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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	34G184		07/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BON REA DRIVE GROUP HOME	3747 BON REA DRIVE CHARLOTTE, NC 28266

(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 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in hygiene methods specific to ensuring paper towels were accessible in bathrooms for 3 of 5 clients (#1, #2, and #4). The finding is: Observation in the group home on 7/25/22 and 7/26/22 revealed two bathrooms utilized by clients #1, #2, and #4 revealed no paper towels to be in either bathroom. Observations on 7/25/22 and 7/26/22 revealed clients #1, #2, and #4 at various times to enter the bathrooms with no paper towels, wash hands, and exit the bathroom with wet hands. Subsequent observation in the group home on 7/26/22 revealed both bathrooms to remain with no paper towels throughout the observation period. Interview with the qualified intellectual disability professional (QIDP) on 7/26/22 verified there were no paper towels in either bathroom. Continued interview with the QIDP verified the home has an ample supply of paper towels and staff should have provided paper towels for clients in both bathrooms.	W 189	QIDP will ensure that GH Manager maintains adequate supply of paper towels for the home, as well as ensuring residents with full access to paper towel when needed. GH Manager will install paper towel in each dispensary and bathroom. GH Manager will create a weekly checklist for staff to sign off each time paper towel has to be changed with the date and time. Staff will be In Serviced by QIDP on this new paper towel guideline by 08/23/2022, . This process will be monitored by GHM. to make sure service accuracy and correctness	
W 192	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2) For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. This STANDARD is not met as evidenced by:	W 192	RECEIVED AUG 19 2022 DHSR-MH Licensure Sect	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Qualified Professional (X6) DATE: 8-12-22

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 192	Continued From page 1 Based on observation and interview, the facility failed to ensure staff were sufficiently trained on how to ensure appropriate communication relative to 1 sampled client (#5) change in diet order. The finding is: Observation in the group home on 7/25/22 from 4:00 PM to 5:00 PM revealed client #5 to sit at the dining room table with staff and peers engaged in group activities of bingo, coloring, puzzles and card games. Further observation revealed as activities ended and dinner prep began client #5 became physically ill, vomiting on self, floor and dining table. Continued observation revealed staff to quickly attend to client #5 to offer words of encouragement and provide self-care while the lead staff notified nursing. Subsequent observation revealed client #5 to return from self-care with a diet change from nursing of clear fluids and 24-hour vitals follow by a consult with the physician the following day. Observation in the group home on 7/26/22 at 7:56 AM revealed client #5 to be assisted to the breakfast table where staff had placed a bowl of cold cereal with milk, a fruit cup, water, and cranberry juice. Continued observation revealed client #5 to begin eating a few bites of cold cereal with milk when the surveyor asked the qualified intellectual developmental professional (QIDP) if client #5 was removed from clear fluids. Further observation revealed the QIDP to approach and notify staff of the recent diet order of clear fluids for 24 hours. Subsequent observation revealed staff to immediately remove client #5's food items and replace with coffee and chicken broth. Interview with the QIDP on 7/26/22 revealed staff had not been informed of client #5's diet change	W 192	QIDP will ensure that all staff are trained on communication skills and how it impacts services delivery with the home, In addition, QIDP will In-Service staff on residents dietary guideline, physician orders, and consultative recommendations, In-Service will be completed by 8/23/2022 to make sure service is being implemented accurately. QIDP and GHM will monitor this process to ensure service implementation with staff on a monthly basis.	

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W 192	Continued From page 2 of clear fluids for 24 hours which resulted in the client getting several bites of the cold cereal. Further interview with the QIDP confirmed there needed to be more effective communication in place to avoid situations like this from occurring.	W 192		
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: The facility failed to assure opportunities for client choice and self-management were provided during mealtime for 1 of 5 clients in the home (#2) as evidenced by observation, interview and record review. The finding is: Observation in the group home on 7/26/22 at 6:30 AM revealed staff to set the breakfast table. Further observation of breakfast at 7:00AM revealed the clients to be served cereal, a boiled egg, a fruit cup, water, and cranberry juice by staff. Continued observations revealed client #2 to sit alone at the breakfast table from 7:05 AM to 7:35 AM unable to eat the breakfast meal. Subsequent observation revealed client #2 to begin his breakfast meal at 7:35 AM. Review of records for client #2 on 7/26/22 revealed an individual support plan (ISP) dated 1/23/22 with the following diagnosis: Profound IDD, Seizure Disorder and Anxiety secondary to Organic Brain Impairment. Continued review of records for client #2 revealed goals for toileting, make bed, dental hygiene, dressing, medication administration and dining skills.	W 247	In an effort to ensure that individuals in the home are given the opportunity to have client choice and self-management during meal times, an In-Service will be completed where staff will receive step by step instructions on how client choice and self-management should be implemented in the home during all meal times. A meal observation checklist will be implemented in the home starting Sept 1st, following quarterly to observe client choice and self-management and will be discussed and/or trained on as needed during staff meeting. by 8/23/22 This process will be monitored by the QIDP and GHM.	

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W 247	Continued From page 3 Interview with the qualified intellectual disabilities professional (QIDP) on 7/26/22 confirmed client #2 should be able to eat when he is ready. Continued interview with the QIDP verified that all clients should be able to eat breakfast at a staggered schedule rather than having to wait until all medication administrations are completed or when all clients are available to eat the breakfast meal together. Further interview with the QIDP revealed the team will work on some changes to the mealtime process to allow flexibility for clients to eat as they are ready and available for their breakfast meal.	W 247		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to provide for one sample client (#2) relative to eyeglasses. The finding is: Observation in the group home on 7/25/22 from 4:00 PM to 6:00 PM revealed client #2 to participate in organized activities of coloring, card games, puzzles and bingo. Continued observation revealed client #2 to set the dinner table, participate in a dinner meal, to clean up of his dinner dishes from the table and loading them in the dishwasher. At no point during the observation was client #2 observed to wear his prescribed eyeglasses or for staff to offer the	W 436	To ensure that all individuals needs are being met under, whenever there prescription for glasses to be order or pick up following physician order. the QIDP or GHM will check on the order every 3days, until the order has been fulfilled or delivery date been issue. Once individual receive the glasses the follow up form will be mark completed. by 8/23/22 The process will be monitored by the QIDP or GHM.	

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W 436	Continued From page 4 client his prescribed eyeglasses. Morning observations in the group home on 7/26/22 from 5:30 AM to 8:30 AM revealed client #4 to wake and be assisted by staff to shower, get dressed, ambulate to the living room to participate in a preferred activity of watching a television. Continued observations revealed client #4 to participate in medication administration, a breakfast meal, cleanup of his breakfast dishes with loading them in the dishwasher and participate in an after-breakfast self-care routine. Further observation revealed client #2 to load the van and buckle up to travel to his work placement. At no point during the observation was client #2 observed to wear his prescribed eyeglasses or for staff to offer the client his prescribed eyeglasses. Review of records for client #2 on 7/26/22 revealed an individual support plan (ISP) dated 1/23/22 with the following diagnosis: Profound IDD, Seizure Disorder and Anxiety secondary to Organic Brain Impairment. Continue review of records for client #2 revealed goals for toileting, dental hygiene, dressing, medication administration, dining skills and bed making. Further review of records revealed an Ophthalmologist assessment dated 5/18/19 noting cataracts, a prescription for eyeglasses and a return visit in 1-2 years. Interview with the facility qualified intellectual disabilities professional (QIDP) on 7/26/22 verified client #2 has prescribed eyeglasses and the nurse was being contacted to find out the date of the next follow-up visit. Continued interview the QIDP revealed he was unsure why staff did not offer client #2 his eyeglasses during	W 436		

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W 436	Continued From page 5 the survey.	W 436		
W 484	DINING AREAS AND SERVICE CFR(s): 483.480(d)(3) The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide adaptive equipment related to dining for 1 of 3 sampled clients (#3). The finding is: Observation in the group home on 7/25/22 for the dinner meal revealed client #3 to utilize a scoop plate, shirt protector, 2 cups with a metal straw, and regular utensils (fork, spoon and knife) with staff assistance during meal. Observation on 7/26/22 for the breakfast meal revealed client #3 to utilize a shirt protector, 2 cups with a metal straw, bowl, regular spoon and napkin with staff assistance during meal. At no time during observations on 7/25/22 or 7/26/22 was staff observed to provide client #3 with a squeezable water bottle and large curve spoon with grip. Review of record on 7/26/22 revealed an individual habilitation plan (IHP) dated 6/3/22 that revealed client #3 drinks from squeeze bottle, uses a grip spoon, cloth bib and scoop plate. Continued review of record for client #3 revealed an admission nutritional summary and evaluation for client #3 to have right hand shakes significantly and interferes with self-feeding therefore a full assist with feeding, squeezable water bottle, large curve spoon and metal straw for dining.	W 484	In an effort to ensure that all individuals are provided with appropriate adaptive equipment related to all meals the individuals served, extra adaptive equipment will be purchased to use during all meals. In-Service will be conducted on how to properly use the adaptive equipment. will also review PT/OT recommendations along with Dietician recommendations and ensure all recommendations is being follow on the appropriate adaptive equipment that should be use during all meal times. by 8/23/22 QIDP will complete In-Service and ensure the individuals have full access to adaptive equipment.	

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W 484	Continued From page 6 Interview with the qualified intellectual disabilities professional (QIDP) on 7/26/22 revealed client #3 should be using recommended equipment with meals.	W 484		