

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

PRINTED: 12/16/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/08/2021
NAME OF PROVIDER OR SUPPLIER BURTONWOOD CIRCLE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1710 BURTONWOOD CIRCLE 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 242	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure the person centered plans (PCPs) for 2 of 3 sampled clients (#2 and #6) included training in personal skills essential for self-feeding. The findings are:</p> <p>A. The PCP failed to include objective training to address needs relative to rate of eating for client #6. For example:</p> <p>Observation in the group home on 12/7/21 at 5:35 PM revealed client #6 to participate in the dinner meal. Continued observation throughout the dinner meal revealed staff to provide client #6 with close supervision with sitting next to the client. Staff were further observed to provide multiple verbal prompts to the client to slow her rate of eating and to take sips of her beverage.</p> <p>Observation in the group home on 12/8/21 at 6:55 AM revealed client #6 to participate in the breakfast meal. Continued observation throughout the breakfast meal revealed staff to provide client #6 with close supervision with sitting next to the client. Staff were further observed, as with the dinner meal, to provide multiple verbal prompts to the client to slow her</p>	W 242			

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 242	<p>Continued From page 1</p> <p>rate of eating and to take sips of her beverage.</p> <p>Review of records for client #6 on 12/8/21 revealed a PCP dated 2/17/21. Review of the PCP for client #6 revealed training objectives to address exercise, medication administration, laundry and vocational skills. Continued review of program goals for client #6 revealed an other service goal for proper etiquette at meals with no specifics to rate of eating or implementation procedure.</p> <p>Further review of records for client #6 revealed an occupational therapy (OT) assessment dated 6/1/21. Review of the OT assessment for client #6 revealed a observation of eating that reflected: Clients eating rate was fast, requiring staff verbal prompts to slow down; Staff report that client requires prompting at every meal. Additional review of the 6/2021 OT assessment revealed recommendations for a 1/4 inch food consistency with think liquids and for staff to continue to provide prompts to slow down during meals as needed, to take smaller bites, to chew up her food and to take sips of her drink intermittently during the meal.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) on 12/8/21 verified client #6 did not have formal guidelines or programming to address rate of eating. Continued interview with the QIDP revealed client #6 had a service goal to address proper etiquette at meals although the goal did not have specific behaviors or intervention procedures targeted by the training goal. Further interview with the QIDP verified guidelines to address rate of eating as identified in the OT assessment could benefit client #6.</p>	W 242			

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W 242	<p>Continued From page 2</p> <p>B.. The PCP failed to include objective training to address needs relative to rate of eating for client #2. For example:</p> <p>Observation in the group home on 12/7/21 at 5:35 PM revealed client #2 to participate in the dinner meal. Continued observation revealed staff to provide multiple verbal prompts to the client to slow her rate of eating. Staff were observed to prompt client #2 throughout the meal to take a drink of her beverage and to wipe her mouth with a napkin.</p> <p>Observation in the group home on 12/8/21 at 7:25 AM revealed client #2 to participate in the breakfast meal. Continued observation throughout the breakfast meal revealed staff to provide client #2 verbal prompts to slow her rate of eating and to take sips of her beverage.</p> <p>Review of records for client #2 on 12/8/21 revealed a PCP dated 2/22/21. Review of the PCP for client #2 revealed training objectives to address exercise, medication administration, laundry, exercise, make bed and community intergration. Continued review of the PCP revealed no training objective or guidelines to address rate of eating.</p> <p>Further review of records for client #2 revealed an occupational therapy (OT) assessment dated 2/25/21. Review of the OT assessment for client #2 revealed an observation of eating that reflected: Clients eating rate was fast, requiring staff to provide verbal prompts to slow down. Additional review of the 2/25/21 OT assessment revealed recommendations for a 1/2 inch food consistency due to fast rate of eating and for staff</p>	W 242			

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W 242	Continued From page 3 to provide prompts such as to "take a drink" and "wipe mouth with a napkin" to further encourage client #2 to slow rate of eating. Interview with the facility qualified intellectual disabilities professional (QIDP) on 12/8/21 verified client #2 did not have formal guidelines or programming to address rate of eating. Further interview with the QIDP verified guidelines to address rate of eating as identified in the OT assessment could benefit client #2.	W 242			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) 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. This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to provide teaching relative to eyeglasses for 1 of 3 sampled clients (#2). The finding is: Observations in the group home throughout the 12/7-8/21 survey revealed client #2 to participate in various activities to include leisure activities at the dining table, setting the table for dinner, meal participation and household chores. Continued observations throughout the 12/7-8/21 survey revealed client #2 to participate in all activities without the use of eyeglasses. Subsequent observations revealed no prompts or direction from staff for client #2 to wear eyeglasses. Review of records for client #2 on 12/7/21	W 436			

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W 436	<p>Continued From page 4</p> <p>revealed a person-centered plan (PCP) dated 02/22/21 with training objectives relative to medication management, laundry, exercise, make bed, and community integration. Continued review of records for client #2 revealed a behavior plan for target behaviors of aggression, oppositional behavior and intentional urination.</p> <p>Review of a vision consult for client #2 dated 2/20/20 revealed a diagnosis of myopia. Further review of medical records revealed a 2/25/20 consult with the recommendation of eyeglasses due to vision concerns.</p> <p>Interview with client #2 on 12/08/21 revealed the client to report she had her glasses in her bedroom and she did not want to wear them. Interview facility staff verified client #2 keeps her eyeglasses in her bedroom and will often refuse to wear them.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) verified client #2 has eyeglasses due to vision deficits. Continued interview with the QIDP verified client #2 did not have a training objective to address continuous wear of eyeglasses as prescribed. Subsequent interview with the QIDP revealed client #2 could benefit from a program to address continuous wear of her eyewear and it was unknown why a program had not been implemented.</p>	W 436			