STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G174	A. BUILDING _____ B. WING _____	C 04/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARNES GROUP HOME	**2823 STARNES ROAD CHARLOTTE, NC 28214**

(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 Intake #NC00200313 and #NC00200382.	W 000		
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to thoroughly investigate allegations of abuse for 1 of 1 audit clients (#1). The finding is: Review on 4/10/23 of the facility's internal investigation revealed 3/25/23 revealed that on 3/22/23, client #1 and client #2 became physically aggressive towards each other. Staff A and Staff B separated the two clients. Client #1 hit Staff A. Staff B's written statement revealed she told client #2 to hit client #1 back. Review on 4/10/23 of the video footage of the incident showed Staff A and Staff B separating client #1 and client #2. Client #2 was taken to the van. Client #1 was observed to hit Staff A. Staff B was heard to say "Hit him." Staff A stated, "Hit him?" Staff B stated "Hit him back." Staff A was observed to begin physically assaulting client #1. Interview on 4/10/23 with the Program Manager (PM) and Executive Director (ED) revealed the facility's internal investigation did not thoroughly investigate Staff B's encouragement for Staff A to hit client #1. Further interview with the ED confirmed the facility does not support this type of staff behavior.	W 154		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE