DEPART	MENT OF HEALTH AN	D HUMAN SERVICES				RM APPROVED			
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB N	NO. 0938-0391			
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	. ,	TE SURVEY MPLETED			
34G308		B. WING		0	05/17/2022				
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, Z	ZIP CODE				
HEATHCR	OFT			3046 HEATHCROFT COURT					
				CHARLOTTE, NC 28269					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			(EACH CORRECTIVE CROSS-REFERENCED		(X5) COMPLETION DATE			
W 227	objectives necessary as identified by the co required by paragraph This STANDARD is r) m plan states the specific to meet the client's needs, omprehensive assessment n (c)(3) of this section. not met as evidenced by:	W 2	27					
	Based on observation, record review and interview, the facility failed to implement training objectives to address identified needs relative to rate of eating. The finding is: Afternoon observations in the group home on 5/16/22 at 5:00 PM revealed client #6 to participate in the dinner meal. The dinner meal consisted of ground beef casserole, baked beans, peas, cut up melons, milk and water. Continued observation revealed client #6 use a high box and spoon only during the dinner meal. Further observation revealed client #6 to eat at a rapid pace. Observations at 5:07 PM revealed client #6 to complete the dinner meal and take her dishes to the kitchen. At no point during the observation was client #6 prompted to slow her rate of eating.								
	5/17/22 at 6:25 AM reparticipate in the breat meal consisted of war apple sauce, prune ju and coffee. Observate eat at a rapid rate with observations at 6:37 / complete her breakfa to the kitchen with star	in the group home on evealed client #6 to akfast meal. The breakfast ffles (cut in half), syrup, ice, fruit cup, grape juice tions revealed client #6 to in her fingers. Further AM revealed client #6 to st meal and take her dishes aff assistance. Observations prompt client #6 to slow her							

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

TITLE

(X6) DATE

PRINTED: 06/02/2022

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.

	-	ID HUMAN SERVICES				FORM	: 06/02/2022 APPROVED	
STATEMENT OF DEFICIENCIES (X1) PROVID		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
		34G308	B. WING			05/*	17/2022	
NAME OF PI	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE	E, ZIP CODE	:		
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W 227 W 249	Review of the record revealed an ISP dated of the ISP for client #6 program goals: wipe dishwasher, toothbrus glasses to improve vis bedroom, use the toat table and an exercise for client #6 did not re address rate of eating client #6 could not be review. Interview with the hom 5/17/22 revealed that during most meals. C HM verified that client training objectives rela Interview with the qua professional (QIDP) v training objectives are with the HM and QIDF would benefit from a p eating. PROGRAM IMPLEME CFR(s): 483.440(d)(1 As soon as the interdif formulated a client's in each client must rece treatment program co interventions and serv and frequency to supp	for client #6 on 5/17/22 d 2/1/22. Continued review 6 revealed the following mouth with napkin, load sh goal, laundry goal, wear sion, vehicle safety, clean ster, take out trash and wipe goal. Further review of ISP eveal training objectives to g. The OT assessment for located during the record me manager (HM) on client #6 eats at a fast pace Continued interview with the t #6 does not have any ative to rate of eating. alified intellectual disabilities verified that all of client #6's e current. Further interview P verified that client #6 program relative to rate of ENTATION) isciplinary team has ndividual program plan, ive a continuous active	W 227					

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		ID HUMAN SERVICES MEDICAID SERVICES				FOR	ED: 06/02/2022 MAPPROVED O. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
34G308			B. WING			05	5/17/2022
NAME OF PF	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
HEATHCROFT					3046 HEATHCROFT COURT CHARLOTTE, NC 28269		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 249	This STANDARD is r Based on observation review, the facility fail active treatment prog- interventions were im the individual support clients (#1, #6). The A. The team failed to relative to communical sufficient frequency to #1. For example: Afternoon observation 5/16/22 from 4:00 PM #1 to participate in va medication administrat dinner meal, put dishe in a puzzle activity an during the observation client #1 to wear her va and palm protector fo Morning observations 5/17/22 from 6:00 AM #1 to participate in va participate in the breat sink, brush teeth and administration. At no period was client #1 p protector for her right for her left hand. Cor AM revealed this surv locate client #1 wrist so Observations reveale	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 This STANDARD is not met as evidenced by: Based on observation, interviews and record review, the facility failed to ensure a continuous active treatment program consisting of needed interventions were implemented as identified in the individual support plan (ISP) for 2 sampled clients (#1, #6). The findings are: A. The team failed to ensure a program objective relative to communication was implemented in sufficient frequency to support the need of client #1. For example: Afternoon observations in the group home on 5/16/22 from 4:00 PM - 5:50 PM revealed client #1 to participate in various activities to include medication administration, participate in the dinner meal, put dishes in the kitchen, participate in a puzzle activity and brush teeth. At no point during the observations in the group home on 5/17/22 from 6:00 AM - 8:00 AM revealed client #1 to participate in various activities to include participate in various activities to include participate in the wrist band for her left hand and palm protector for her right hand. Morning observations in the group home on 5/17/22 from 6:00 AM - 8:00 AM revealed client #1 to participate in various activities to include participate in the breakfast meal, put dishes in the sink, brush teeth and participate in medication administration. At no point during the observation period was client #1 prompted to wear a palm protector for her right hand or a wear a wrist band for her left hand. Continued observations at 7:45 AM revealed this surveyor to request that staff locate client #1 wrist splint and palm protector. Observations revealed staff were not able to locate client #1's wrist splint and palm protector		249			

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TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		34G308	B. WING _		0	5/17/2022	
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W 249	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 Review of the record for client #1 on 5/17/22 revealed an ISP dated 5/7/21 which included the following program goals: AM/PM toothbrush goal, wear palm protector daily on right hand daily (4 - 8 hours), wear hand splint daily for 4-8 hours on left hand and stay on task. Further review of the ISP and OT assessment dated 5/21 for client #1 revealed the client must wear a wrist splint to keep her wrist in alignment and the palm protector for 4-8 hours daily to keep her fingers from digging into her hands. Interview with the home manager (HM) on 5/17/22 revealed that client #1 does not like to wear her wrist splint and palm protector and will misplace them often. Interview with the HM and qualified intellectual disabilities professional (QIDP) verified that client #1's training objectives are current. Continued interview with the HM and QIDP verified that client #1 should wear her wrist splint and palm protector as prescribed. B. The facility failed to ensure a training objective was implemented for client #6 relative to taking out the trash and cleaning the table. For example: Observation in the group home on 5/16/22 at 5:00 PM revealed client #6 to participate in the dinner meal of lasagna, green peas, fruit, water and punch. Continued observation revealed client #6 to finish meal and take her plate to the kitchen sink. Additional observation revealed client #6 to return to her activity desk in the small living room and resume to have client #6 work on her puzzle activity.		W 2	49			
		oup home on 5/17/22 at 6:30 6 to participate in a breakfast , yogurt and coffee.					

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 06/02/2022 MAPPROVED D. 0938-0391		
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W 249				249					

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		ID HUMAN SERVICES MEDICAID SERVICES					FORM	0: 06/02/2022 APPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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W 474	MEAL SERVICES CFR(s): 483.480(b)(2		w	474				
	developmental level of This STANDARD is r Based on observatio interview, the facility f	not met as evidenced by: ns, record review and failed to provide a d diet for 1 of 3 sampled						
	AM revealed client #6 meal of waffles, juice, Continued observatio waffles to be cut in ½ observation revealed waffles with her hand Observation did not re	n revealed client #6's						
	2/1/22. Review of the specified diet consisti healthy and chopped	I support plan (ISP) dated e ISP for client #6 revealed a ng of 1500 calorie, heart consistency. Further review 6 revealed a nutritional						
	disabilities profession verified client #6's for chopped and not serv interview with QIDP c	od should have been ved in ½ pieces. Continued confirmed that all staff will be ng diet order for chopped						

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