

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

PRINTED: 09/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/15/2021
NAME OF PROVIDER OR SUPPLIER STARNES GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2823 STARNES ROAD CHARLOTTE, NC 28214		
(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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure privacy during medication administration for 1 of 3 sampled clients (#5). The finding is:</p> <p>Observations in the group home on 9/15/21 at 6:38 AM revealed client #5 to enter in the medication room to participate in medication administration. Continued observations revealed client #5 to sit with his shirt off and staff C to rub medication on the client's arms and back. Further observation revealed staff E to knock at the medication room door, enter the medication room and pick up a thermometer from the counter leaving the door ajar. Observation revealed staff E to stand in the doorway and take the temperature of another staff as the door remained ajar while client #5 continued to participate in medication administration. At no point during the observation did either staff ensure client #5 privacy during medication administration.</p> <p>Interview with the area supervisor on 9/15/21 verified that all clients should be offered privacy during medication administration. Interview with the qualified intellectual disabilities professional (QIDP) on 9/15/21 verified that all staff have been trained to respect the privacy of all clients during medication administration. Further interview with the QIDP confirmed that staff will receive</p>	W 130			

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 130	Continued From page 1 in-service training on respecting the privacy of clients at all times.	W 130			
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 3 of 6 clients (#1, #5 and #6) received a continuous active treatment program consisting of needed interventions as identified in their individual support plan (ISP). The findings are: A. The facility failed to ensure a training objective relative to eyeglasses and gait belt guidelines were implemented for client #1. 1. The facility failed to ensure an eyeglasses objective was implemented for client #1. For example: Observations throughout the 9/14-15/21 survey revealed client #1 to engage in leisure activities, ambulate with his walker, participate in active treatment and participate in mealtime activities. At no time during the observation period was client #1 offered his eyeglasses or observed wearing	W 249			

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W 249	<p>Continued From page 2 his eyeglasses.</p> <p>Review of client #1's record revealed an ISP dated 5/5/21. Review of client #1's ISP revealed his adaptive equipment as "protective helmet, high-lipped plated, gripped spoon, and eyeglasses." Further review of the ISP indicated a training objective that he "will wear his glasses throughout the programing day."</p> <p>Interview with the site supervisor on 9/15/21 revealed that client #1's eyeglasses are kept in the office in a locked cabinet, and they are provided to him as needed. Interview with the qualified intellectual disabilities professional (QIDP) on 9/15/21 confirmed client #1 should be provided his eyeglasses daily as prescribed and outlined in his ISP.</p> <p>2. The facility failed to ensure gait belt guidelines were implement for client #1. For example:</p> <p>Observations throughout the 9/14-15/21 survey revealed client #1 to engage in leisure activities, ambulate with his walker, and participate in mealtime activities. Further observations revealed staff to assist client #1 with multiple transitions to and from his rocking chair, his walker and the dining table. Continued observations revealed staff to grab client #1 under his arms and transition him from the sofa to his rocking chair. At no time during the observation period was client #1 observed wearing a gait belt.</p> <p>Review of client #1's record revealed an occupational therapy (OT) evaluation and gait belt guidelines dated 6/2/21. Further review of the OT evaluation and gait belt guidelines indicated client #1 (1) "should have a gait belt on whenever he is</p>	W 249			

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W 249	<p>Continued From page 3 up" and (2) "gait belt should be snug but allow hand to fit under belt."</p> <p>Interview with the QIDP on 9/15/21 confirmed client #1 should be wearing his gait belt as prescribed in his ISP.</p> <p>B. The facility failed to ensure a training objective relative to eyeglasses was implemented for client #5.</p> <p>Observations throughout the 9/14-15/21 survey revealed client #5 to engage in leisure activities, complete chores, set the dinner table, and participate in mealtime activities. At no time during the observations was client #5 offered his eyeglasses or observed wearing his eyeglasses.</p> <p>Review of client #5's record on 9/15/21 revealed an ISP dated 12/4/20. Review of client #5's ISP indicated a training objective that he "will retrieve his eyeglasses in the morning and tolerate them throughout the day."</p> <p>Interview with the site supervisor on 9/15/21 revealed that client #5's eyeglasses are kept in the office in a locked cabinet, and they are provided to him as needed. Interview with the QIDP on 9/15/21 confirmed client #5 should be provided his eyeglasses daily as prescribed and outlined in his ISP.</p> <p>C. The facility failed to ensure a training objective relative to eyeglasses was implemented for client #6.</p> <p>Observations throughout the 9/14-15/21 survey revealed client #6 to engage in leisure activities, assist with breakfast preparation and participate</p>	W 249			

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W 249	<p>Continued From page 4 in mealtime. At no time during the observations was client #6 offered his eyeglasses or observed wearing his eyeglasses.</p> <p>Review of client #6's record revealed an ISP dated 8/20/21. Review of client #6's ISP indicated a training objective that he "will wear his glasses throughout the day."</p> <p>Interview with the site supervisor on 9/15/21 revealed that client #6's eyeglasses are kept in the office in a locked cabinet, and they are provided to him as needed. Interview with the QIDP on 9/15/21 confirmed client #6 should be provided his eyeglasses daily as prescribed and outlined in his ISP.</p>	W 249			