|                          | -   | ID HUMAN SERVICES<br>MEDICAID SERVICES  |                     |     |   |           | MAPPROVED<br>0. 0938-0391  |
|--------------------------|---|---|---------------------|-----|---|-----------|----------------------------|
| STATEMENT C              | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA<br>AND PLAN OF CORRECTION UMBER:  |   |                     |     | CONSTRUCTION  | (X3) DATE |                            |
|                          |   | 34G312  | B. WING _           |     |   | 12/       | 20/2022                    |
| NAME OF PF               | ROVIDER OR SUPPLIER   |   | •                   | S   | TREET ADDRESS, CITY, STATE, ZIP CODE  | •         |                            |
| RAVENDA                  | LE DRIVE GROUP HOM  | E   |                     |     | 123 RAVENDALE DRIVE<br>CHARLOTTE, NC 28216  |           |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIZ<br>TAG | ×   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD I<br>CROSS-REFERENCED TO THE APPROPR<br>DEFICIENCY) | BE        | (X5)<br>COMPLETION<br>DATE |
| TAG<br>W 227             | INDIVIDUAL PROGR<br>CFR(s): 483.440(c)(4<br>The individual programobjectives necessary<br>as identified by the correquired by paragraph<br>This STANDARD is r<br>Based on observation<br>interviews, the facility<br>individual support platinterventions for client<br>boundaries, privacy at<br>permission. The findit<br>A. The facility failed to<br>relative to respecting<br>and privacy. For example<br>Afternoon observation<br>12/19/22 at 4:10 PM of<br>the living room area.<br>revealed client #5 to 14<br>Further observations<br>#5 to hug a surveyor.<br>observation did staff p<br>from having contact w<br>Morning observations<br>12/20/22 at 6:51 AM of<br>bathroom #1 without<br>client was toileting. C<br>#5 to turn around and | AM PLAN<br>)<br>m plan states the specific<br>to meet the client's needs,<br>omprehensive assessment<br>in (c)(3) of this section.<br>not met as evidenced by:<br>ns, record review and<br>failed to assure the<br>in (ISP) included<br>t #5 relative to respecting<br>ind leaving the area without<br>ings are:<br>o provide support to client #5<br>boundaries, personal space<br>imple:<br>ins in the group home on<br>revealed client #5 to pace in<br>Continued observations<br>ing a female staff member.<br>at 4:30 PM revealed client<br>At no point during the<br>prompt the client to refrain | W 2                 | 227 |   | ATE       | DATE                       |
|                          | was toileting. Continu<br>revealed client #5 to e<br>another client was toi<br>revealed client #5 to a  | ued observations at 7:12 AM<br>enter bathroom #2 while  |                     |     |   |           |                            |

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

TITLE

(X6) DATE

PRINTED: 12/21/2022

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.

|                          | -   | D HUMAN SERVICES<br>MEDICAID SERVICES   |                                |                              |  | FORM              | 2: 12/21/2022<br>APPROVED<br>0: 0938-0391 |
|--------------------------|---|---|--------------------------------|------------------------------|--|-------------------|---|
| STATEMENT (              | DF DEFICIENCIES<br>CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE<br>A. BUILDING _ | CONSTRUCTION                 |  | (X3) DATE<br>COMP | SURVEY                                    |
|                          |   | 34G312  | B. WING                        |                              | _  | 12/2              | 20/2022                                   |
| NAME OF PI               | ROVIDER OR SUPPLIER   |   | S                              | TREET ADDRESS, CITY, ST      | ATE, ZIP CODE  | •                 |   |
|                          |   | _   | 1'                             | 123 RAVENDALE DRIVE          |  |                   |   |
| RAVENDA                  | LE DRIVE GROUP HOMI   | Ξ   | c                              | HARLOTTE, NC 2821            | 6  |                   |   |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG            | (EACH CORRE)<br>CROSS-REFERE | PLAN OF CORRECTION<br>CTIVE ACTION SHOULD BI<br>NCED TO THE APPROPRIA<br>DEFICIENCY) |                   | (X5)<br>COMPLETION<br>DATE                |
| W 227                    | Continued From page   | : 1   | W 227                          |                              |  |                   |   |
|                          | revealed an ISP dated<br>the following program<br>building, make choice<br>community inclusion a<br>Review of the behavio<br>10/24/22 revealed the<br>agitation/anxiety, inap<br>and verbal aggression<br>record for client #5 did<br>and/or interventions re<br>boundaries and perso<br>the privacy of others.<br>Interview with the resi<br>(RSD) on 12/20/22 re<br>to the facility on 10/24<br>management are still<br>Continued interview with<br>could benefit from pro-<br>respecting boundaries<br>privacy.<br>B. The facility failed to<br>client #5 would not leavithout permission. F<br>Observations in the g<br>6:30 AM revealed client<br>the surveyors without<br>observations revealed<br>the group home at var<br>morning. Further obs<br>7:45 AM revealed client | idential services director<br>vealed client was admitted<br>l/22 and the staff and<br>getting to know the client.<br>vith the RSD revealed all of<br>interventions are current.<br>the RSD revealed client #5<br>ogram goals relative to<br>s, personal space and<br>o provide support to ensure<br>ave his assigned area<br>for example:<br>roup home on 12/20/22 at<br>int #5 to answer the door for<br>staff presence. Continued<br>d client #5 to pace around<br>rious times throughout the<br>ervations from 7:20 AM to<br>int #5 to go outside the front<br>e without staff permission. |                                |                              |  |                   |   |

| TATEMENT                 | OF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA   |                     | CONSTRUCTION  | (X3) DATE | SURVEY                    |
|--------------------------|--|---|---------------------|---|-----------|---------------------------|
|                          | CORRECTION   | IDENTIFICATION NUMBER:  | A. BUILDING         |   | · · ·     | LETED                     |
|                          |  | 34G312  | B. WING             |   | 12/       | 20/2022                   |
| NAME OF PI               | ROVIDER OR SUPPLIER  | •   | ST                  | REET ADDRESS, CITY, STATE, ZIP CODE   |           |                           |
| RAVENDA                  | LE DRIVE GROUP HOM   | E   |                     | 23 RAVENDALE DRIVE<br>IARLOTTE, NC 28216  |           |                           |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF COF<br>(EACH CORRECTIVE ACTION<br>CROSS-REFERENCED TO THE /<br>DEFICIENCY) | SHOULD BE | (X5)<br>COMPLETIO<br>DATE |
| W 227                    | Continued From page  | e 2   | W 227               |   |           |                           |
|                          | outside to accompan  | 5 was outside and went<br>y him. At no point during the<br>prompt client #5 to not go<br>ission or supervision.   |                     |   |           |                           |
|                          | revealed an ISP date<br>review of the record f<br>dated 10/24/22 which<br>target behaviors: agit<br>social behaviors and<br>Continued review of f<br>not include program | for client #5 on 12/20/22<br>d 10/24/22. Continued<br>for client #5 revealed a BSP<br>indicated the following<br>ration/anxiety, inappropriate<br>verbal aggression.<br>the record for client #5 did<br>goals and interventions<br>area without permission. |                     |   |           |                           |
| W 368                    | client #5 was admitte<br>and the staff and man<br>know the client's beh<br>with the RSD reveale<br>interventions are curr<br>the RSD revealed clie                       | TION  | W 368               |   |           |                           |
|                          | that all drugs are adm<br>the physician's orders<br>This STANDARD is<br>Based on observation<br>interview, the facility<br>were administered as                          | not met as evidenced by:  |                     |   |           |                           |

If continuation sheet Page 3 of 14

|                          | -   | D HUMAN SERVICES<br>MEDICAID SERVICES   |                     |   |  | FORM                          | : 12/21/2022<br>APPROVED<br>. 0938-0391 |
|--------------------------|---|---|---------------------|---|--|-------------------------------|---|
| STATEMENT C              | OF DEFICIENCIES<br>CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | ` '                 | E CONSTRUCTION                              |  | (X3) DATE SURVEY<br>COMPLETED |   |
|                          |   | 34G312  | B. WING             |   | -  | 12/2                          | 20/2022                                 |
| NAME OF PF               | ROVIDER OR SUPPLIER   |   |                     | STREET ADDRESS, CITY, STA                   | ATE, ZIP CODE  |                               |   |
| RAVENDA                  | LE DRIVE GROUP HOMI   | E   |                     | 1123 RAVENDALE DRIVE<br>CHARLOTTE, NC 28216 | i  |                               |   |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | (EACH CORREC<br>CROSS-REFEREN               | PLAN OF CORRECTION<br>TIVE ACTION SHOULD BE<br>ICED TO THE APPROPRIA<br>EFICIENCY) |                               | (X5)<br>COMPLETION<br>DATE              |
| W 368<br>W 382           | 6:52 AM revealed star<br>medications into a me<br>administration. Contin-<br>staff D to administer of<br>spray with 1 spray in of<br>observation revealed<br>pills in a medicine cup<br>Subsequent observat<br>provide surveyor med<br>medications administer<br>Review of records for<br>revealed physician or<br>of the 10/1/22 physici<br>medications to admin<br>following: fexofenadin<br>mg cap, memantine 5<br>omeprazole 40 mg ca<br>(25mcg) tab, vitamin 1<br>quantity (2), and dymi<br>survey observation, s<br>administer vitamin D3<br>Interview with the faci<br>verified the physician<br>current. Continued In<br>confirmed that staff st<br>client #2's prescribed<br>interview with the faci<br>not receive any calls f<br>vitamin D3 1000u (25<br>administer to the clier<br>DRUG STORAGE AN<br>CFR(s): 483.460(l)(2) | ff D to pre-punch<br>edicine cup for medication<br>nued observation revealed<br>elient #2 prescribed nasal<br>each nostril. Further<br>staff D to give the client 7<br>to to take whole with water.<br>ion revealed staff D to<br>lication packets for<br>ered.<br>client #2 on 12/20/22<br>ders dated 10/1/22. Review<br>an orders revealed<br>ister at 7:00 AM to be the<br>te 180 mg tab, fluoxetine 40<br>ing tab, multi-vitamins tab,<br>tp DR, vitamin D3 1000u<br>D3 400 units tab with<br>ista nasal spray. During the<br>taff D was not observed to<br>a 1000u (25mcg).<br>lity nurse on 12/20/22<br>orders dated 10/1/22 to be<br>terview with the nurse<br>hould have administered the<br>medication. Further<br>lity nurse revealed she did<br>from staff D regarding<br>mcg) being unavailable to<br>at.<br>ID RECORDKEEPING | W 368               |   |  |                               |   |

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|                          | -   | ID HUMAN SERVICES<br>MEDICAID SERVICES  |                     |  | FORM      | D: 12/21/2022<br>MAPPROVED<br>D. 0938-0391 |
|--------------------------|---|---|---------------------|--|-----------|--|
| STATEMENT C              | DF DEFICIENCIES<br>CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   |                     | E CONSTRUCTION   | (X3) DATE | E SURVEY<br>PLETED                         |
|                          |   | 34G312  | B. WING             |  | 12/       | /20/2022                                   |
| NAME OF PF               | ROVIDER OR SUPPLIER   |   |                     | STREET ADDRESS, CITY, STATE, ZIP CODE  |           |  |
| RAVENDA                  | LE DRIVE GROUP HOM  | E   |                     | 1123 RAVENDALE DRIVE<br>CHARLOTTE, NC 28216  |           |  |
|                          |   |   | I                   |  |           |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>.SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRE<br>(EACH CORRECTIVE ACTION SH<br>CROSS-REFERENCED TO THE APP<br>DEFICIENCY) | OULD BE   | (X5)<br>COMPLETION<br>DATE                 |
| W 382                    | Continued From page<br>This STANDARD is in<br>Based on observation<br>failed to assure all me<br>appropriately as requi<br>Observations in the gr<br>6:59 AM revealed star<br>prescribed medication<br>medicine cup and doo<br>Continued observation<br>the medication room I<br>closet unlocked and do<br>open with medications<br>observations revealed<br>for keys to the supply<br>closet and walk into lift<br>the medication room.<br>Subsequent observation<br>staff D to pre-punch in<br>medication into medic<br>medication room leav<br>unlocked. Continued<br>D to retrieve client #6<br>medication room leav<br>medications on the de<br>pitcher from the refrig<br>Interview with the faci<br>revealed that staff D s<br>medication closet and | A 4<br>not met as evidenced by:<br>ns and interviews, the facility<br>edications were secured<br>ired. The finding is:<br>roup home on 12/20/22 at<br>ff D to pre-punch 12<br>ns for client #4 into a<br>cument on an IPAD.<br>ns revealed staff D to exit<br>leaving the medication<br>door to medication room<br>s sitting on desk. Further<br>d staff D to enter the kitchen<br>closet, open the supply<br>ving to escort client #4 to<br>ions at 7:26 AM revealed<br>nedications and pour<br>cine cup and exit the<br>ing the medication closet<br>observations revealed staff<br>from bedroom and return to<br>ditionally, staff D exits the<br>ing client #6 with<br>esk and obtain the milk<br>erator in the kitchen.<br>ility nurse on 12/20/22<br>should have secured the<br>i medications should have | W 382               | DEFICIENCY)  |           |  |
|                          | with the client. Contin facility nurse revealed   | led in the medicaiton room<br>nued interview with the<br>I that staff D did not follow<br>ation and all clients should<br>ginning medication  |                     |  |           |  |

Facility ID: 945214

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|                          |   | MEDICAID SERVICES  |                     |   |        | D. 0938-039               |
|--------------------------|---|--|---------------------|---|--------|---------------------------|
|                          | OF DEFICIENCIES<br>CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | . ,                 | E CONSTRUCTION  | · · ·  | E SURVEY<br>PLETED        |
|                          |   | 34G312   | B. WING             |   | 12     | /20/2022                  |
| NAME OF P                | ROVIDER OR SUPPLIER   |  | :                   | STREET ADDRESS, CITY, STATE, ZIP CODE   |        |                           |
| RAVENDA                  | ALE DRIVE GROUP HOM   | E  |                     | 1123 RAVENDALE DRIVE<br>CHARLOTTE, NC 28216   |        |                           |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY) | ULD BE | (X5)<br>COMPLETIO<br>DATE |
| W 454                    | Continued From page   | 2 5  | W 454               | 1   |        |                           |
| W 454                    | INFECTION CONTR<br>CFR(s): 483.470(I)(1)  | OL   | W 454               |   |        |                           |
|                          |   | ide a sanitary environment transmission of infections.   |                     |   |        |                           |
|                          | Based on observatio<br>failed to ensure the p<br>cross-contamination  | not met as evidenced by:<br>ns and interviews, the facility<br>otential for<br>was prevented relative to 6<br>2, #3, #4, #5 and #6). The   |                     |   |        |                           |
|                          | from 6:30 AM - 7:45 A<br>use both bathrooms i<br>paper. Continued ob<br>revealed client #2 to<br>the toilet with the doo<br>revealed client #2 to<br>out of the bathroom v<br>hands. Observations<br>droppings and urine t<br>and the floor. Additio<br>revealed client #2 to<br>sit on the soiled toilet | o remain on the toilet seat<br>nal observations at 7:12 AM<br>return to the bathroom and<br>seat. Observations<br>again leave the bathroom   |                     |   |        |                           |
|                          | enter the same bathre<br>toilet seat with the do<br>revealed staff E to en<br>client #6 and exit the<br>open and not refilling<br>Observations also rev<br>from the toilet, pull up   | AM revealed client #6 to<br>oom and sit on the soiled<br>or open. Observations<br>ter the bathroom, check on<br>bathroom leaving the door<br>the toilet paper.<br>veal client #6 to stand up<br>his pants and exit the<br>ing and washing his hands. |                     |   |        |                           |

Facility ID: 945214

If continuation sheet Page 6 of 14

|                          | -  | D HUMAN SERVICES<br>MEDICAID SERVICES   |                     |                               |   | FORM                 | : 12/21/2022<br>APPROVED<br>. 0938-0391 |
|--------------------------|--|---|---------------------|-------------------------------|---|----------------------|---|
| STATEMENT (              | DF DEFICIENCIES<br>CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | . ,                 | E CONSTRUCTION                |   | (X3) DATE :<br>COMPL | SURVEY                                  |
|                          |  | 34G312  | B. WING             |                               | _   | 12/2                 | 20/2022                                 |
| NAME OF PI               | ROVIDER OR SUPPLIER  |   | 5                   | TREET ADDRESS, CITY, ST       | ATE, ZIP CODE   | -                    |   |
| RAVENDA                  | LE DRIVE GROUP HOM   | E   | 1                   | 5                             |   |                      |   |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | (EACH CORREC<br>CROSS-REFEREN | EPLAN OF CORRECTION<br>CTIVE ACTION SHOULD BE<br>NCED TO THE APPROPRIA<br>DEFICIENCY) |                      | (X5)<br>COMPLETION<br>DATE              |
| W 454                    | Continued From page  | • 6   | W 454               |                               |   |                      |   |
| W 455                    | client #4 to enter the B<br>soiled toilet seat with<br>Observations revealed<br>the toilet and pull up P<br>Continued observation<br>wash his hands and e<br>Observations at 7:15<br>to request toilet paper<br>make staff aware of th<br>Additional observation<br>the bathroom toilet and<br>in both bathrooms.<br>Interview with the Res<br>(RSD) on 12/20/22 re<br>checked all bathroom<br>prevent potential cross<br>paper products as near<br>interview with the RSI<br>monitored the clients<br>Further interview revea<br>for ensuring clients re<br>bathroom as necessa<br>INFECTION CONTRO<br>CFR(s): 483.470(I)(1)<br>There must be an act<br>prevention, control, and<br>and communicable di<br>This STANDARD is re<br>Based on observation<br>facility failed to impler<br>the prevention and co<br>communicable diseas | d client #4 to stand up from<br>his pants without wiping.<br>Ins revealed client #4 to<br>exit the bathroom.<br>AM revealed this surveyor<br>for both bathrooms and<br>he feces droppings.<br>Ins revealed staff E to clean<br>hd floor and refill toilet paper<br>sidential Services Director<br>vealed staff should have<br>s to ensure cleanliness to<br>s-contamination and refill<br>cessary. Continued<br>D revealed staff should have<br>going to the bathroom.<br>He bathroom | W 455               |                               |   |                      |   |

Facility ID: 945214

If continuation sheet Page 7 of 14

|                          | -  | D HUMAN SERVICES  |                     |   |  | FORM               | ): 12/21/2022<br>1 APPROVED |
|--------------------------|--|---|---------------------|---|--|--------------------|-----------------------------|
| STATEMENT C              | S FOR MEDICARE & I<br>OF DEFICIENCIES<br>CORRECTION  | MEDICAID SERVICES<br>(X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | . ,                 | ECONSTRUCTION                             |  | (X3) DATE<br>COMPI |                             |
|                          |  | 34G312  | B. WING             |   | _  | 12/:               | 20/2022                     |
| NAME OF PF               | ROVIDER OR SUPPLIER  |   | 5                   | STREET ADDRESS, CITY, ST                  | TATE, ZIP CODE   |                    |                             |
| RAVENDA                  | LE DRIVE GROUP HOM   | E   |                     | 123 RAVENDALE DRIVE<br>CHARLOTTE, NC 2821 | 6  |                    |                             |
|                          |  | ATEMENT OF DEFICIENCIES   | <b>I</b>            |   | S PLAN OF CORRECTION   |                    | (XE)                        |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | (EACH CORRE<br>CROSS-REFERE               | CTIVE ACTION SHOULD BE<br>NCED TO THE APPROPRIA<br>DEFICIENCY) |                    | (X5)<br>COMPLETION<br>DATE  |
| W 455                    | 12/19/22 at 4:00 PM r<br>surveyors at the front<br>A to prepare the dinne<br>Continued observation<br>without a face mask of<br>observations at 4:09 F<br>manager (HM) to enter<br>wear a mask which is<br>the Centers for Medic<br>(CMS) to limit the spre<br>Subsequent observati<br>HM to put on a face m<br>speaking to HM regar<br>approximately 4:35PM<br>Interview on 12/20/22<br>verified that all staff w<br>should be wearing a f<br>interview with the faci | revealed staff C to meet<br>door with client #5 and staff<br>er meal in the kitchen.<br>Ins revealed both staff to be<br>or face covering. Further<br>PM revealed the home<br>er the group home and not<br>a current requirement by<br>tare and Medicaid Services<br>ead of the COVID-19 virus.<br>ions revealed all staff and<br>hask upon surveyor<br>ding mask requirements at | W 455               |   |  |                    |                             |
| W 474                    | wear masks in the gro<br>MEAL SERVICES<br>CFR(s): 483.480(b)(2<br>Food must be served<br>developmental level of<br>This STANDARD is in<br>Based on observation<br>interview, the facility f<br>consistency was serve<br>the clients' (#1, #2) de<br>findings are:<br>A. The facility failed t  | )(iii)<br>in a form consistent with the<br>of the client.<br>not met as evidenced by:<br>n, record review and   | W 474               |   |  |                    |                             |

If continuation sheet Page 8 of 14

|                          | -   | ID HUMAN SERVICES<br>MEDICAID SERVICES  |                   |     |  |                | FORM      | ): 12/21/2022<br>APPROVED<br>). 0938-0391 |
|--------------------------|---|---|-------------------|-----|--|----------------|-----------|---|
| STATEMENT C              | DF DEFICIENCIES<br>CORRECTION                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:                                 | · , ,             |     | CONSTRUCTION   |                | (X3) DATE |   |
|                          |   | 34G312  | B. WING           |     |  |                | 12/       | 20/2022                                   |
| NAME OF PF               | ROVIDER OR SUPPLIER                             |   | •                 | S   | TREET ADDRESS, CITY, STATE, ZIP  | CODE           |           |   |
| RAVENDA                  | LE DRIVE GROUP HOM                              | E   |                   |     | 123 RAVENDALE DRIVE  |                |           |   |
|                          |   |   |                   |     | CHARLOTTE, NC 28216  |                |           |   |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)                                | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>.SC IDENTIFYING INFORMATION) | ID<br>PREF<br>TAG |     | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | TION SHOULD BI |           | (X5)<br>COMPLETION<br>DATE                |
| W 474                    | Continued From page                             | 8   | w                 | 474 |  |                |           |   |
|                          |   | ns in the group home on   |                   |     |  |                |           |   |
|                          |   | revealed client #1 to sit at<br>pare for the dinner meal.                             |                   |     |  |                |           |   |
|                          | The dinner meal cons                            |   |                   |     |  |                |           |   |
|                          |   | ed salad, dressing, garlic  |                   |     |  |                |           |   |
|                          | · · ·   | er and milk. Continued<br>d client #1 to sit at the table                             |                   |     |  |                |           |   |
|                          |   | prepared by staff. Further  |                   |     |  |                |           |   |
|                          |   | d staff to cut client #1's  |                   |     |  |                |           |   |
|                          |   | alad with scissors into bite<br>al observations at 5:15 PM                            |                   |     |  |                |           |   |
|                          |   | client #1 a whole cupcake   |                   |     |  |                |           |   |
|                          |   | ut according to the client's  |                   |     |  |                |           |   |
|                          |   | At no point during the t#1's food processed into a                                    |                   |     |  |                |           |   |
|                          | mechanical soft diet a                          | -   |                   |     |  |                |           |   |
|                          |   | for client #1 on 12/20/22   |                   |     |  |                |           |   |
|                          |   | I support plan (ISP) dated eview of the record for client                             |                   |     |  |                |           |   |
|                          |   | al nutritional assessment   |                   |     |  |                |           |   |
|                          |   | ndicated client #1 should   |                   |     |  |                |           |   |
|                          | have the following die<br>cholesterol and mech  |   |                   |     |  |                |           |   |
|                          | cholesterol and mech                            |   |                   |     |  |                |           |   |
|                          |   | sidential Services Director   |                   |     |  |                |           |   |
|                          |   | vealed client #1's diet plan  |                   |     |  |                |           |   |
|                          |   | current. Continued interview d staff should implement                                 |                   |     |  |                |           |   |
|                          | client #1's diet consis                         | •   |                   |     |  |                |           |   |
|                          | B The facility failed t                         | o ensure client #2's diet   |                   |     |  |                |           |   |
|                          |   | emented as prescribed. For  |                   |     |  |                |           |   |
|                          | example:  |   |                   |     |  |                |           |   |
|                          | Afternoon observatior                           | ns in the group home on   |                   |     |  |                |           |   |
|                          | 12/19/22 at 4:50 PM r                           | revealed client #2 to sit at  |                   |     |  |                |           |   |
|                          | the dining table to pre<br>The dinner meal cons | pare for the dinner meal.<br>sisted of the following:                                 |                   |     |  |                |           |   |

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|                          | -   | D HUMAN SERVICES<br>MEDICAID SERVICES  |                     |  |  | FORM              | 2: 12/21/2022<br>1 APPROVED<br>2: 0938-0391 |
|--------------------------|---|--|---------------------|--|--|-------------------|---|
|                          | F DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  |                     | E CONSTRUCTION                             |  | (X3) DATE<br>COMP | SURVEY                                      |
|                          |   | 34G312   | B. WING             |  | _  | 12/2              | 20/2022                                     |
| NAME OF PR               | OVIDER OR SUPPLIER  |  | S                   | STREET ADDRESS, CITY, ST                   | ATE, ZIP CODE  |                   |   |
| RAVENDA                  | LE DRIVE GROUP HOMI   | E  |                     | 123 RAVENDALE DRIVE<br>CHARLOTTE, NC 28216 | 6  |                   |   |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)  | ATEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | (EACH CORREC<br>CROSS-REFEREN              | B PLAN OF CORRECTION<br>CTIVE ACTION SHOULD BE<br>NCED TO THE APPROPRIA<br>DEFICIENCY) |                   | (X5)<br>COMPLETION<br>DATE                  |
| W 474                    | toast, cupcakes, wate<br>observations revealed<br>chicken alfredo and se<br>size pieces. Additional<br>revealed staff to give<br>for dessert. At no poi<br>was client #2's food p<br>soft diet as prescribed<br>Morning observations<br>AM revealed staff to p<br>the breakfast meal. T<br>consisted of the follow<br>whole wheat toast, ma<br>milk. Continued obse<br>plate to have 2 hard b<br>pieces and a whole pid<br>during the observation<br>#2's food into a mech<br>prescribed.<br>Review of the record to<br>revealed an individual<br>3/19/22. Continued re<br>#2 revealed a nutrition<br>3/12/22 which indicate<br>following diet: 1800 ca<br>Interview with the resis<br>(RSD) on 12/20/22 re<br>and consistency are co<br>with the RSD revealed<br>client #2's diet consist<br>COVID-19 Vaccination<br>CFR(s): 483.430(f)(1) | ad salad, dressing, garlic<br>r and milk. Continued<br>d staff to cut client #2's<br>alad with scissors into bite<br>al observations at 5:05 PM<br>client #2 a whole cupcake<br>int during the observation<br>rocessed into a mechanical<br>d.<br>in the group home at 6:35<br>orepare client #2's plate for<br>the breakfast meal<br>ving: 2 hard boiled eggs,<br>argarine, jelly, water and<br>rvations revealed client #2's<br>toiled eggs cut in half size<br>ecc of toast. At no point<br>in did staff process client<br>anical soft diet as<br>for client #2 on 12/20/22<br>d support plan (ISP) dated<br>eview of the record for client<br>hal assessment dated<br>ed client #2 should have the<br>alorie, mechanical soft diet.<br>dential services director<br>vealed client #2's diet plan<br>surrent. Continued interview<br>d staff should implement<br>tency as prescribed.<br>in of Facility Staff | W 474               |  |  |                   |   |

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|                          | -  | ID HUMAN SERVICES<br>MEDICAID SERVICES  |                     |                              |  | FORM      | ): 12/21/2022<br>APPROVED<br>). 0938-0391 |
|--------------------------|--|---|---------------------|------------------------------|--|-----------|---|
| STATEMENT C              | DF DEFICIENCIES<br>CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | . ,                 |                              |  | (X3) DATE |   |
|                          |  | 34G312  | B. WING             |                              | _  | 12/2      | 20/2022                                   |
| NAME OF PI               | ROVIDER OR SUPPLIER  |   | s                   | TREET ADDRESS, CITY, ST      | TATE, ZIP CODE   |           |   |
|                          | LE DRIVE GROUP HOM   | E   | 1'                  | 123 RAVENDALE DRIVE          |  |           |   |
| KAVENDA                  |  | =   | c                   | HARLOTTE, NC 2821            | 6  |           |   |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | (EACH CORREC<br>CROSS-REFERE | S PLAN OF CORRECTION<br>CTIVE ACTION SHOULD BI<br>NCED TO THE APPROPRIA<br>DEFICIENCY) |           | (X5)<br>COMPLETION<br>DATE                |
| W 508                    | staffing.<br>(f) Standard: COVID-<br>staff. The facility must<br>policies and procedur<br>fully vaccinated for CO<br>this section, staff are<br>if it has been 2 weeks<br>completed a primary v<br>COVID-19. The comp<br>vaccination series for<br>as the administration of<br>the administration of a<br>multi-dose vaccine.<br>(1) Regardless of clin<br>contact, the policies a<br>to the following facility<br>care, treatment, or oth<br>and/or its clients:<br>(i) Facility employees;<br>(ii) Licensed practition<br>(iii) Students, trainees<br>(iv) Individuals who pr<br>other services for the<br>under contract or by c<br>(2) The policies and p<br>do not apply to the fol<br>(i) Staff who exclusive<br>telemedicine services<br>and who do not have<br>clients and other staff<br>of this section; and<br>(ii) Staff who provide<br>facility that are perforn<br>the facility setting and<br>contact with clients ar<br>paragraph (f)(1) of this | 19 Vaccination of facility<br>at develop and implement<br>es to ensure that all staff are<br>OVID-19. For purposes of<br>considered fully vaccinated<br>a or more since they<br>vaccination series for<br>pletion of a primary<br>COVID-19 is defined here<br>of a single-dose vaccine, or<br>all required doses of a<br>nical responsibility or client<br>and procedures must apply<br>y staff, who provide any<br>her services for the facility<br>;<br>s, and volunteers; and<br>rovide care, treatment, or<br>facility and/or its clients,<br>other arrangement.<br>procedures of this section<br>llowing facility staff:<br>ely provide telehealth or<br>s outside of the facility setting<br>any direct contact with<br>specified in paragraph (f)(1)<br>support services for the<br>med exclusively outside of<br>a who do not have any direct<br>nd other staff specified in<br>s section.<br>procedures must include, at | W 508               |                              |  |           |   |

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|                          | -  | D HUMAN SERVICES<br>MEDICAID SERVICES   |                     |                                    |   | FORM              | : 12/21/2022<br>APPROVED<br>. 0938-0391 |
|--------------------------|--|---|---------------------|------------------------------------|---|-------------------|---|
| STATEMENT C              | F DEFICIENCIES<br>CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | . ,                 | CONSTRUCTION                       |   | (X3) DATE<br>COMP | SURVEY                                  |
|                          |  | 34G312  | B. WING             |                                    |   | 12/2              | 20/2022                                 |
| NAME OF PF               | ROVIDER OR SUPPLIER  |   | S                   | TREET ADDRESS, CITY, STATE         | , ZIP CODE  |                   |   |
|                          |  | _   | 1                   | 123 RAVENDALE DRIVE                |   |                   |   |
| RAVENDA                  | LE DRIVE GROUP HOM   | =   | c                   |                                    |   |                   |   |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | ATEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | (EACH CORRECTIV<br>CROSS-REFERENCE | AN OF CORRECTION<br>/E ACTION SHOULD BE<br>D TO THE APPROPRIA<br>ICIENCY) |                   | (X5)<br>COMPLETION<br>DATE              |
| W 508                    | paragraph (f)(1) of this<br>staff who have pendim<br>been granted, exemptive<br>requirements of this s<br>whom COVID-19 vace<br>delayed, as recomme<br>clinical precautions ar<br>received, at a minimu-<br>vaccine, or the first do<br>vaccination series for<br>vaccine prior to staff p<br>treatment, or other series<br>its clients;<br>(iii) A process for ensi-<br>additional precautions<br>transmission and spre-<br>who are not fully vace<br>(iv) A process for track<br>documenting the COV<br>all staff specified in pa-<br>section;<br>(v) A process for track<br>documenting the COV<br>any staff who have ob<br>as recommended by t<br>(vi) A process for track<br>documenting informate<br>who have requested,<br>has granted, an exem-<br>COVID-19 vaccination<br>(viii) A process for en-<br>documentation, which<br>clinical contraindication | ring all staff specified in<br>s section (except for those<br>of requests for, or who have<br>tions to the vaccination<br>ection, or those staff for<br>cination must be temporarily<br>inded by the CDC, due to<br>ad considerations) have<br>m, a single-dose COVID-19<br>obse of the primary<br>a multi-dose COVID-19<br>oroviding any care,<br>rvices for the facility and/or<br>uring the implementation of<br>s, intended to mitigate the<br>ead of COVID-19, for all staff<br>inated for COVID-19;<br>king and securely<br>/ID-19 vaccination status of<br>aragraph (f)(1) of this<br>the cDC;<br>th staff may request an<br>aff COVID-19 vaccination<br>in an applicable Federal law;<br>sking and securely<br>ion provided by those staff<br>and for whom the facility<br>uption from the staff<br>in requirements;<br>suring that all | W 508               | DEFI                               | CIENCY)   |                   |   |
|                          |  |   |                     |                                    |   |                   |   |

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|   |   | D HUMAN SERVICES                                      |  |                             |  | FORM   | ): 12/21/2022<br>1 APPROVED |
|---|---|---|--|-----------------------------|--|--|-----------------------------|
| CENTERS FOR MEDICARE & I<br>STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING |                             |  | OMB NO. 0938-0391<br>(X3) DATE SURVEY<br>COMPLETED |                             |
|   |   | 34G312  | B. WING                                |                             | _  | 12/20/2022   |                             |
| NAME OF PI  | ROVIDER OR SUPPLIER   |   | s                                      | TREET ADDRESS, CITY, ST     | TATE, ZIP CODE   |  |                             |
| RAVENDA   | LE DRIVE GROUP HOM  | E   |  | 123 RAVENDALE DRIVE         | 6  |  |                             |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENC)  | Y MUST BE PRECEDED BY FULL                            | ID<br>PREFIX<br>TAG                    | (EACH CORRE<br>CROSS-REFERE | S PLAN OF CORRECTION<br>CTIVE ACTION SHOULD BI<br>NCED TO THE APPROPRIA<br>DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE  |
| W 508   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)<br>Continued From page 12<br>exemptions from vaccination, has been signed<br>and dated by a licensed practitioner, who is not<br>the individual requesting the exemption, and who<br>is acting within their respective scope of practice<br>as defined by, and in accordance with, all<br>applicable State and local laws, and for further<br>ensuring that such documentation contains:<br>(A) All information specifying which of the<br>authorized COVID-19 vaccines are clinically<br>contraindicated for the staff member to receive<br>and the recognized clinical reasons for the<br>contraindications; and<br>(B) A statement by the authenticating practitioner<br>recommending that the staff member be<br>exempted from the facility's COVID-19<br>vaccination requirements for staff based on the<br>recognized clinical contraindications;<br>(ix) A process for ensuring the tracking and<br>secure documentation of the vaccination status of<br>staff for whom COVID-19 vaccination must be<br>temporarily delayed, as recommended by the<br>CDC, due to clinical precautions and<br>considerations, including, but not limited to,<br>individuals with acute illness secondary to<br>COVID-19, and individuals who received<br>monoclonal antibodies or convalescent plasma<br>for COVID-19 treatment; and<br>(x) Contingency plans for staff who are not fully<br>vaccinated for COVID-19.<br>Effective 60 Days After Publication:<br>(ii) A process for ensuring that all staff specified in<br>paragraph (f)(1) of this section are fully<br>vaccinated for COVID-19, except for those staff<br>who have been granted exemptions to the<br>vaccination requirements of this section, or those<br>staff for whom COVID-19 vaccination must be<br>temporarily delayed, as recommended by the |   | W 508                                  |                             |  |  |                             |

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|   |  | ID HUMAN SERVICES<br>MEDICAID SERVICES                |  |   |  | FORM                          | ): 12/21/2022<br>APPROVED<br>). 0938-0391 |
|---|--|---|--|---|--|-------------------------------|---|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING |   | _  | (X3) DATE SURVEY<br>COMPLETED |   |
|   |  | 34G312  | B. WING                                |   | 12/20/2022   |                               |   |
| NAME OF PI  | ROVIDER OR SUPPLIER  |   |  | STREET ADDRESS, CITY, S                   | STATE, ZIP CODE  | -                             |   |
| RAVENDALE DRIVE GROUP HOME                          |  |   |  | 1123 RAVENDALE DRIVE<br>CHARLOTTE, NC 282 |  |                               |   |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENC)   | Y MUST BE PRECEDED BY FULL                            | ID<br>PREFIX<br>TAG                    | (EACH CORR                                | R'S PLAN OF CORRECTION<br>ECTIVE ACTION SHOULD BI<br>ENCED TO THE APPROPRIA<br>DEFICIENCY) |                               | (X5)<br>COMPLETION<br>DATE                |
| W 508   | LE DRIVE GROUP HOME<br>SumMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)<br>Continued From page 13<br>CDC, due to clinical precautions and<br>considerations;<br>This STANDARD is not met as evidenced by:<br>Based on record review and interviews, the<br>facility failed to follow developed policies and<br>procedures for COVID-19. The finding is:<br>Review on 12/19/22 of the facility employee<br>COVID-19 vaccinations and exemption<br>information revealed the home manager (HM)<br>had not completed primary vaccination series for<br>COVID-19 including a multi-dose vaccine and no<br>request for exemption approved. The employee<br>while present in the group home on 12/19/22<br>confirmed with surveyor regarding unvaccinated<br>status.<br>Review of the facility COVID-19 vaccination policy<br>for staff (dated 1/25/22) on 12/20/22 revealed that<br>all ICF employees shall be fully vaccinated for the<br>COVID-19 virus. Continued review of the policy<br>revealed that employees who fail to comply with<br>the vaccine policy are subject to disciplinary<br>action, including termination.<br>Interview on 12/20/22 with the residential services<br>director (RSD) verified the facility has written<br>policies and procedures to ensure all staff are<br>fully vaccinated for COVID-19. Continued<br>interview with the residential services director<br>verified that the HM is currently unvaccinated and<br>does not have an approved exemption. |   | W 50                                   | 08  |  |                               |   |

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