STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G184	A. BUILDING _____ B. WING _____	C 10/24/2023

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 000	INITIAL COMMENTS A complaint survey was completed on October 24, 2023 for intake #NC00208848 and #NC00208539. Complaint allegations were substantiated and a condition was cited. Additional deficiencies were cited.	W 000		
W 122	CLIENT PROTECTIONS CFR(s): 483.420(a) The facility must ensure the rights of all clients. Therefore the facility must This CONDITION is not met as evidenced by: The facility failed to ensure implementation of written policies and procedures that prohibit abuse, neglect or exploitation of clients (W149) and ensure that all alleged violations are thoroughly investigated (W154). The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated client protections.	W 122		
W 149	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure policies and procedures were implemented to prevent unintentional neglect for 1 of 6 clients (#5). The finding is: Review of facility documentation on 10/24/23 revealed an internal investigation dated 10/18/23. Review of the internal investigation revealed that on 10/13/23, facility staff discovered redness and	W 149		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G184	A. BUILDING _____ B. WING _____	C 10/24/2023

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 149	Continued From page 1	W 149		

broken skin on client #5's left elbow and left thigh. Continued review of the internal investigation indicated that nursing triage services were contacted on 10/13/23 and pictures of the client's redness and skin irritation were reviewed. Nursing instructions were to clean the area with warm water and antibacterial soap, allowing the area to air dry. Further review of internal investigation indicated that staff should apply hydrocortisone cream 1% to the affected area. Review of the internal investigation also revealed that staff followed nursing instructions from 10/13/23-10/15/23 with no additional instructions. Review of the internal investigation revealed staff written statements dated 10/15/23 indicating that on 10/13/23, client #5 was dressed by staff and transported to the day program in which he remained the entire day. Review of the written statements also revealed that upon drop off to the day program on 10/13/23, day program management staff were told that client #5 had "an allergic reaction to the hotel soap and nursing was aware." Review of the written statements also revealed staff observed client #5 being uneasy sitting in his wheelchair the evening of 10/13/23.

Review of a case note dated 10/13/23 revealed management received a call from staff indicating that the client had a red "allergic reaction" to his left arm and leg. Continued review of facility documentation for client #5 revealed a case note dated 10/13/23 at 10:03 AM from day program staff indicating the client had a red rash in five places with skin breakdown on the client's left arm. The client also had skin breakdown on the left heel. Further review of the case note from the day program revealed the triage nurse gave instructions on how to care for the client's arm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G184	A. BUILDING _____ B. WING _____	C 10/24/2023

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 149	Continued From page 2	W 149		

Review of a staff case note dated 10/15/23 at 5:30 PM revealed that on 10/15/23 at 11:00 AM the staff lead was called into client #5's room to observe "sores that were lightly bleeding and broken skin." The 10/15/23 staff case note also revealed that the on-call manager was immediately called to alert management and report that the sores should be seen by a medical professional. Further review of the staff case note revealed that the on-call manager went to the hotel to observe client #5's skin breakdown, 911 was called, and the client was transported to the ED for further evaluation.

Review of facility documentation revealed a nurses' note dated 10/13/23 which indicated that management contacted nursing triage services to report that client #5 had broken skin and reddened areas on the left thigh and left arm. Nursing triage requested photos of the client's skin irritation. Continued review of the nurses' note indicated that staff reported the client's vital signs and current symptoms. Review of the nurses' note also indicated that nursing triage did not receive photos at the time of the call however nursing instructed staff to clean the areas with warm water, allow to air dry and apply antibacterial soap. Review of nursing documentation did not reveal nursing documentation after 10/13/23. Reveal of facility documentation also did not reveal any collaboration or interventions involving nursing services after 10/13/23.

Review of a medical consult from the hospital dated 10/15/23 indicated that client #5 sustained 1st and 2nd degree burns to his left heel, calf, trochanter, and forearm due to immersion injury. Continued review of the medical consult indicated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G184	A. BUILDING _____ B. WING _____	C 10/24/2023

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 149	Continued From page 3	W 149		

that the hospital revealed concerns relative to client malnutrition.

Review of the individual habilitation plan dated 8/18/23 for client #5 revealed a diagnosis of I/DD profound, seizure disorder, cerebral palsy, paraplegic, optic atrophy, and anxiety. Review of the client record did not reveal history of skin integrity problems. Review of facility documentation did not reveal body checks for client #5 during the survey.

Subsequent review of internal investigation indicated staff reported to management that client #5's skin irritation had worsened and was blistering, red, and peeling. Continued review of the internal investigation indicated that the on-call manager observed the client's skin irritation and instructed staff to transport client #5 to the emergency department (ED) for further evaluation. Review of the internal investigation did not reveal evidence of staff testing the hotel's water temperature between 10/12/23 and 10/15/23. Further review of the 10/18/23 internal investigation revealed that the "injury of unknown origin remains unknown" and therefore unsubstantiated.

Review of recommendations from the internal investigation revealed that while staff and clients are in an "emergency relocation period" staff shall utilize a water or meat thermometer to measure the temperature of the water prior to giving showers, baths, and sponge baths to residents. The water temperature should not be higher than 100 degrees Fahrenheit. Facility management will complete an in-service regarding water temperature checks and American Red Cross burn training. Review of the 10/18/23 internal

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G184	A. BUILDING _____ B. WING _____	C 10/24/2023

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 149	Continued From page 4	W 149		

investigation findings and course of action did not reveal further inquiry or intervention after the client #5's 1st and 2nd degree burn diagnosis relative to immersion injury from the hospital's attending physician.

Interview with staff E on 10/23/23 revealed that on 10/13/23 staff F was preparing client #5 for a morning bath and noticed redness in several areas on the client's body. Staff E also revealed during the interview that on the morning of 10/13/23 pictures were taken of client #5's skin irritation areas and sent to management and nursing triage services for assistance and guidance. Continued interview with staff E revealed nursing staff recommended antibacterial soap and hydrocortisone cream for the affected area on the client's left side. Interview with staff E also revealed she instructed 3rd shift staff to not give the client a tub bath but to give a sponge bath and apply the hydrocortisone cream according to nursing triage instructions. Interview with staff F could not be completed as the staff was unable to be contacted during the complaint survey.

Interview with the home manager (HM) on 10/24/23 revealed on 10/13/23 3rd shift staff discovered red marks on client #5's left arm and back. Continued interview with the HM revealed he instructed staff to take pictures of the area and contact nursing triage services. Interview with the HM also revealed nursing triage services instructed staff to use antibacterial soap and hydrocortisone cream on the affected area. The HM also revealed that he purchased the recommended items and staff immediately started using the antibacterial soap and hydrocortisone cream on the red affected area on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G184	A. BUILDING _____ B. WING _____	C 10/24/2023

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 149	Continued From page 5	W 149		

10/13/23. Further interview with the HM verified client #5 was transported to the day program and remained there all day. Additional interview with the HM revealed the on-call manager reported to him on 10/15/23 that staff contacted him on the morning of 10/15/23 at 11:30 AM and reported that client #5's skin irritation worsened, and the on-call manager observed the area and contacted 911 to transport the client to the ED for further evaluation and treatment. Interview with the HM also revealed that the client has been in the hospital since 10/15/23. Interview with the HM also revealed that no further contact was made with nursing services after 10/13/23.

Interview with the qualified intellectual disabilities professional (QIDP) on 10/24/23 revealed staff contacted nursing triage services on 10/13/23 to report issues with client #5's skin integrity and "skin rash". Continued interview with the QIDP revealed nursing triage services received and reviewed the client's photos and instructed management to purchase the antibacterial soap and hydrocortisone cream. Staff were instructed by management to wash the affected area, allow to air dry, and apply the hydrocortisone cream to the affected areas. Further interview with the QIDP revealed that the client was transported to the local ED and remains in the hospital. Additional interview with the QIDP revealed the hospital instructed the facility staff to not return to the hospital due to a pending investigation.

Interview with the senior residential services director (RD) on 10/24/23 revealed she received a call from the facility on-call manager on 10/13/23 that client #5 had a rash on his left side. Interview with the RD also revealed nursing triage services was contacted on 10/13/23 and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G184	A. BUILDING _____ B. WING _____	C 10/24/2023

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 149	Continued From page 6	W 149		

instructions were to wash the area and apply hydrocortisone cream to the affected area. Continued interview with the RD revealed she received a call from the on-call manager on 10/15/23 that the client's skin was oozing and the wound had worsened. Interview with the RD also revealed that the on-call manager accompanied client #5 to the hospital and hospital personnel determined that the client had burns on his body. Further interview with the RD revealed that she visited the client at the hospital on 10/16/23 and was told by hospital nursing staff that the client had burns to his left side of the heel, toe, and left side of the client's bottom.

Subsequent interview with the RD revealed she was uncertain of the origin of the skin irritation on client #5's body. Interview with the RD also revealed that she didn't believe that client #5 had burns but an allergic reaction in the hotel setting. Continued interview with the RD revealed client #5 is able to communicate when he is in pain by making loud noises and pushing the person away from him. Further interview with the RD revealed a core team meeting was not held relative to the client's skin breakdown concerns between 10/13/23 and 10/15/23, however staff documentation and written statements were completed by facility staff and reviewed during the 10/18/23 internal investigation. Interview with the RD also revealed that the client's internal investigation results indicated that the client needed a second opinion from a medical professional.

Review of the facility abuse, neglect and/or exploitation (ANE) policy dated 7/13/23 indicated that allegations must be reported to the local department of social services (DSS) relative to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G184	A. BUILDING _____ B. WING _____	C 10/24/2023

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 149	Continued From page 7 allegations against a LIFESPAN staff member. Allegations of this nature are always a Level III incident and allegations must be reported to the NC Health Care Personnel Registry (HCPR) as well. Review of the facility ANE policy also indicated that allegations would be investigated by the LIFESPAN Investigation Team. Investigation documentation, results and findings would be reported to program management, HCPR, and in the IRIS system within 5 days of the initial 24-hour report, whether the allegation was substantiated or not. Based on observations, interview, and documentation review, the facility had opportunities to update interventions for client #5 between 10/13/23 and 10/15/23 and failed to do so in a timely manner. The findings indicate that the team failed to implement adequate strategies in order to protect client #5 from injury. The facility was also neglectful in failing to revise the interventions, modify systems and safeguards, and implement adequate strategies in a timely manner to address the client's injuries and ensure client protections.	W 149		
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 observations, documentation review and interviews, the facility failed to show evidence that appropriate and corrective actions were taken and thoroughly investigated relative to an incident resulting in unintentional neglect for 1 of 6 clients (#5). The finding is:	W 154		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G184	A. BUILDING _____ B. WING _____	C 10/24/2023

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 154	Continued From page 8	W 154		

Observations on 10/23/23 at 3:30 PM at the local hospital revealed client #5 to have significant redness, blistering, and skin peeling to the left heel, ankle, calf, elbow and arm. Continued observations revealed significant redness, skin peeling and blistering to client #5's entire left hip and pelvis area. Observations also revealed the client's heels to be covered by 2 soft heel boots covering the injured area and bandages covering the client's left foot, left forearm and covering the left hip area. Further observations revealed client #5 to frown, squirm, make jerking movements, and push hospital staff away as they attempted to change the client's dressing in the affected areas.

Review of internal documentation and client records on 10/24/23 included the following documentation: internal investigative summaries, written staff statements, behavior support plans, hospital medical consults, individual habilitation plans, and incident reporting from 7/2023 to 10/2023. Review of a facility internal investigation dated 10/18/23 indicated that on 10/15/23 staff contacted management to report that client #5 had to be transported to the hospital for an "allergic reaction" to the left side of the body. Continued review of the internal investigation revealed that hospital medical staff determined the client had several burns from scalding and the severity of the burns were undetermined at that time. Further review of the internal investigation indicated the facility residential director (RD) revealed she was uncertain of the origin of the burns on client #5's body. Review of the internal investigation also indicated facility staff reached out to nursing triage on the morning of 10/13/23 to report that client #5 appeared to have a rash due to an allergic reaction by staff using the hotel soap to bathe the client. Review of the internal

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G184	A. BUILDING _____ B. WING _____	C 10/24/2023

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 154	Continued From page 9	W 154		

investigation also revealed that on 10/13/23, nursing triage staff provided treatment recommendations for staff to purchase and use a different soap for the client. Additional review of the internal investigation revealed that on 10/15/23, the redness on the client's left side had worsened and was blistered and peeling.

Review of the internal investigation indicated the clients and staff were relocated to a temporary hotel location that was not handicap accessible. The clients and staff were relocated due to the facility being flooded on 10/9/23. Review of the internal investigation also revealed the client was receiving baths twice a day in a bathtub that was not handicap accessible. Continued review of the internal investigation indicated that staff provided the client a bath on the morning and evening of 10/12/23 and the water was tested prior to immersing the client into the bathtub. Further review of the internal investigation revealed the client did not receive a bath the morning of 10/13/23 when the redness was discovered, however, staff gave the client a sponge bath and dressed him. The client was transported to the day program in which he remained the entire day.

Subsequent review of the internal investigation indicated that on 10/16/23 the internal investigator reviewed photos of the redness discovered on the client's body that were taken on 10/13/23. According to the internal investigation, the photos revealed a solid red area down the left side of the client's body that started at the left arm and extended beyond the client's left hip. "The redness is distinct and wraps to the front of his body by an inch or two." Continued review of the internal investigation indicated that additional pictures were received and reviewed on 10/15/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G184	A. BUILDING _____ B. WING _____	C 10/24/2023

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 154	Continued From page 10	W 154		

showing that areas on the client's arm and heel were peeled and raw. "The redness that previously covered the left side of the body appears to have resolved".

Review of a witness statement dated 10/16/23 revealed staff contacted the on-call manager on the morning of 10/15/23 to report that the client's skin irritation had worsened. The on-call manager reportedly traveled to the hotel and observed the redness, peeling, and blistering on the client's left side. The on-call manager reportedly decided that the client needed to be transported to the hospital for further evaluation. The on-call manager called 911 and the client was transported to the hospital via EMS.

Review of the North Carolina Incident Response Improvement System (IRIS report) dated 10/16/23 identified the skin irritation as an injury of unknown origin. Continued review of the IRIS report indicated that on 10/13/23, staff discovered some skin irritation on the client's left hip and arm. Staff immediately contacted nursing triage and instructions were to bathe the client in warm water with an anti-bacterial mild soap twice daily and apply hydrocortisone cream to the area. Staff followed instructions over the weekend, washing the client with warm water and using antibacterial ointments to massage the wounds. Review of the IRIS report indicated on Sunday 10/15/23, staff discovered large red skin abrasions on the client's left forearm and left heel in which "fluid was leaking out". The client was assessed by the on-call manager and transported to the hospital for evaluation.

Review of a nurse triage note dated 10/13/23 identified the skin irritation as a red rash with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G184	A. BUILDING _____ B. WING _____	C 10/24/2023

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 154	Continued From page 11	W 154		

itching. Review of the nurses' note indicated that the facility team lead contacted nursing triage services on 10/13/23 at 8:54 AM to report that the client has a broken skin area that is reddened on the client's left thigh and left arm. Continued review of the nurse's note indicated that photos were not received however vital signs were provided. Further review of the nurses' note provided instructions to staff to clean the areas with warm water and anti-bacterial soap and let air dry. Once dried, apply hydrocortisone cream 1% to the affected area. Review of the client record did not reveal nurses' notes after 10/13/23.

Review of a medical consult from the hospital dated 10/15/23 indicated a diagnosis of 1st and 2nd degree burns to his left heel, calf, torso, and forearm due to immersion injury. Continued review of the medical consult also indicated that the hospital revealed concerns relative to malnutrition.

Interview with the home manager (HM) on 10/24/23 revealed 3rd shift staff contacted him on the morning of 10/13/23 to report the client had redness on his left side including the foot, ankle, hip, and elbow. Continued interview with the HM revealed he instructed staff to take pictures and send it to him to provide to nursing triage services. Further interview with the HM revealed he provided photos of the client's skin irritation to nursing triage services for review. Subsequent interview with the HM revealed that nursing triage services recommended that he purchase the following items for the client's bath: anti-bacterial soap and hydrocortisone cream to bathe and treat the red areas on the client's body. Additional interview with the HM verified that facility staff did not transport the client to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G184	A. BUILDING _____ B. WING _____	C 10/24/2023

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 154	Continued From page 12	W 154		

hospital on 10/13/23 but continued to follow nursing triage instructions until the skin irritation had worsened on 10/15/23.

Interview with the residential services director (RD) on 10/23/23 revealed that client #5's internal investigation findings indicated that the staff acted according to nurses' instructions and the team was still uncertain of the origin of the skin irritation on client #5's body. Continued interview with the RD revealed the team believed that client #5 had an allergic reaction in the hotel setting due to not having the client's cleansing soap that is normally used for bathing. Further interview with the RD revealed that the team communicated by email and a core team meeting was not needed for the client's skin breakdown between 10/13/23 and 10/15/23 as the client was transported to the hospital and a team meeting will be held to further discuss the client's treatments needs once he is discharged from the hospital. Interview with the RD verified that the team is requesting a second opinion from a medical professional to determine the injury of unknown origin.

Interview with the facility compliance specialist revealed that an investigation was completed on 10/18/23 and staff followed treatment instructions as recommended by nursing triage services from 10/13/23 to 10/15/23. The compliance specialist also revealed that all of client #5's pictures were reviewed during the internal investigation, along with the hospital medical consults and medical diagnosis. Continued interview with the compliance specialist revealed that the internal investigation was completed on 10/18/23 and the course of action was for the clients and staff to move to a handicap accessible hotel room to address the clients' needs for adaptive equipment

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G184	A. BUILDING _____ B. WING _____	C 10/24/2023

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 154	Continued From page 13 and personal care. Interview with the compliance specialist revealed the clients and staff were moved to handicap accessible accommodations on 10/16/23 as recommended by the team. Further interview with the compliance specialist revealed that the team questioned if the hospital could have misdiagnosed client #5 and is recommending a second opinion shall be obtained upon discharge from the hospital. Subsequent interview with the compliance specialist and RD could not determine why emergency medical care was not provided to client #5 prior to 10/15/23. Based on observation, documentation review and interviews, the facility failed to thoroughly investigate allegations relative to unintentional neglect. Allegations relative to an injury of unknown origin were investigated and unsubstantiated by the facility investigative team. Review of the hospital evaluation dated 10/15/23 indicated the client sustained 1st and 2nd degree burns to his left heel, calf, forearm, thigh and trochanter due to an immersion injury which was not investigated by the facility's investigative team. Review of facility documentation did not reveal evidence of an internal investigation due to allegations of neglect.	W 154		
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 3 audit clients (client #5) were provided nursing services in accordance with their medical needs. The findings is:	W 331		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G184	A. BUILDING _____ B. WING _____	C 10/24/2023

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 331	Continued From page 14	W 331		

Record Review of client #5's Habilitation Annual Plan (IHP) dated 08/18/23 revealed he was a 47 old year male diagnosed with I/DD, profound; seizure d/o; cerebral palsy; paraplegic; optic atrophy; and anxiety. He was admitted to the facility on 12/1997.

Record review of the facility's on- call Nursing Case Note dated 10/13/23 revealed staff called triage and reported while cleaning client #5(Direct Support Professional) DSP noticed that there appeared to be broken skin and redness on client #1's left arm and thigh area. DSP stated she would send a photo to triage but as of this note it has not yet been received. The RN reviewed the client's MAR and advised DSP to clean the areas with warm water and anti-bacterial soap, let air dry, apply Hydrocortisone cream to affected areas twice a day as needed for Rash/Itch.

Record Review of Client #5's Hospital Medicine-Progress Note dated 10/15/23 revealed client #5 was brought to the emergency room for evaluation of redness that occurred on 10/13/23. Over the last couple of days prior to hospitalization, the symptoms got worse with increasing redness and blisters formation. The on-call manager recommended the client be taken to the emergency room. Evaluation in the emergency room raised concerns of secondary cellulitis and water levels. Currently noted to have second-degree burns in these areas (left hip, heel, buttock area, flank, and elbow) concerning for accidental burn injury with possibly hot water.

During an interview on 10/24/23 at 3:43pm with the Compliance Specialist (CS) revealed that she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G184	A. BUILDING _____ B. WING _____	C 10/24/2023

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 331	Continued From page 15 did read the triage Nurse case note dated 10/13/23. She contacted the triage nursing services and was told that the Nurse who took the call did receive and reviewed client #5's pictures after she had already written the note. The CS stated that staff in turn followed the recommendation given by the triage nurse to apply the hydrocortisone cream and use antibacterial soap instead of taking client #5 to the emergency room on 10/13/23. The facility's nursing staff failed to conduct an in-person or facetime assessment for client #5 when staff reported a large red rash covering the left side of client #5's body (left side of stomach, arm, hip, and heel were affected). The facility's nursing staff failed to review pictures sent that revealed client #5's skin concerns prior to providing the facility with an appropriate treatment plan and/or intervention.	W 331		
W 426	CLIENT BATHROOMS CFR(s): 483.470(d)(3) The facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the water temperatures were monitored and documented as required to maintain a safe temperature. The finding is: During a Record Review on 10/23/23 of the facility's Emergency Preparedness and Response Plan revealed a copy of the Emergency	W 426		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G184	A. BUILDING _____ B. WING _____	C 10/24/2023

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 426	Continued From page 16	W 426		

Relocation Information Form dated 10/18/23 stated the pipes burst in the home causing a flood. Residents were relocated to the first hotel on 10/10/23-10/16/23; then relocated to a second hotel on 10/16/23-current.

Record Review of Client #5's Hospital Medicine-Progress Note dated 10/15/23 revealed client #5 was brought to the emergency room for evaluation of redness that occurred on 10/13/23. Over the last couple of days prior to hospitalization, the symptoms got worse with increasing redness and blisters formation. The on-call manager recommended the client be brought to the emergency room. Evaluation in the emergency room raised concerns of secondary cellulitis and water levels. Currently noted to have second-degree burns in these areas (left hip, heel, buttock area, flank, and elbow) concerning for accidental burn injury with possibly hot water.

During an interview with a facility staff on 10/23/23 revealed that staff didn't receive water temperature thermometers until the clients were moved to the second hotel on 10/16/23. Staff stated that they were told to check the water temperature before giving a client a bath or shower daily.