

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

PRINTED: 08/24/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G316	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/18/2022
NAME OF PROVIDER OR SUPPLIER LEAVES			STREET ADDRESS, CITY, STATE, ZIP CODE 7106 LEAVES LANE CHARLOTTE, NC 28213		
(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 000	INITIAL COMMENTS	W 000			
W 226	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to implement an individual support plan within 30 days of admission for 1 client (#6). The finding is:</p> <p>During a complaint investigation review of record for client #6 on 8/18/22 revealed an admission date of 6/30/22. Continued review revealed no individual support plan (ISP) implemented for client #6. Further review revealed informal training objective to include: exercise.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 8/18/22 verified that there is no formal ISP for client #6. Continued interview with the QIDP confirmed the ISP meeting for client #6 is scheduled for 8/22/22 at 10:00 AM. The QIDP additionally confirmed client #6's ISP should have been completed within thirty days of the client's admission.</p>	W 226			
W 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>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. This STANDARD is not met as evidenced by:</p>	W 227			

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 227	<p>Continued From page 1</p> <p>The facility failed to assure the individual support plan (ISP) for client #6 included objective training to meet the client's behavior as evidenced by interview and record verification. The finding is:</p> <p>Review of record for client #6 on 8/18/22 during a complaint investigation revealed an admission date of 6/30/22. Continued review revealed no individual support plan (ISP) implemented for client #6. Further review of record did not reveal a behavior support plan (BSP) or behavioral guidelines. Subsequent review revealed one formal training objective to include exercising.</p> <p>Review of behavioral data since admission revealed incidents occurred on 6/30/22, 7/4/22, 7/12/22 and 7/24/22. Continued review of 6/30/22 incident revealed client #6 became upset after refusing to assist with setting up his television, yelled " I want to go home" and walked out of the front door. The client ignored redirection from staff, nurse and site supervisor to return to the home. Further review of the 7/4/22 incident revealed client #6 was verbally aggressive then became physically aggressive towards staff.</p> <p>Subsequent review of the 7/12/22 incident revealed client #6 shouting at peers, banging walls and slamming doors. Staff redirected the behaviors but client #6 responded "I want to go home", then began crying and kicking doors. Later client #6 went out the front door and began walking in the street. The residential manager (RM) redirected client #6 to come back into the home and he refused. The facility notified local authorities of client's behavior and followed both staff and client in the facility van.</p> <p>Additional review of the 7/24/22 incident revealed</p>	W 227			

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W 227	<p>Continued From page 2</p> <p>client #6 to become verbal and physically aggressive towards staff by cursing, kicking, biting, scratching, etc. after staff redirected him to not turn the television while others were still watching it.</p> <p>Review of a psychiatric consult dated 8/5/22 revealed the following behaviors for client #6: aggressive/ physical behavior, biting, verbal threats towards staff and daytime sleeping.</p> <p>Interview with the facility first shift staff at the group home revealed and verified by in-service training that they were trained relative to the client's admission to the group home history of the client's psychological state and behavioral training. Continued interview with staff A and B revealed they were trained on utilizing the tools learned during "You're Safe I'm Safe" when behaviors occur. Further interview with the RM confirmed there were no formal BSP interventions implemented to address target behaviors for client #6. Subsequent interview with the RM confirmed staff have been trained on how to utilize "You're Safe I'm Safe" but not on specific target behaviors for client #6.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 8/18/22 verified that there is no formal ISP for client #6. Continued interview with the QIDP confirmed the ISP meeting for client #6 is scheduled for 8/22/22 at 10:00 AM. Further interview with the QIDP revealed the facility psychologist is currently working on creating a BSP for client #6. The QIDP further verified client #6 does not have informal or formal BSP interventions implemented or training objectives to address current behaviors.</p>	W 227			

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