STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G316	A. BUILDING _____ B. WING _____	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEAVES	7106 LEAVES LANE CHARLOTTE, NC 28213

(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	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure a continuous active treatment program consisting of needed interventions were implemented as identified in the individual support plan (ISP) for 3 of 6 clients (#1, #2, and #3). The findings are: A. The facility failed to implement program goals for client #2 relative to eating at an appropriate pace and wiping down the table after dinner. For example: Observation during the 5/20/24-5/21/24 recertification survey revealed client #2 to participate using pictures, carry jump ropes, medication administration, personal care and to participate in mealtimes. Continued observations on 5/20/24-5/21/24 revealed client #2 consumed his dinner meal and breakfast meal quickly and exited the dining area. At no point during the observation did staff prompt client #2 to eat at an appropriate pace and wipe the table after dinner. Review of record for client #2 revealed an ISP dated 3/20/24 which included the following	W 249	The facility will ensure when the interdisciplinary team formulated a client's individual program plan, each client will 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. To prevent further occurrence: A. QIDP will trained/in-service all staff on continuous active treatment in relation to all client ISP/programs. B. QIDP develop and implement programs for client #1, #2, and #3 in the area of eating at an appropriate pace and cleaning up after meals. C. QIDP will trained/in-service all staff on all individual ISP programs to includes eating at appropriate pace and cleaning up after meals. D. QP will document progress on QP monthly progress summary.	06/20/2024

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Shedrick Washington

TITLE: QAM

(X6) DATE: 5/30/2024

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 program goals: utilizing pictures, participate in at least one community/cultural event one time per week, wipe down the table, shower thoroughly, and eat at an appropriate pace. Continued review of the goals for client #3 revealed that the client is training to wipe down the table after dinner and to eat his meals at an appropriate pace. Interview with the qualified intellectual disability professional (QIDP) revealed that the ISP is current. Continued interview with the QIDP confirmed that staff are trained and should have implemented client #2's goal to eat at an appropriate pace and to wipe down the table after dinner. B. The facility failed to implement a program goal for client #3 relative to slowing his rate of eating. For example: Observation during the 5/20/24-5/21/24 recertification survey revealed client #3 to participate in the activity area watching television, medication administration, and to participate in mealtimes. Continued observations on 5/20/24-5/21/24 revealed client #3 to consume his dinner meal and breakfast meal quickly and exited the dining area. At no point during the observation did staff prompt client #3 to slow down his rate of eating. Review of record for client #3 revealed an ISP dated 3/20/24 which included the following program goals: toothbrushing process, learn phone number for safety, participate in at least one community/cultural event one time per week, exercise of choice, slow down their rate of eating, clean room, identify coins, and laundry. Continued review of the goals for client #3	W 249		

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W 249	Continued From page 2 revealed that the client is training to slow down his rate of eating. Interview with the QIDP revealed that the ISP is current. Continued interview with the QIDP confirmed that staff are trained and should have implemented client #3's goal to slow down his rate of eating during meals. C. The facility failed to implement a program goal for client #1 relative to slowing his rate of eating. For example: Observation during the 5/20/24-5/21/24 recertification survey revealed client #1 to participate in the activity area watching television, medication administration, and to participate in mealtimes. Continued observations on 5/20/24-5/21/24 revealed client #1 to consume his dinner meal and breakfast meal quickly without putting his fork down between bites and exited the dining area. At no point during the observation did staff prompt client #1 to slow down his rate of eating and to put his fork down between each bite. Review of record for client #1 revealed an ISP dated 4/4/24 which included the following program goals: participate in brushing his teeth daily, independently wear his glasses, participate in at least one community/cultural event one time per week, take out the trash when full and replace with new trash bag, will chew food slowly and will put fork down between bites to chew, and wash his body. Continued review of the goals for client #1 revealed that the client is training to slow down his rate of eating. Interview with the QIDP revealed that the ISP is	W 249		

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W 249	Continued From page 3 current. Continued interview with the QIDP confirmed that staff are trained and should have implemented client #1's goal to chew food slowly and put the fork down between bites during meals.	W 249		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure all medications remained locked except when being administered. The finding is: Observation on 5/21/24 at 6:38 AM revealed Staff B to administer medications to client #5 in the staff office. Further observation revealed Staff B walked out of the room after retrieving client #5's medications and went into the kitchen to get a pitcher of water. Client #5 and the surveyor remained in the office while the medication blister packs sat on top of the desk until staff B returned. Interview on 5/21/24 with the facility nurse revealed staff B should never leave the door unlocked or leave the room unattended during medication administration.	W 382	The facility will ensure all medications are secured and locked at all times except when being prepared for administration. A. Nurse will in-service staff on medication administration process. B. Staff will attend medication administration class as required. Staff will pass the class with a minimum score of 80 and above. Staff will be observed at three medication passes before staff can officially start administering medication. C. To prevent further occurrence: Site Supervisor will complete medication observation in the home weekly and document on medication observation form.	
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 interviews, the facility	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 to includes both clients and staff should sanitize their hands and clean the area where medications are served before and in between each pass.	

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W 454	Continued From page 4 failed to ensure staff and clients used proper glove hygiene and to ensure a sanitary environment 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: A. Observations on 5/20/24 during the dinner mealtime revealed client #4 was wearing gloves and was prompted by staff to carry items to the trash. Further observation revealed client #4 using his gloved hands to lift the trashcan lid then return to the kitchen and stirred a pitcher of juice. At no point did staff prompted client #4 to dispose of the gloves and wash his hands prior to touching the utensils. Interview on 5/21/24 with the facility nurse revealed both clients and staff, when choosing to wear gloves, should change their gloves and wash their hands regularly. B. Observations on 5/21/24 during the breakfast mealtime revealed staff E was wearing gloves and rubbed his head while in the kitchen preparing breakfast. Further observation revealed staff E wiped down the counter tops, dining table and dried some dishes with his gloved hands after lifting the trashcan lid. Continued observations revealed staff E placed gloved hands under the running water and soap to clean then discarding the gloves into the trashcan afterwards. Staff E did not wash his bare hands prior to putting on a new set of gloves. Interview on 5/21/24 with the facility nurse revealed both clients and staff, when choosing to wear gloves, should change their gloves and wash their hands regularly.	W 454		

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W 454	Continued From page 5 C. Observations on 5/21/24 during the morning medication pass staff B was observed administrating medications to the clients in the staff office; also used to store the medications. Further observation revealed staff B had not sanitized the desktop area where the medications are administered prior to and in between each pass. Interview on 5/21/24 with the facility nurse revealed both clients and staff should sanitize their hands and clean the area where medications are served before and in between each pass.	W 454		
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure food was served in an appropriate temperature for 5 of 6 clients (#1, #2, #3, #5, and #6). The finding is: Observation in the group home on 5/21/24 at 6:56 AM revealed client #6 and S taff E to prepare frozen waffles in a toaster and place them on the client's individual plates along the kitchen counter. Continued observations at 7:00 AM revealed client #6 to place butter on the waffles for each client's plate. Further observations at 7:19 AM revealed the clients, with the exception of client #6, to consume the breakfast meal once the banana muffins were done. Subsequent observations at 7:30 AM revealed client #6 to be served the waffles from the kitchen counter with muffins and to consume his breakfast meal. Additionally, observations	W 473	The facility will ensure food is served at appropriate temperature at all times. To prevent further occurrence: A. QIDP will trained/in-service all staff on the appropriate temperature for food. B. QIDP and Site Supervisor will conduct weekly meal observation in the home and document on meal observation form. Person(s) Responsible: QIDP, Nurse and Site Supervisor To be completed by: 06/20/2024.	

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W 473	Continued From page 6 revealed that staff did not reheat the waffles prior to client's meal participation. Interview with the qualified intellectual disabilities professional (QIDP) confirmed that the clients should be served meals at appropriate temperatures. Continued interview with QP confirmed that staff should have offered to reheat the waffles.	W 473		