

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

PRINTED: 04/26/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G227	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/25/2023
NAME OF PROVIDER OR SUPPLIER FLOWE DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 628 FLOWE DRIVE 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 A revisit was conducted on 4/25/23 for all previous deficiencies cited on 2/17/23. All deficiencies were corrected. However, deficiencies were cited as a result of the recertification survey.	W 000			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 6 of 6 clients received a continuous active treatment program consisting of needed interventions as identified in the individual program plan. The finding is: Observations throughout the 4/24-25/23 survey revealed each client to engage in various activities to include group and individual leisure, hygiene, meal preparation, medication administration, and family-style dining. At no time were the client's observed participating in exercise. Review of records on 4/25/23 revealed each client to have a current habilitation plan which included a training program for exercise.	W 249			

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.

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W 249	Continued From page 1 Continued review of each client's exercise program indicated they are to complete 1-4 laps in the home with no more than three verbal prompts. Further review of client #3's record revealed a diagnosis of obesity and a nutritional evaluation dated 3/23/22 which indicated a recommendation to increase exercise for weight loss. Interview with the qualified intellectual disabilities professional on 4/25/23 verified each client's habilitation plans are current. Continued interview revealed staff should support each client with their exercise goal at all opportunities throughout the day.	W 249			
W 472	MEAL SERVICES CFR(s): 483.480(b)(2)(i) Food must be served in appropriate quantity. This STANDARD is not met as evidenced by: Based on observations, review of records and interview, the facility failed to assure food was served in the appropriate quantity for 2 of 6 clients (#3 and #6). The finding is: Observation in the group home on 4/24/23 during the evening meal revealed client #3 to be served salmon hand over hand. Continued observation of the dinner meal revealed client #3 to be served one cup of rice hand over hand. Subsequent observation in the group home on 4/25/23 revealed client #3 and client #6 to be served the breakfast meal consisting of pancakes, turkey sausage and fruit (strawberries). During the meal, client #3 was observed to serve herself additional pancakes and turkey sausage and staff was observed to	W 472			

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W 472	<p>Continued From page 2 serve client #6 additional pancakes.</p> <p>Review of record on 4/25/23 for client #3 revealed a habilitation annual plan dated 3/18/23. Continued review of the record revealed a nutritional evaluation dated 3/23/22 for client #3 with a heart healthy diet, ¾ portion of starches, fresh fruit snacks, ½ cup raw vegetables, water/milk/tea/coffee only, increase exercise.</p> <p>Review of record on 4/25/23 for client #6 revealed a habilitation annual plan dated 10/7/22. Continued review of the record revealed a 1500 calorie, heart healthy diet for client #6.</p> <p>Interview on 4/25/23 with the qualified developmental disabilities professional (QIDP) verified the prescribed diets for client #3 and client #6. Continued interview with the QIDP verified that client #3 and client #6 should not have received additional servings of food items.</p>	W 472			