

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

PRINTED: 01/05/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/04/2023
NAME OF PROVIDER OR SUPPLIER BURTONWOOD CIRCLE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1710 BURTONWOOD CIRCLE CHARLOTTE, NC 28212		
(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 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: Based on observations and interviews, the facility failed to ensure privacy during toileting and personal care for 2 of 3 sampled clients (#1, #4). The finding is:</p> <p>Observations in the group home on 1/4/23 at 6:38 AM revealed client #1 to walk into the hallway bathroom. Continued observation revealed client #1 to pull down her pants and sit on the toilet with the door open. Observations revealed several clients to walk past the open bathroom door while client #1 was toileting. Further observation revealed client #1 to pull up her pants and walk out of the bathroom without washing her hands. Observations at 6:45 AM revealed this surveyor to request that staff assist client #1 with washing her hands. At no point during the observation did staff prompt client #1 to close the door for privacy.</p> <p>Subsequent observations at 7:20 AM revealed client #4 to enter into the hallway bathroom and sit on the toilet with the door open. Continued observation revealed staff to walk past the bathroom and prompt client #4 to close the door. Further observation at 7:22 AM revealed client #1 to walk into the open bathroom door while client #4 was toileting. Observations revealed client #1 to later walk away from the bathroom door as it remained open.</p> <p>Additional observation at 7:25 AM revealed this surveyor to walk past the bathroom door to find client #4 unclothed as the bathroom door</p>	W 130			

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: 01/05/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/04/2023
NAME OF PROVIDER OR SUPPLIER BURTONWOOD CIRCLE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1710 BURTONWOOD CIRCLE CHARLOTTE, NC 28212		
(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 130	Continued From page 1 remained open. At no point during the observation did staff assist client #4 by closing the bathroom door to ensure privacy during toileting and grooming. Interview with the Director of Operations on 1/4/23 revealed staff should have prompted and assisted clients with maintaining privacy during toileting and personal care. Continued interview with the Director of Operations revealed staff should make sure that all clients receive privacy during toileting and grooming.	W 130			
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure only authorized persons have access to the keys to the medication storage area. The finding is: Morning observations from 6:30 AM to 7:50 AM revealed the medication cart to be placed in the hallway. Continued observations revealed the keys to the medication cart to remain on top of the cart between the clients' medication administration times. Observations at 7:45 AM revealed staff to return the keys to the medication cart which was again placed in the hallway. Further observations revealed this surveyor to alert staff that keys to the medication cart should not be placed on the cart to allow access to clients and other staff, especially when medication is not being administered. Observations at 7:50 AM revealed staff to remove the keys from the medication cart.	W 383			

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

PRINTED: 01/05/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/04/2023
NAME OF PROVIDER OR SUPPLIER BURTONWOOD CIRCLE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1710 BURTONWOOD CIRCLE CHARLOTTE, NC 28212		
(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 383	Continued From page 2 Interview with the facility nurse and Director of Operations on 1/4/23 revealed staff have been trained to keep the medication cart locked and keys in a secure place when the medication cart is not being used. Interview with the Director of Operations on 1/4/23 revealed staff responsible for medication administration should keep the medication keys in a safe place and not on top of the medication cart.	W 383		