

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

PRINTED: 08/24/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G238</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/23/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANTLE COURT GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4319 MANTLE COURT CHARLOTTE, NC 28205</b>		
(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 220	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include speech and language development. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the individual support plan (ISP) for 1 of 3 sampled clients (#6) included an updated assessment of their speech and language development. The finding is:</p> <p>Observations in the group home during the 8/22-23/23 survey revealed client #6 to be non-verbal and limited in receptive and expressive communication skills. Continued observations during mealtimes revealed client #6 to ignore staff when verbally prompted to take sips of his beverage between bites and use his fork appropriately.</p> <p>Review of client #6's record on 8/23/23 revealed an ISP dated 10/19/22. Review of the ISP indicated mealtime guidelines to refrain from eating off the table, use utensils appropriately, and alternate drink between bites. Continued review of client #6's record revealed a communication assessment dated 10/18/22 which revealed recommendations for the client to participate in a speech-language reevaluation to reassess his current communication needs.</p> <p>Interview with the clinical supervisor on 8/23/23 revealed client #6 has not been reevaluated for his communication needs.</p>	W 220			
W 473	<p><b>MEAL SERVICES</b> CFR(s): 483.480(b)(2)(ii)</p> <p>Food must be served at appropriate temperature. This STANDARD is not met as evidenced by:</p>	W 473			

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 473	<p>Continued From page 1</p> <p>Based on observations and interviews, the facility failed to ensure all foods were served at an appropriate temperature for 6 of 6 clients in the home. The finding is:</p> <p>Observations upon entering the group home on 8/23/23 at 6:08 AM revealed milk and juice to be set on the dining table for all six clients. Continued observation at 6:22 AM revealed staff to place oatmeal and blueberry muffins on the dining table. Further observation at 7:02 AM revealed the clients to sit at the dining table and participate in the breakfast meal.</p> <p>Interview with the house manager on 8/23/23 confirmed staff should not have served the breakfast meal 54 minutes prior to the start of the breakfast meal.</p>	W 473			