

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

PRINTED: 08/19/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/10/2022
NAME OF PROVIDER OR SUPPLIER DALMOOR DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4400 DALMOOR DRIVE CHARLOTTE, NC 28212		
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W 218	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include sensorimotor development. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure the comprehensive functional assessment developed as part of the individual support plan (ISP) for 2 of 6 clients (#2 and #6) included updated assessments of the client's sensorimotor development. The findings are:</p> <p>A. The facility failed to complete assessment as prescribed for client #2. For example:</p> <p>Observation in the group home on 8/9/22 at 5:12 PM revealed client #2 to eat the dinner meal and begin coughing uncontrollably. Continued observation revealed staff to send client #2 to the bathroom and the client returned to finish eating meal. Further observation at 5:21 PM revealed client #2 to cough uncontrollably and staff to direct the client to raise his arms over his head. Subsequently, the client was sent to the bathroom and returned to finish eating the meal.</p> <p>Review of records for client #2 on 8/10 22 revealed an ISP dated 1/19/22 with a diagnosis of autistic disorder, IDD profound, type 2 diabetes, obsessive-compulsive disorder, mood disorder NOS, insomnia, and carnitine deficiency. Continued review of client #2's record revealed a 9/2021 Speech and Language Therapist recommendation for client #2 to have a barium swallow to rule out aspiration. The client record did not reveal any evidence of a consult for a barium swallow during the survey.</p>	W 218			

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 218	Continued From page 1 Interview with the program director (PM) on 8/10/22 revealed PM was not aware of the recommendation. Continued interview with the PM revealed she did not take client #2 on any appointment for a barium swallow. B. The facility failed to complete an assessment as prescribed for client #6. For example: Observation in the group home on 8/9/22 at 4:48 PM revealed client #6 to be provided a divided dish for the dinner meal. Continued observation revealed client #6's plate to slide around the table while trying to self-feed. Further observation at 4:55 PM revealed lots of spillage from the plate to the table. Review of records for client #6 on 8/10/22 revealed an ISP dated 4/20/22 with a diagnosis of IDD profound and autistic disorder. Continued review of client #6's record revealed no evidence of an occupational therapy assessment being completed for the client. Interview with the qualified intellectual disabilities professional (QIDP) on 8/10/22 revealed there was no occupational therapy assessment due to nursing changes and the QIDP being new to the position. Continued interview with the QIDP confirmed that an appointment will be scheduled for client #6.	W 218			
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.	W 227			

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W 227	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure the individual support plan (ISP) included interventions for client #6 relative to support during mealtimes and adaptive equipment. The findings are:</p> <p>A. The facility failed to provide adaptive equipment support for client #6 during mealtimes. For example:</p> <p>Observations in the group home on 8/9/22 at 4:50 PM revealed client #6 to participate in the dinner meal. The meal consisted of herb pork chops, hash brown potatoes, greens, salad, water, sugar free beverage and jello pudding. Continued observations revealed client #6 to use a divider plate and a tablespoon during the dinner meal. Observations revealed client #6 to eat while his plate continued moving around the table creating a significant amount of spillage on the table. Observations also revealed client #6 to drink from a regular cup and continuously spill drink in the plate. Further observations revealed staff to prompt client #6 to hold the plate with one hand to prevent it from moving around on the table. Observations at 5:10 PM revealed staff to take the plate from client #6 and make a fresh plate due to the juice spillage in the food.</p> <p>Morning observations on 8/10/22 at 7:15 AM revealed client #6 to participate in the breakfast meal. The meal consisted of grits, blueberry muffins, skim milk, water and sugar free beverage. Continued observations revealed client #6 to use a bowl and tablespoon during the breakfast meal. Further observations revealed client #6 to have spillage as his plate continued to move around the table. Observations revealed</p>	W 227			

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W 227	<p>Continued From page 3</p> <p>staff to attempt to hold the bowl in place while client #6 continued to participate in the breakfast meal. Further observations revealed client #6 to attempt to drink his juice from a regular cup with spillage on the table and into the bowl. Observations at 7:30 AM revealed staff to take client #6's plate to the kitchen only consuming 1/2 of the breakfast meal.</p> <p>Review of the record for client #6 on 8/10/22 revealed an ISP dated 4/2/22 which indicated client #6 has the following program goals: self-feeding program with utensils, sorting colors, clean and disinfect personal chair, wear a face mask, tolerate assistance with iPad, check mail, exercise goal and social skills goal. Further review of the ISP for client #6 revealed the following modified diet: low cholesterol and mechanical soft foods. Review of the ISP also revealed staff should promote independence in dining skills two times a day on weekdays and three times a day on weekends.</p> <p>Review of the nutritional evaluation for client #6 dated 4/18/22 revealed client #6 has mechanical soft consistency modifications due to staff concerns relative to choking risks. An OT assessment was not available during the survey to verify adaptive equipment and interventions needed to offer support during mealtimes.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 8/10/22 revealed an OT assessment was requested for client #6 during the survey and is forthcoming. Continued interview with the QIDP revealed the treatment team has not created and implemented formal interventions relative to food intake and adaptive equipment for client #6 to improve independence</p>	W 227			

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W 227	<p>Continued From page 4 during mealtimes.</p> <p>B. The facility failed to provide adaptive equipment for client #6 relative to therapeutic footwear. For example:</p> <p>Observations during the survey period on 8/9/22 revealed client #6 to participate in various activities wearing a large pair of shoes. Continued observations revealed client #6 to pace around the group home numerous times with the shoes slipping off of the heels of his feet. Further observations at 5:15 PM revealed client #6 to sit on the floor on his knees with his shoes tucked under his legs.</p> <p>Subsequent observations during the survey period on 8/10/22 revealed client #6 to again pace around the group home at various times wearing another large pair of shoes. Further observations revealed client #6 to continue pacing as his shoes slipped off of the heels of his feet. Observations also revealed client #6 to sit on the floor on his knees and heels as well as crawl on the floor on his hands and knees.</p> <p>Review of the record for client #6 on 8/10/22 revealed an individual support plan (ISP) dated 4/20/22. Continued review of the record for client #6 revealed nurses' notes from 7/22/21 - 9/15/21. Review of the nurses' note dated 7/22/21 revealed client #6 is in need of a PT assessment for shoe sizing and fitting. Review of the nurses' note dated 8/23/21 and 9/15/21 revealed client #6 is still in need of orthotic fitting for his shoes.</p> <p>Interview with the program coordinator (PC) on 8/10/22 revealed that client #6's feet will swell at times, especially when he sits on the floor on his</p>	W 227			

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W 227	Continued From page 5 feet. Interview with the PC also revealed that client #6 paces around the group home, sits on the floor and crawls on his hands and knees often which increases the chances of feet swelling. Continued interview with the PC revealed that nursing and management are aware of the client's shoes and the need for a physical therapy (PT) assessment. The facility nurse was not available for interview during the survey period. The PC also revealed during the interview that client #6's guardian purchased his shoes in a larger size due to sporadic swelling of his feet. Further interview with the PC verified that client #6 has not received a medical appointment relative to the swelling of his feet. Interview with the qualified intellectual disabilities professional (QIDP) on 8/10/22 revealed client #6 is still in need of a PT assessment and orthotic fitting for his shoes. Continued interview with the residential director and QIDP revealed a PT appointment for client #6 was requested and is forthcoming. Further interview with the residential director and QIDP revealed there have been some recent management changes and the PT appointment for client #6 was not secured prior to the exit of the survey.	W 227			
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide opportunities for choice and self-management during mealtime for 3 of 6 clients (#3, #4, and #5). The finding is:	W 247			

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W 247	Continued From page 6 Observations in the group home on 8/9/22 at 4:50 PM revealed clients #1, #2, #3, #4, #5, and #6 to participate in the dinner meal. Continued observations on 8/9/22 at 4:53 PM revealed staff D to serve all clients salad except for client #6. Further observation at 5:04 PM revealed staff D to have clients #3, #4, and #5 to wait for clients #1 and #2 to finish eating their salads in order to receive the main entrée of the dinner meal. Subsequent observation revealed staff D to stand with the main entrée on the side bar and to serve the main entrée once clients #1 and #2 finish eating their salads. At no time during the observation were clients #3, #4, and #5 allowed the opportunity to eat their dinner continuously. Interview with the qualified intellectual disabilities professional (QIDP) on 8/10/22 revealed that staff should not make clients wait for their food because others have not finished eating. Continued interview with the QIDP revealed that the team will look at the current dining style and make changes to ensure no one has to wait on others to finish eating to be served food items during mealtime.	W 247			
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.	W 249			

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W 249	Continued From page 7 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 1 sampled client (#5) relative to eyeglasses. The finding is: Afternoon observations in the group home on 8/9/22 from 4:00 PM to 5:40 PM revealed client #5 to participate in various activities including using his iPad, setting the table for dinner, participating in medication administration and the dinner meal. At no point during the observation period was client #5 offered to wear his eyeglasses. Morning observations on 8/10/22 from 6:40 AM to 8:20 AM revealed client #5 to participate in various activities including using his iPad, setting the table for the breakfast, helping with meal preparation, participating in medication administration and the breakfast meal. At no point during the observation period was client #5 prompted to wear his eyeglasses. Review of the record on 8/10/22 for client #5 revealed an individual support plan (ISP) dated 4/1/22 includes the following diagnoses: I/DD profound, autism with agitation, epilepsy, type 2 diabetes mellitus and retinopathy. Review of the 4/1/22 ISP for client #5 includes the following program goals: clean and disinfect his personal chair, exercise goal, iPad dinner chat communication goal, use a keyboard to communicate via email, use a stylus pen to navigate iPad use, toothbrush goals, complete	W 249			

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W 249	Continued From page 8 chores and eyeglasses goal. Continued review of the ISP goals revealed client #5 should wear his eyeglasses with Ipad use and store the glasses in his case when they are not worn. Review of the behavior support plan (BSP) for client #5 includes the following target behaviors: physical aggression, agitation, self-injurious behaviors (SIBs) and property destruction. Review of the record did not include consents relative to locking client #5's glasses in the medication room. Interview with the program coordinator (PC) on 8/10/22 revealed client #5 broke his glasses during a behavior outburst. Continued interview with the PC revealed that client #5 has one pair of eyeglasses that he should wear during Ipad use. Further interview with the PC revealed client #5's eyeglasses are usually stored in the medication closet due to another client entering and breaking others' belongings in their rooms. Interview with the qualified intellectual disabilities professional (QIDP) on 8/10/22 revealed client #5 should have his eyeglasses stored in his room when he is not wearing them. Continued interview with the QIDP revealed he was not aware that client #5 broke his eyeglasses. Further interview with the QIDP revealed all of client #5's goals are current. Interview with the QIDP revealed client #5 should wear his eyeglasses when he uses his Ipad.	W 249			
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and interview, the facility	W 331			

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W 331	<p>Continued From page 9</p> <p>failed to provide nursing services to 3 out of 6 clients (#1, #4, #5) relative to privacy during medication administration. The finding is:</p> <p>Observations in the group home on 8/10/22 at 6:48 AM revealed staff F to prompt client #1 to enter the medication room for medication administration. Continued observations revealed client #1 to participate in medication administration and stand outside of the medication cabinet as the door remained open. Further observations also revealed client #6 to sit outside of the medication cabinet while client #1 was receiving his medications. At no point during the observation did staff ensure client #1's privacy during medication administration.</p> <p>Observations at 6:59 AM revealed staff F to call client #5 to the medication room to participate in medication administration. Continued observations revealed client #5 to participate in medication administration and client #6 to remain sitting on the floor in front of the open door of the medication room. Observations did not reveal staff to prompt client #6 to leave the medication area to ensure privacy for client #5 during medication administration.</p> <p>Subsequent observations at 7:05 AM revealed staff F to prompt client #4 to enter the medication area for medication administration. Continued observations revealed client #4 to participate in medication administration with the door open as several clients passed by the medication room. Further observations also revealed client #6 to continue to sit outside of the medication room during the medication administration for client #4. At no point during the observation period did staff ensure client #4's privacy during the medication</p>	W 331			

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W 331	Continued From page 10 administration. Interview with the program coordinator (PC) on 8/10/22 revealed that she attempts to keep all clients away from the medication area during medication administration. The PC also revealed during the interview that the medication door was left open due to the medication room being small and the curtain attached is too small for a staff and client to be fully covered during medication administration. The nurse was not available for interview during the survey. Continued interview with the qualified intellectual disabilities professional (QIDP) and PC verified all staff have been trained to respect the privacy of clients during medication administration.	W 331			
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii) Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to serve food in a form consistent with the developmental level of 3 of 6 clients (#2, #3, and #6). The findings are: A. The facility failed to follow client #2's diet as prescribed. For example: Observations in the group home on 8/9/22 at 4:58 PM revealed the dinner meal to be herbed pork chops, hash brown potatoes, steamed greens, tossed salad with 2 tbsp. of dressing, water and sugar free beverage. Continued observations at 5:07 PM revealed staff D to serve client #2 steamed greens, 2 hash brown potatoes, and cut up creamy herbed pork chops. Further	W 474			

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W 474	<p>Continued From page 11</p> <p>observation at 5:12 PM revealed client #2 to eat the dinner meal gagging a couple of times and coughing uncontrollably that resulted in staff sending the client to the bathroom. Surveyor did not observe staff assisting client #2 to chop meats for dinner meal.</p> <p>Review of client #2's record on 8/10/22 revealed a individual support plan (ISP) dated 1/19/22. Review of the ISP revealed client #2 to be prescribed an 1800 calorie diet with chopped meats. Additionally, client #2 is on an 1800 calorie diet with chopped meats to prevent choking due to the rapid pace at which the client eats.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 8/10/22 confirmed client #2's prescribed diet. Further interview with the QIDP confirmed specially modified diets should always be followed as prescribed.</p> <p>B. The facility failed to follow client #3's diet as prescribed. For example:</p> <p>Observations in the group home on 8/9/22 at 4:58 PM revealed the dinner meal to be herbed pork chops, hash brown potatoes, steamed greens, tossed salad with 2 tbsp. of dressing, water and sugar free beverage. Continued observations at 5:06 PM revealed staff D to serve client #3 steamed greens, 2 hash brown potatoes, and cut up creamy herbed pork chops. Further observation at 5:12 PM revealed client #3 to eat the dinner meal as served. Surveyor did not observe staff assisting client #3 to provide a mechanical soft dinner meal.</p> <p>Review of client #3's record on 8/10/22 revealed</p>	W 474			

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W 474	<p>Continued From page 12</p> <p>a ISP dated 5/27/22. Review of the ISP revealed client #3 to be prescribed a regular heart healthy mechanical soft diet with rumination guidelines. Additionally, client #3 was changed to a mechanical soft diet due to the rapid rate of eating and concerns with choking risk.</p> <p>Interview with the QIDP on 8/10/22 confirmed client #3's prescribed diet. Further interview with the QIDP confirmed specially modified diets should always be followed as prescribed.</p> <p>C. The facility failed to follow client #6's diet as prescribed. For example:</p> <p>Observations in the group home on 8/9/22 at 4:48 PM revealed the dinner meal to be herbed pork chops, hash brown potatoes, steamed greens, tossed salad with 2 tbsp. of dressing, water and sugar free beverage. Continued observations at 4:50 PM revealed staff to provide client #6 a divided dish with food cut up into bite size pieces. Further observation at 4:54 PM revealed client #6 to eat the dinner meal with the divided dish sliding around the table and staff prompting client to hold plate. Subsequent observation at 5:02 PM revealed client #6 to have large chunks of meat hanging from mouth while eating meal. Surveyor did not observe staff assisting client #6 to provide a mechanical soft dinner meal.</p> <p>Review of client #6's record on 8/10/22 revealed a ISP dated 4/20/22. Review of the ISP revealed client #6 to be prescribed a low cholesterol, mechanical soft diet and liquid meal supplements three times a day.</p> <p>Interview with the QIDP on 8/10/22 confirmed client #6's prescribed diet. Further interview with</p>	W 474			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/10/2022
NAME OF PROVIDER OR SUPPLIER DALMOOR DRIVE GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4400 DALMOOR DRIVE CHARLOTTE, NC 28212		
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W 474	Continued From page 13 the QIDP confirmed specially modified diets should always be followed as prescribed.	W 474		