

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

PRINTED: 06/05/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G308	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER HEATHCROFT			STREET ADDRESS, CITY, STATE, ZIP CODE 3046 HEATHCROFT COURT CHARLOTTE, NC 28269		
(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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 2 of 6 clients (#2, #4) received a continuous active treatment program consisting of needed interventions. The findings are:</p> <p>A. The facility failed to ensure the training program for client #2. For example:</p> <p>Observations in the group home on 6/5/24 at 6:32 AM revealed client #2 to be sitting at the dining table. Continued observation 7:00 AM revealed client #2 to be served the breakfast meal and to participate independently. Further observations revealed no engagement from staff from 6:32 AM to 7:00 AM when client started breakfast.</p> <p>Review of client #2's record on 6/5/24 revealed an individual support plan (ISP) dated 10/10/23. Review of the ISP indicated the client has the following goals: will state what she wants when offered two choices, will correctly point to the picture that matches the meaning of the pictured safety sign, will participate in at least one community/cultural events 2 times per</p>	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 week/month, will participate in meal prep by preparing her morning toast and a dinner item for supper, and will pay cashier for the items she picked out at the store a minimum of once per month.	W 249			
W 368	<p>Interview with the program manager on 6/5/24 confirmed client #2's training programs are current. Continued interview confirmed client #2 should have been offered the opportunity to prepare her morning toast as indicated in the ISP.</p> <p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure all medications were administered in compliance with the physician's orders for 1 of 6 clients (#4). The finding is:</p> <p>Observation in the group home on 6/5/24 at 6:32 AM revealed client #4 to begin medication administration. Continued observation revealed client #4 to participate in medication administration by hand over hand punching of medication packs and taking their medication with apple sauce with staff assistance.</p> <p>Review of client #4's record on 6/5/24 revealed physician orders dated 5/22/24. Review of the physician's order indicated all of client #4's morning medications to be scheduled at 8:00 AM.</p> <p>Interview with the facility nurse on 6/5/24 revealed</p>	W 368			

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W 368	Continued From page 2 client #4's physician's orders to be current. Continued interview confirmed with administration revealed the window for client #4's medication is from 7:00 AM - 9:00 AM. Further interview confirmed the clients physician's orders should be followed as prescribed.	W 368			
W 463	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(4)</p> <p>The client's interdisciplinary team, including a qualified dietitian and physician must prescribe all modified and special diets. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 4 of 6 clients (#1, #2, #3, and #4) received their specially prescribed diet as ordered by the interdisciplinary team. The findings are:</p> <p>A. The facility failed to ensure a specially prescribed diet for client #2. For example:</p> <p>Morning observation in the group home on 6/5/24 revealed the breakfast meal to include sausage, and cheese griddle sandwiches, toast, yogurt, fruit, apple juice and water. Continued observation revealed client #2 to participate in the breakfast meal independently. Further observations revealed client #3 to not receive prune juice with her breakfast meal.</p> <p>Review of client #2's record on 6/5/24 revealed a nutritional evaluation dated 5/13/24 which indicated her current diet order as regular, high calorie, prune juice with breakfast.</p> <p>Interview with the facility nurse on 6/5/24 verified client #2's diet order to be current. Continued</p>	W 463			

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W 463	<p>Continued From page 3</p> <p>interview confirmed the client's diet order should be followed as prescribed.</p> <p>B. The facility failed to ensure a specially prescribed diet for client #3. For example:</p> <p>Morning observation in the group home on 6/5/24 revealed the breakfast meal to include sausage, and cheese griddle sandwiches, toast, yogurt, fruit, apple juice and water. Continued observation revealed client #3 to participate in the breakfast meal independently. Further observations revealed client #3 to receive single portions of the breakfast meal.</p> <p>Review of client #3's record on 6/5/24 revealed a nutritional evaluation dated 5/13/24 which indicated her current diet order as regular with double portions.</p> <p>Interview with the facility nurse on 6/5/24 verified client #3's diet order to be current. Continued interview confirmed the client's diet order should be followed as prescribed.</p> <p>C. The facility failed to ensure a specially prescribed diet for client #1. For example:</p> <p>Morning observations in the group home on 6/5/24 revealed the breakfast meal to include sausage, and cheese griddle sandwiches, whole wheat toast, yogurt, sliced banana, apple juice, water and coffee. Continued observation revealed client #1 to participate in the breakfast meal independently. Further observations revealed client #1 was not offered her 4 oz prune juice during the breakfast meal.</p> <p>Review of client #1's record on 6/5/24 revealed a</p>	W 463			

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W 463	Continued From page 4 nutritional evaluation dated 5/13/24 which indicated her current diet order as regular, prune juice 4 oz BID and hs snack. Interview with the facility nurse on 6/5/24 verified client #1's diet to be current. Continued interview confirmed the client's diet order should be followed as prescribed. D. The facility failed to ensure a specially prescribed diet for client #4. For example: Morning observations in the group home on 6/5/24 revealed the breakfast meal to include sausage and cheese griddle sandwiches, whole wheat toast, apple juice and water. Continued observation revealed client #4 to participate in the breakfast meal independently. Further observations revealed client #4 to receive single portions of the breakfast meal.. Review of client #4's record on 6/5/24 revealed a nutritional evaluation dated 5/13/24 which indicated her current diet order as double portions, lip plate, coated/weighted spoon and standard cup. Interview with the facility nurse on 6/5/24 verified client #4's diet to be current. Continued interview confirmed the client's diet order should be followed as prescribed.	W 463			
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observations, record reviews and interview, the facility failed to ensure 1 of 6 clients	W 475			

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W 475	<p>Continued From page 5</p> <p>(#4) received their specially prescribed utensils as ordered by the interdisciplinary team. The finding is:</p> <p>Morning observation in the group home on 6/5/24 revealed the breakfast meal to include sausage and cheese griddle sandwiches, toast, apple juice and water. Continued observation revealed client #4 to participate in the breakfast meal independently. Further observations revealed client #4 to not receive her coated/weighted spoon with her breakfast meal.</p> <p>Review of client #4's record on 6/5/24 revealed a nutritional evaluation dated 5/13/24 which indicated her current diet order as double portions, lip plate, coated/weighted spoon, standard cup, and ensure at 8 AM.</p> <p>Interview with the facility nurse on 6/5/24 verified client #4's diet order and adaptive equipment to be current. Continued interview confirmed the client's adaptive equipment should be followed as prescribed.</p>	W 475			