

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

PRINTED: 06/17/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G356	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/08/2022
NAME OF PROVIDER OR SUPPLIER ENOCH DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 4109 ENOCH DRIVE CHARLOTTE, NC 28269		
(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 287	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used for the convenience of staff.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the interdisciplinary team failed to assure restrictive practices were not used for the convenience of staff. The finding is:</p> <p>Observation in the group home on 6/8/22 at 6:30 AM revealed client #6 to fix a bowl of cereal in the kitchen. Continued observation at 6:35 AM revealed client #6 to enter the medication room with the bag of cereal and give it to staff A then return to the table to eat. Further observation of the medication room also utilized as an office revealed wall cabinets with a key present in the lock. Additional observation revealed the wall cabinet containing facility snacks.</p> <p>Interview with facility staff A confirmed all snacks are locked in the wall cabinet because of client #1's food seeking behaviors. Continued interview revealed the facility have been utilizing this practice since his employment. Further interview revealed during snack time, clients will inform staff of snack choice. Staff will retrieve snacks from the locked cabinet then give to the clients. Subsequent review with other facility staff revealed the facility has been doing so for a long time because of food seeking behaviors with client #1 and all snacks are locked in the wall cabinet in the office/medication room.</p> <p>Review of the record for client #1 revealed an Individual Support Plan (ISP) dated 9/24/21.</p>	W 287			

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.

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

PRINTED: 06/17/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G356	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/08/2022
NAME OF PROVIDER OR SUPPLIER ENOCH DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 4109 ENOCH DRIVE CHARLOTTE, NC 28269		
(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 287	Continued From page 1 Continued review of the ISP revealed a behavior plan dated 9/24/21 with target behaviors of physical aggression, food seeking behaviors, self-injurious behaviors, disrupted sleeping pattern and wandering. Further review of the interventions relative to food seeking behaviors includes blocking and redirecting inappropriate food seeking behaviors. Subsequent review did not reveal facility snacks should be doubled locked. Interview with the facility site supervisor (SS) on 6/8/22 confirmed the facility snacks are locked in a wall cabinet and inaccessible for all clients in the group home. Continued interview with the SS confirmed this restrictive practice have been in place for a while. Further interview confirmed all clients are being restricted to having access to snacks in their home.	W 287			
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 interviews the facility failed to furnish and maintain eyeglasses in good repair for 1 of 3 sampled clients (#2). The finding is: Observations in the group home throughout the 6/7-8/22 survey revealed client #2 to participate in various activities including coloring, watching TV, completing puzzles, medication administration,	W 436			

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

PRINTED: 06/17/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G356	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/08/2022
NAME OF PROVIDER OR SUPPLIER ENOCH DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 4109 ENOCH DRIVE CHARLOTTE, NC 28269		
(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 436	<p>Continued From page 2</p> <p>meal participation, and hygiene. Continued observation throughout the survey revealed client #2 to be without eyeglasses as well as revealed no prompts from staff for client #2 to wear eyeglasses.</p> <p>Review of record for client #2's on 6/8/22 revealed an individual support plan (ISP) dated 12/21/22. Review of the ISP revealed client #2's adaptive equipment to include a high-sided dish, dycem mat and eyeglasses throughout the day. Continued review of client #2's record revealed a vision exam dated 8/20/21 which indicated client #2 need for eyeglasses.</p> <p>Interview with the site supervisor on 6/8/22 revealed client #2 is suppose to wear eyeglasses, however they have been broken for approximately two months. Continued interview with the site supervisor revealed no efforts have been made to replace client #2's glasses since they were initially broken. Further interview with the site supervisor confirmed the facility is responsible for furnishing and supporting client #2 in maintaining their eyeglasses.</p>	W 436			