PRINTED: 10/30/2023 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		34G303	B. WING _			10/2	20/2023
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z 7621 MONROE ROAD CHARLOTTE, NC 28212	IP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED 1 DEFICII	ACTION SHOULD BE TO THE APPROPRIA		(X5) COMPLETION DATE
W 195	ACTIVE TREATMENT CFR(s): 483.440 The facility must ensure treatment services recovered acontinuous which includes aggressimplementation of a program of the acquisition of the client to function with and independence as the individual program clients who lack them essential for privacy a (including, but not limpersonal hygiene, der bathing, dressing, groof basic needs), until that the client is development of the individual program pladocumented in measure the individual at least by the qualific professional (QIDP) are	T SERVICES are that specific active quirements are met. In our met as evidenced by: assure that each client is active treatment program, assive, consistent arogram of specialized and attreatment directed towards behaviors necessary for the as much self-determination is possible (W196); assure in plan included, for those in the program of specialized and attreatment directed towards behaviors necessary for the as much self-determination is possible (W196); assure in plan included, for those in the plan included, for those in the program in the program of the program of the program plan was reviewed at intellectual disabilities and revised as necessary,	W	DEFICI		dE .	DATE
	clients are failing to p objectives after reaso made. (W257); and a the individual progran appropriate. (W260).	ted to situations in which the rogress toward identified nable efforts have been ssure at least annually, that in plan was revised, as					

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.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION		TE SURVEY MPLETED
		34G303	B. WING		1	0/20/2023
NAME OF P	ROVIDER OR SUPPLIER ROAD	•		STREET ADDRESS, CITY, STATE, ZIP CODI 7621 MONROE ROAD CHARLOTTE, NC 28212	E	
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
W 195	Continued From pa	nge 1	W 19	95		
W 196	mandated active tre		W 19	96		
	treatment program, consistent impleme specialized and get services and relate subpart, that is dire (i) The acquisition the client to function determination and i (ii) The prevention	of the behaviors necessary for				
	Based on observareview of record, the of 6 clients in the grand #6) received an active treatment proacquisition of skills centered plans (PC). A. Cross-reference assure that data was in sufficient frequeressess client status goals in the PCPs if home (#1, #2, #3, #8). B. Cross-reference assure that the quarter that the quarter that the quarter is the proof of the p	s not met as evidenced by: tions and interview, verified by the facility failed to assure that 6 troup home (#1, #2, #3, #4, #5 the aggressive and continuous togram directed towards tidentified in their person tidentified in the facility failed to the stowards the active treatment to for 6 of 6 clients in the group the the facility failed to the stowards the facility failed to the stowar				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION G	1, ,	ATE SURVEY OMPLETED
		34G303	B. WING _		,	10/20/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 7621 MONROE ROAD CHARLOTTE, NC 28212	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 196	Continued From page for 6 of 6 clients in the #4, #5 and #6).	ge 2 ne group home (#1, #2, #3,	W 1	96		
	develop objectives t	W242. The facility failed to meet the basic skill needs CPs for 4 of 6 clients in the #5 and #6).				
W 242	assure the PCPs for the group home wer		W 2-	12		
	those clients who laskills essential for purious (including, but not limpersonal hygiene, disathing, dressing, gof basic needs), untit that the client is devacquiring them. This STANDARD is The facility failed to plans (PCPs) for 4 coincluded training in pindependence in toil dental hygiene, self-grooming and commits in the skill of the self-grooming and commits and the skills in the skills	am plan must include, for ck them, training in personal rivacy and independence mited to, toilet training, ental hygiene, self-feeding, rooming, and communication I it has been demonstrated elopmentally incapable of not met as evidenced by: assure the person centered of 6 clients (#2, #4, #5 and #6) personal skills essential for et training, personal hygiene, feeding, bathing, dressing, nunication of basic needs as vations, interviews and record dings are:				
	PCP dated 8/10/22 have only 1 program	4's most recent available revealed the client to currently a to choose and participate in loted to be the client's only				

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE 7621 MONROE ROAD CHARLOTTE, NC 28212			
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W 242	other 3 objectives are goals (OSGs) for concleaning and exercise. Further review of clie habilitation evaluation recommendations for needs in bathroom us working on safety ski in the areas of self-he community living skill evaluation noted that be a priority. Continued review of tadaptive behavior inwhich noted the clien grooming, clothing can housekeeping and peas picking up the maiduring the 10/19-20/2 to spend her time during the living room with pheast pathroom. Further of objective training was linterviews to verify client as the facility administrator are not unavailable. Interview phone during the surnoted a lack of active program developments.	ing objective as the client's enoted to be other service inmunication skills, gum e. Int #4's PCP revealed a dated 9/20/23 which noted the client to have training se, meal preparation, lls and further development elp, independent living, and s. The habilitation self-help skills continues to the PCP also revealed an entory (ABI) dated 9/26/23 thas deficits in dressing,	W 24	2			

	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION		ATE SURVEY OMPLETED
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 7621 MONROE ROAD CHARLOTTE, NC 28212		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 242	deliver friendship trasocial/leisure activity revealed the client to maintain learned skill bathroom, shampooi walking. Continued review of habilitation evaluatio recommendations foneeds in wearing shomedication administr skills and participatin habilitation evaluatio development for the self-help skills, commitiving, self-direction all in addition, subsequerevealed an ABI date #5 has needs bathing and shampooing hair client is not independent in the client's PCP, revenon-verbal but have communication skills. Interviews to verify communication skills. Interviews to verify communication during the surnoted a lack of active program development.	follow a toileting schedule, ys and complete a Further review of the PCP also have 4 OSGs to also foral care, signing and hair and exercise by the PCP revealed a and dated 9/20/23 which noted are the client to have training pes/slipper in the home, self ation skills, communication ag in an activity. The again noted further client was needed in an activity in again noted further client was needed in an activity living skills. The ABI also noted client ag self thoroughly, drying self are. The ABI also noted the dent in recreation/leisure or Observations during the substantiated by review of ealed the client to be no training to increase	W 24			

. ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , ,			(X3) DATE SURVEY COMPLETED	
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W 242	her body after showe friendship trays. Fur revealed the client to maintain skills of was and communication. Continued review of habilitation evaluation recommendation for include grooming ski skills, communication activities. Subseque revealed an ABI date client to have no indeneed to used the bat after toileting. The Aprompting at times wishows no independe housekeeping skills. PCP revealed the clied daily activities or recommendation as the facility administrator are no unavailable. Interview phone during the sur noted a lack of active program development. D. Review of client # revealed the client cuan outfit, exercise, an addition. Further rev	currently have 3 goals to dry tring, exercise and deliver ther review of the PCP also have 3 OSGs to shing hands, brushing teeth the PCP revealed a n dated 1/27/22 which noted the client's next training to lls, bathroom use, dining and participating in daily nt review of the PCP also de 9/26/23 which notes the ependence in signaling the hroom or washing her hands BI also noted client #6 needs hile eating to slow down and noce in meal preparation or Subsequent review of the eent does not make choices in	W 2-	42			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		34G303	B. WING			10/	20/2023
NAME OF PE	ROVIDER OR SUPPLIER		1	70	TREET ADDRESS, CITY, STATE, ZIP CODE 621 MONROE ROAD CHARLOTTE, NC 28212	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 242	which notes the client with flossing teeth. Thas a need with no in garbage outside and Interviews to verify clidifficult as the facility administrator are no lunavailable. Interview phone during the survinoted a lack of active program developmen PROGRAM DOCUMICFR(s): 483.440(e)(1) Data relative to accorspecified in client indi	evealed an ABI dated 9/26/23 It to have no independence he ABI also noted client #2 dependence in emptying the sweeping. Ident programming were QIDP, home manager and onger employed or were w with the acting QIDP by vey exit verified her review treatment programming and t to meet the client's needs. ENTATION) In the triteria		242			
	The facility failed to a training included in the (PCPs) for 6 of 6 clier #4, #5 and #6) was determine accomplishevidenced by intervied The findings are: A. Interview with active revealed client #4's concourred 8/25/23, how unavailable for review	ng administrative staff urrent PCP had reportedly wever the PCP was v. Review of client #4's most dated 8/10/22 revealed the					

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI	IPLE CONSTRUC	TION	(X3) DATE	SURVEY
		34G303	B. WING			10/	/20/2023
NAME OF PI	ROVIDER OR SUPPLIER	•	1	7621 MONRO	RESS, CITY, STATE, ZIP CODE DE ROAD E, NC 28212	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	- \	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD ROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
W 252	(OSGs) for communiclean her gums. Regums OSG revealed Review of the client OSGs revealed data weekly. Review of program client #4's only objectiher no data or not documented for each past 6 months exces communication skill amount of data. The was taken as preson accomplishment of continuous active to the continuous active to the continuous active to the continuous active to the client #5's occurred 9/8/23, how the county and the client to have 3 objection to have 3 objection to have 4 bathroom, shampood client's toileting schem program for oral cashould be taken on of the client's other all of the others only collection.	civity and 3 other service goals nication skills, exercise and eview of the cleaning her d data should be taken daily. It's only objective and other a for each should be taken data for the past 6 months for ective and OSGs revealed at enough data was che of her programs for the ept for 9/23 where her is OSG had the prescribed at efacility failed to assure data ribed to measure the objectives as part of a reatment program. Toting administrative staff current PCP had reportedly ever the PCP was ever. Review of client #5's most expectives to toilet on a schedule, and participate in a Further review also revealed OSGs for oral care, sign of hair and walk. Review of the edule program and OSG re revealed program data a daily basis. Further review programs and OSGs revealed by required weekly data	W:	252			
	client #5 revealed d	data for the past 6 months for lata for the 2 programs mentation (toileting schedule					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		34G303	B. WING			10/20/2023	
NAME OF P	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, Z 7621 MONROE ROAD CHARLOTTE, NC 28212	ZIP CODE		
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W 252	or with limited data Further review of da programs and other any program was ta The facility failed to prescribed to meas objectives as part of treatment program. C. Review of client revealed the client to body after showerin exercise. Further re client to have 3 OS toothbrushing and of review of the client's #6's drying body pre hands and toothbru documentation while delivering friendship the OSG for common documentation to b Review of program revealed data was a with sufficient frequal require daily documan OSG-washing hand Further review of pro objectives (deliverint OSG-communication taken during the mon The facility failed to prescribed to meas objectives as part of treatment program.	were not documented at all for the past 6 months. ata for client #5's other OSGs revealed no data for aken during 8/23, 7/23 or 6/23. assure data was taken as the accomplishment of the facontinuous active #6's PCP dated 1/10/23 or have 3 objectives to dry hering, deliver friendship trays and eview of the PCP revealed the Gs for washing hands, communication. Continued as programming revealed client or or trays and exercise along with unication only required	W	252			

			ATE SURVEY DMPLETED			
		34G303	B. WING _			10/20/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 7621 MONROE ROAD CHARLOTTE, NC 28212	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 252	activity, reach for the annunciate the first at the door. Continue programming reveal holder and tear, gradoor required daily client's objective for annunciate the first documentation to be Review of program revealed data was refrequency as writter the tissue holder an annunciate the first door) during the monormoof Further review of program (choose an activity, and tear, grab her to word from a list, and data was taken durifold. The facility far as prescribed to me objectives as part of the treatment program. E. Review of client is revealed the client is single digit addition. Further review of the 2 OSGs for grab at Continued review or revealed client #2's and applying lotion documentation while work on single digit exercise along with	and 4 objectives to choose an e tissue holder and then tear, word from a list, and will stop and review of the client's led client #1's reach for tissue as the her toothbrush, and stop the data documentation while the rechoose an activity and word, only required taken weekly. data for the past 6 months and taken with sufficient and for the 4 programs (reach for ad tear, grab her toothbrush, word from a list, and stop the anths of 10/23, 9/23, and 5/23. Toogram data for the objectives reach for the tissue holder bothbrush, annunciate the first distop the door) revealed no ang the months of 8/23, 7/23 or assure accomplishment of the fa continuous active #2's PCP dated 10/02/23 and 3 objectives to work on a select an outfit, and exercise. The PCP revealed the client had boothbrush and applying lotion. If the client's programming OSGs for grab a toothbrush	W 2	252		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		34G303	B. WING			10/	20/2023
NAME OF PE	ROVIDER OR SUPPLIER			762	REET ADDRESS, CITY, STATE, ZIP CODE 21 MONROE ROAD IARLOTTE, NC 28212		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 252	revealed data was nowith sufficient frequer require daily docume toothbrush and apply program data for the single digit addition, servealed no data was 8/23, 7/23, 6/23, and assure data was take accomplishment of the continuous active tree. F. Review of client #3 revealed the client to elbow over mouth, pifront of door, exercise letter staff say, vocali OSG to brush her tee client's programming utensil to eat and stodaily data documentate objective for place ell minutes, point to the 10 seconds, and OSG required documentate. Review of program devealed data was now with sufficient frequents.	ata for the past 6 months of taken or was not taken necy for the 2 programs that notation (OSGs grab a ing lotion). Further review of other objectives (work on select an outfit, and exercise) is taken during the months of 5/23. The facility failed to en as prescribed to measure ne objectives as part of a atment program. B's PCP dated 6/13/23 have 6 objectives to place cks up utensil to eat, stop in the 25 minutes, point to the exercise in 10 seconds, and 1 of the Continued review of the revealed client #6's pick up p in front of door required ation while the client's bow over mouth, exercise 5 letter staff say, vocalizes in G brush her teeth only ion to be taken weekly.	W	252	DEFICIENCY)		
	eat and stop in front of 10/23, 9/23, and 5/23 data for the other obj mouth, exercise 5 mi say, vocalizes 10 secrevealed no data was	ntation (picks up utensil to of the door) for months 3. Further review of program ectives (place elbow over nutes, point to letter staff cond, and OSG-toothbrush) at taken during the months of the facility failed to assure					

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		34G303	B. WING _			10/	20/2023
MONROE	ROVIDER OR SUPPLIER			7621	EET ADDRESS, CITY, STATE, ZIP CODE MONROE ROAD ARLOTTE, NC 28212		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 252	continuous active trea	escribed to measure e objectives as part of a atment program.	W 2				
W 257	least by the qualified professional and revisus to the total state of the professional and revisus the professional and revisus the progress towafter reasonable efform. This STANDARD is not the person centered clients in the group has the progress on the interview and record are: A. For client #4, revisus and participate of the person centered are: A. For client #4, revisus and record are: A. For client #4, revisus and participate of the post of the choose and participate of the past 6 modern and the progression of the past 6 modern and the progression of the past 6 modern and progression of the progression of	m plan must be reviewed at mental retardation sed as necessary, including, ations in which the client is ward identified objectives its have been made. The not met as evidenced by: assure objectives contained did plans (PCPs) for 6 of 6 ome (#1, #2, #3, #4, #5 and and revised by the qualified is professional (QIDP) when when the clients are failing to be objectives as evidenced by verification. The findings sew of the client's most recent 8/10/22 revealed the client ective which is trained weekly pate in an activity and 3 DSGs) for communication weekly and clean gums daily. Review of program onthe revealed limited or no ne client's programs.	W 2	257			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G303	B. WING _		1	0/20/2023	
NAME OF PROVIDER OR SUPPLIER MONROE ROAD			,	STREET ADDRESS, CITY, STATE, Z 7621 MONROE ROAD CHARLOTTE, NC 28212			
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W 257	verify client programs facility QIDP, home in are no longer employ. Interview with the act the survey exit verificative treatment program review. B. For client #5, reviavailable PCP dated have 3 objectives to to be trained daily an complete a social/leis. Further review of the also have 4 OSGs to daily and sign bathroparticipate in walking. Continued review of client's last QIDP not 7/12/23. However, the did not contain any ptraining even though accurate data was not programs for each mabilitation specialist programming were dome manager and a employed or were unacting QIDP by phonoverified her review not treatment programming program review and C. For client #6, revial/110/23 revealed to body after showering	region of section of the client's PCP revealed the client to complete oral care trained om, shampoo hair and all completed weekly. The client's PCP revealed the client to complete oral care trained om, shampoo hair and pall completed weekly. The client's PCP revealed the client to complete oral care trained om, shampoo hair and pall completed weekly. The client's PCP revealed the client to complete oral care trained om, shampoo hair and pall completed weekly. The client's PCP revealed the client to complete oral care trained om, shampoo hair and pall completed weekly. The client's PCP revealed the client's review section regram review section regram changes or noted issues with taking data or oted for each of the client's onths review by the facility. Interviews to verify client ifficult as the facility QIDP, administrator are no longer havailable. Interview with the e during the survey exit oted a lack of active ing, documentation and	W2	257			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER MONROE ROAD				STREET ADDRESS, CITY, STATE, ZIP CODE 7621 MONROE ROAD CHARLOTTE, NC 28212	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION	
W 257	AG REGULATORY OR LSC IDENTIFYING INFORMATION)		W 25	,		
	door required daily disclient's objective for continued the first with documentation to be. Continued review of the QIDP reviews were not months to review or relatively administrator are not unavailable. Interviews phone during the survivalent of the continued to the properties of the continued to the continue					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G303	B. WING			10	/20/2023		
NAME OF PROVIDER OR SUPPLIER MONROE ROAD			•	STREET ADDRESS, O 7621 MONROE ROA CHARLOTTE, NC		•			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SH) BE	(X5) COMPLETION DATE		
W 257	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		W	257					
	daily data documen objective for place e	op in front of door required tation while the client's elbow over mouth, exercise 5 e letter staff say, vocalizes in							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G303	B. WING	B. WING		10/20/2023	
NAME OF PROVIDER OR SUPPLIER MONROE ROAD				70	TREET ADDRESS, CITY, STATE, ZIP CODE 621 MONROE ROAD CHARLOTTE, NC 28212		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 257	10 seconds, and OSG brush her teeth only required documentation to be taken weekly. Continued review of the client's PCP revealed QIDP reviews were not completed for the past 6 months to review or revise the client's programs. Interviews to verify client programming were difficult as the facility QIDP, home manager and administrator are no longer employed or were unavailable. Interview with the acting QIDP by phone during the survey exit verified her review noted a lack of active treatment programming, documentation and program review and revisions.			260			
	process set forth in parthis STANDARD is rather facility failed to a plans (PCPs) for 2 of group home were revas required as evident verification. The finding Review of available Particularly and 8/5/22, resulting the facility of disabilities profession job and apparently and client is inaccessible for the facility of the facility o	PCPs on 10/19/23 revealed #5's PCPs to be dated espectively. Ile administrative staff ualified intellectual al (QIDP) recently left her more updated PCP for each					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DA CO	(X3) DATE SURVEY COMPLETED	
		34G303	B. WING		1	10/20/2023	
NAME OF PROVIDER OR SUPPLIER MONROE ROAD			1	STREET ADDRESS, CITY, STATE, ZIP C 7621 MONROE ROAD CHARLOTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 260	٠	e 16 and plans for the clients for	W 2				