathcroft Court**  
**Charlotte, NC 28269**  
**Plan of Correction**  
**Date of Survey: 3.11.2021**  
**Provider # 34G308**  
**Page 2 of 2**

**W369 DRUG ADMINISTRATION**

The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.

The nurse will re-inservice the Direct Support Professionals to ensure that medications are administered as prescribed- within one hour prior to or within one hour after the designated time on the Medication Administration Record. The Site Supervisor, Qualified Professional, and/or the nurse, will conduct observations at least two times weekly to ensure that medications are administered as prescribed.

To be completed by: 05/03/21

Person(s) responsible: Qualified Professional, Site Supervisor, Nurse





# 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 recertification survey completed at the Heathcroft Group Home on 3.03.2021. 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