

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

PRINTED: 02/25/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G059	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/23/2022
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NAME OF PROVIDER OR SUPPLIER BELMONT GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 100 BELMONT MOUNT HOLLY ROAD/205 WIMMER CIRCLE BELMONT, NC 28012
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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 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. This STANDARD is not met as evidenced by: The facility failed to assure the privacy of 2 of 3 sampled clients (#2 and #3) during care of personal needs as evidenced by observations and interview. The finding is:</p> <p>Morning observations in the group home on 2/23/22 at 6:45 AM revealed 3rd shift staff beginning to prompt client #3 to wake up and get ready for the day. Further observations revealed staff to assist the client with changing clothes and other personal care needs with the client's door open. Continued observations at 7:10 AM revealed 3rd shift staff to begin working with client #2 after finishing helping client #3. Staff was observed to assist client #2 with changing clothes and changing his incontinence brief with the door open.</p> <p>Interview with 3rd shift staff revealed she works alone with the clients on 3rd shift and gets the clients up before 1st shift arrives. Interview with the qualified intellectual disabilities professional (QIDP) revealed clients' privacy should be protected but acknowledged there was a dilemma by the one 3rd shift staff working in the home as the clients that were up needed to be monitored adequately but privacy needed to be maintained as well.</p>	W 130	<p>Staff at Belmont will be re-trained on rights of persons served, specifically on privacy. QIDP, house manager, house manager supervisor and dsp's will discuss and agree upon strategies to assure privacy when a limited number of staff are on duty, and adjust staffing patterns if needed. QIDP and house manager, and house manager supervisor will monitor for compliance each time they are in the home. Documentation will occur if noncompliance is determined, and the issue will be addressed with staff training.</p> <p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">MAR 14 2022</p> <p style="text-align: center;">Lic. & Cert. Section</p>	4.24.2022
W 383	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>Only authorized persons may have access to the keys to the drug storage area.</p>	W 383	<p>Staff will be re-trained on securing the medications, medication closet, and access to the keys to the medication closet. QIDP, House Manager, House Manager Supervisor will assure keys</p>	4.24.2022

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

Sharon Nott

TITLE

Executive Director

(X6) DATE

3-8-22

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 383	Continued From page 1 This STANDARD is not met as evidenced by: The facility failed to assure the keys to the drug storage area were secured appropriately as evidenced by observations and interviews. The finding is: Morning observations in the group home on 2/23/22 at 7:00 AM revealed a set of keys hanging on a bulletin board above the medication cart in the group home office when the facility nurse arrived at the home to give client #1 an early medication. Interview with the home manager, substantiated by observations, revealed the keys to be the medication keys to open the medication cart. Further interview with the home manager revealed the medication keys are routinely kept there as the clients in the home are all currently wheelchair bound and are not capable of accessing or using the keys. However, continued interview with the home manager revealed although most staff are medication trained, neither of the 3rd shift staff nor several other staff who have access to the office are currently medication certified. The facility failed to assure only authorized staff had access to the medication keys as required.	W 383	are secured at all times, and medication storage area is secured and locked when not in use by authorized personnel. This monitoring will be done whenever QIDP, House Manager or House Manager Supervisor are on site. Documentation and re-training will occur if non-compliance occurs.		