

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G316	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ DHSR-MH Licensure Sect B. WING _____	OMB NO. 0938-0391 (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>A complaint survey was completed on 8/18/22 for Intake #NC00190705. Deficiencies were cited.</p> <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	<p>W226 The facility will ensure within 30 days after admission, the interdisciplinary team will prepare, for each client an individual program plan.</p> <p>To prevent reoccurrence Quality Assurance Manager will inservice all Program Managers and QIDP's to ensure that if a client is admitted to the facility within 30 days after admission, the interdisciplinary team must prepare, for each client an individual program plan.</p> <p>Person(s) Responsible: Program Managers and QIDP's.</p>	
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	<p>W227 The facility will ensure individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment. The facility will ensure the individual support plan (ISP) for client #6 included objective training to meet the client's behavioral needs.</p> <p>A. To prevent further occurrence the Program Manager will inservice QIDP to ensure individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment to include objective training to meet the client's behavioral needs.</p> <p>B. To prevent further occurrence QIDP will submit comprehensive assessments, ISP, objectives, BSP and provide inservice training to all staff for client #6.</p>	

			Person(s) Responsible: Program Managers, and QIDP's. To be completed by: 09/15/2022	
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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.

Kosmanche Belin
FORM CMS-2567(02-99) Previous Versions Obsolete

Program Manager
Event ID:4DS611

8/31/2022

Facility ID: 925240

If continuation sheet Page 1 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G316	(X2) MULTIPLE-CORRECTION APPROVED A. BUILDING CENTERS FOR MEDICARE & MEDICAID SERVICES 0938-0391 B. WING		DEPARTMENT OF HEALTH AND HUMAN SERVICES APPROVED C 08/18/2022	(X3) DATE SURVEY COMPLETED 08/18/2022	OMB
NAME OF PROVIDER OR SUPPLIER LEAVES			STREET ADDRESS, CITY, STATE, ZIP CODE 7106 LEAVES LANE CHARLOTTE, NC 28213				
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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					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G316	(X2) MULTIPLE RESIDENTS (X3) DATE SURVEY COMPLETED DEPARTMENT OF HEALTH AND HUMAN SERVICES APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES 0938-0391 A. BUILDING B. WING 08/18/2022 OMB I	
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W 227	<p>Continued From page 2 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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G316	(X2) MULTIPLE BUILDING FACILITY: A. BUILDING: APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES 0938-0391 B. WING:	(X3) DATE SURVEY COMPLETED 08/18/2022
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

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

PRINTED: 08/24/2022

FORM APPROVED

OMB NO. 0938-0391

(X6) DATE

Karamcha Beleri

TITLE

Program Manager

8/31/22



Community Alternatives North Carolina

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Suite 104
Charlotte, NC 28217

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www.rescare.com

RECEIVED

SEP 07 2022

DHSR-MH Licensure Sect

August 31, 2022
Ms. Shyluer Holder
Facility Compliance Consultant 1
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Dear Shyluer Holder,

Please find the enclosed plan of correction for deficiencies cited during the recent complaint investigation survey in August for the Educare Leaves Group Home Survey on 8/18/2022. Deficiencies will be corrected as indicated in plan of correction.

We would like to request an invitation of return visit on or after October 17, 2022

Thank you for all your assistance that you provide us in helping meet the needs of the people we serve.

Sincerely


Kasandra Belin
Program Manager

Respect and Care