

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G356</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/05/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ENOCH DRIVE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4109 ENOCH DRIVE CHARLOTTE, NC 28269</b>
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W 262	<p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(3)(i)</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure that restrictive techniques and behavior support plans (BSP) were monitored and reviewed annually by the human rights committee (HRC) for 6 of 6 clients (#1, #2, #3, #4 #5 and #6). The findings are:</p> <p>Observations throughout the recertification survey period from 6/3/24 - 6/4/24 revealed exterior door alarms to chime as staff, clients and surveyors entered and exited the group home.</p> <p>A. Review of client 1's records on 6/4/24 revealed a verbal consent dated 6/4/24 by the legal guardian for exit door alarms. Continued review did not reveal consents for exit door alarms were reviewed or approved by the HRC.</p> <p>B. Review of client 2's records on 6/4/24 revealed a verbal consent dated 6/3/24 by the legal guardian for exit door alarms. Continued review did not reveal consents for exit door alarms were reviewed or approved by the HRC.</p> <p>C. Review of client 3's records on 6/4/24 revealed a verbal consent dated 6/3/24 by the legal guardian for exit door alarms. Continued review did not reveal consents for exit door alarms were reviewed or approved by HRC.</p>	W 262	<p>The facility will ensure committee review, approve and monitor individual programs designed to manage inappropriate behavior and other programs that involve risks to the client protection and rights.</p> <p>To prevent further occurrence: A. Program Manager will in-service QIDP to ensure committee review, approve and monitor individual programs designed to manage inappropriate behavior and other programs that involve risks to the client protection and rights.</p> <p>B. QIDP will submit approved consent from committee for all individuals who required them to Program Manager.</p>	6/28/2024
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JUN 21 2024

DHSR-MH Licensure Sect

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <b>Andrew Taylor</b>	TITLE <b>Program Manager</b>	(X6) DATE <b>6/19/2024</b>
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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.

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

PRINTED: 06/12/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 262 Continued From page 1

D. Review of client 4's records on 6/4/24 revealed a verbal consent dated 6/4/24 by the legal guardian for exit door alarms. Continued review did not reveal consents for exit door alarms were reviewed or approved by the HRC.

E. Review of client 5's records on 6/4/24 revealed a verbal consent dated 5/31/24 by the legal guardian for exit door alarms. Continued review did not reveal consents for exit door alarms were reviewed or approved by the HRC.

F. Review of client 6's records on 6/4/24 revealed a verbal consent dated 6/3/24 by the legal guardian for exit door alarms. Continued review did not reveal consents for exit door alarms were reviewed or approved by the HRC.

Interview with the program manager (PM) on 6/4/24 confirmed that updated signed consent forms were not completed. Continued interview revealed HRC limitation consent forms for all clients will be updated and signed by the HRC annually.

W 262

W 454 INFECTION CONTROL  
CFR(s): 483.470(l)(1)

The facility must provide a sanitary environment to avoid sources and transmission of infections.

This STANDARD is not met as evidenced by:  
Based on observations and interview, the facility failed to ensure client #3 used proper glove hygiene to prevent cross contamination. This had the potential to affect all clients (#1, #2, #3, #4, #5 and #6) in the home. The findings are:

W 454 The facility will ensure sanitary environment is provided to avoid sources and transmission of infection.

To prevent further occurrence: Nurse will trained/in-service all staff on infection control.

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W 454	Continued From page 2  Observations on 6/4/24 revealed client #3 was meal prepping for dinner in the kitchen wearing gloves and handling food items. Further observation revealed client #3 took the salad mix out of its container and placed it into a large bowl; he then took the empty container to the trash can. Continued observation revealed client #3 used his gloved hands to close the trashcan lid then stuck his hands into the bowl to mix the salad. At no point did staff prompt client #3 to properly dispose of his gloves and wash his hands prior to touching the salad.  Interview on 6/5/24 with the facility nurse revealed staff should have had client #3 throw away his used gloves, rewash his hands, and get another set of gloves prior to mixing the salad.	W 454			
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 observation, record review and interview, the facility failed to ensure food was served in appropriate quantity for 1 of 6 clients (client #6). The findings are:  Observations on 6/4/24 at 5:20PM revealed client #6 to participate in the dinner meal. The dinner meal consisted of the following menu items: ham chef's salad, classic ranch dressing, mixed fruit, and sugar free grape beverage. Continued observation revealed client #6 to serve his plate with a large serving of salad with classic ranch dressing(130 calories per 2 tablespoons). Client # 6 continued to pour more ranch dressing on his salad when he noticed dry areas of vegetables totally around a ½ cup of ranch dressing. Further	W 472	Facility will ensure food is served in appropriate quantity at all times and per client diet order.  To prevent reoccurrence: A. QIDP will train all staff on client #6 and all individual diets.  B. QIDP and Site Supervisor will conduct weekly meal observation in the home and document on meal observation form.		

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W 472	Continued From page 3 observations revealed client #6 to finish one plate of salad and served himself a second plate of salad with ranch dressing and continued to pour more ranch dressing as he consume the salad totally around another ½ cup of ranch dressing. Client #6 consumed his meal in its entirety.  Review of the record for client #6 on 6/4/24 revealed an Individual Support Plan (ISP) dated 4/4/24 which revealed a diet order consisting of low fat/low calories diet (fixated on condiments).  Interview on 6/5/24 with the facility nurse revealed client # 6 diet order is current and that staff should have followed the prescribed diet; the ranch dressing should not have been left on the table next to him.	W 472			
W 474	<b>MEAL SERVICES</b> CFR(s): 483.480(b)(2)(iii)  Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record review, and interview, the facility failed to ensure food was served in a form consistent with the developmental level for 2 of 3 audit clients (#1and #2). The findings are:  A. During observations in the home on 6/4/24 at 5:20PM, client #1 was observed eating dinner which consisted of pureed Spaghetti O's with ketchup and sugar free grape beverage . Client #1 ate two spoonsful of the SpaghettiOs and drank some of the sugar free grape beverage; then left the dining room. At no point did staff offer client #1 a cup of milk or an extra meal prior to client #1 completing his dinner.	W 474	Facility will ensure food is served in appropriate consistency at all times and per client diet order.  To ensure needs are met: A. QIDP will review client #1 and #2 diet order and document in a core team note.  To prevent reoccurrence: B. QIDP will train all staff on client #1, #2 and all individual diets.  C. QIDP and Site Supervisor will conduct weekly meal observation in the home and document on meal observation form.  Person(s) Responsible: PM, Nursing and QIDP.  To be completed by: 06/28/2024.		

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W 474	Continued From page 4  Review on 6/4/24 of client #1's Individual Support Plan (ISP) dated 9/19/23 revealed a diet order consisting of regular diet, ground meat, offer milk during meals, offer snacks three times a day, an extra meal in the evening.  Interview on 6/5/24 with the facility nurse confirmed client #1's diet is current and that client #1's meal should have not been served in a pureed consistency.  B. During observations in the home on 6/4/24 at 5:20PM, client #2 was observed eating dinner which consisted of a ham salad chopped into smaller pieces, sugar free grape beverage, and a bowl of mixed fruit. The ham salad was served with classic ranch dressing. At no point did staff offer a cup of lactose milk and other choices of Lactose free dressing prior to client #2 completing his dinner.  Review on 6/4/24 of client #2's ISP dated 12/19/23 revealed a diet order consisting of 1/4 inch chopped consistency, no concentrated sweets, caffeine free, lactose free; offer milk and water with meals.  Interview on 6/5/24 with the facility nurse confirmed client #2's diet order is current and his food should have been served lactose free without the added ranch dressing.	W 474			