

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

PRINTED: 08/05/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G184</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/25/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BON REA DRIVE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3747 BON REA DRIVE CHARLOTTE, NC 28266</b>		
(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 120	<p><b>SERVICES PROVIDED WITH OUTSIDE SOURCES</b> CFR(s): 483.410(d)(3)</p> <p>The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observation, review of records and interviews the facility failed to ensure outside services providing day program activities met the safety needs of 6 of 6 clients (#1, #2, #3, #4, #5, #6) relative to implementing fall prevention safeguards. The finding is:</p> <p>Observations at the day program on 7/24/24 at 11:00AM revealed the entire hallway to have large water spots on the floor, large plastic trash cans with water, and multiple ceiling tiles missing. Continued observations revealed the water spots to cover the entire hallway on the left side of the building.</p> <p>Subsequent observations revealed clients to occupy a classroom at the end of the hallway, which would require clients to ambulate past the water spots and trash cans to evacuate through the front door.</p> <p>Interview with the lead staff at the day program on 7/24/24 indicated that the roof of the building is damaged and has been leaking for quite some time. Continued interview with lead staff verified that the roof and water spots have worsened over the past couple of weeks due to excessive rainfall. The lead staff also revealed that there is one classroom in the building that has potential mold problems, broken ceiling tiles, and water spots due to the leaking roof. Further interview with the lead staff verified that the roofing and ceiling tiles would not be repaired for another</p>	W 120			

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 120	Continued From page 1 three weeks.	W 120			
W 420	CLIENT BEDROOMS CFR(s): 483.470(b)(4)(iv)  The facility must provide each client with functional furniture, appropriate to the clients needs. This STANDARD is not met as evidenced by: Based on observation and interviews, the facility failed to provide functional furniture for 1 of 6 clients (client #4). The finding is:  Observations during the recertification survey from 7/24/24-7/25/24 revealed client #4 did not have a proper bed frame and headboard in his bedroom. Continued observation revealed client #4's mattress and box spring was sitting on the floor next to a thin floor pad.  Interview with the home manager (HM) and qualified intellectual disabilities professional (QIDP) on 7/25/24 revealed client #4's mattress set was on the floor due to client #4 having seizures and falling out of the bed. Continued interview with the HM and QIPD revealed it was unknown if the facility tried a bed with rails or any other alternative methods other than the mattress set being placed on the floor. Further interview with the QIDP verified that client 4's mattress set placed on the floor was inappropriate and that he would need a new bed.	W 420			
W 448	EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv)  The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on record review and interview, the facility	W 448			

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W 448	<p>Continued From page 2</p> <p>failed to investigate all problems relative to fire evacuation drills including the justification for extended times needed for facility evacuation. The finding is:</p> <p>Review of facility fire evacuation drill reports on 7/25/24 indicated fire drill reports conducted over the survey review year. Continued review of the facility fire drills revealed multiple drills with extended evacuation times to evacuate clients from the facility. Further review of the fire drill reports revealed multiple evacuations ranging from 4 minutes to 6 minutes in length. Additional review of fire drill reports indicated the following drills were completed during first shift with no identified problems noted: 11/29/23 (6 minutes), 1/20/24 (4 minutes), and 7/6/24 (6 minutes).</p> <p>Subsequent review of the fire drill reports indicated several extended evacuation times with no documented concerns identified. Continued review of the fire evacuation drill dated 9/7/23 indicated that individual client evacuation times were not clearly identified and varied from 1-3 minutes and 3-6 minutes. Review of the fire evacuation drill dated 6/7/24 did not indicate evacuation times. Review of the fire evacuation drills did not reveal justification or reasoning for the extended evacuation times.</p> <p>Additional review of facility documentation did not reveal safety committee meeting notes relative to follow up, justification, or reasoning for the extended evacuation times. Continued review of facility documentation did not identify specific concerns or trends relative to the facility and course of action to address corrective and preventative actions. Review of facility documentation also did not reveal whether</p>	W 448			

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W 448	Continued From page 3 interventions specific to the facility were completed addressing fire evacuation drill concerns. Review of facility documentation did not reveal in-service training relative to extended fire evacuation drill concerns.  Interview with the qualified intellectual disabilities professional (QIDP) on 7/25/24 revealed provider fire drills over three minutes should be further discussed in committee meetings. Continued interview with the QIDP verified fire evacuation drills specific to the facility were not presented and discussed during safety committee meetings. Further interview with the QIDP revealed he could not verify if interventions and/or in-service training had been completed relative to extended evacuation times to ensure the safety of the facility residents.	W 448			
W 454	<b>INFECTION CONTROL</b> 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 failed to ensure clients used proper hand washing to prevent cross contamination. This had the potential to affect all clients (#1, #2, #3, #4, #5 and #6) in the home. The finding is:  During the breakfast observations on 7/25/24 at 7:14AM, client #2 walked from the kitchen into the dining room to set the table without washing his hands. Continued observations revealed client #2 began touching the mouth part of the cups and utensils as he placed them on the dining table. At	W 454			

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W 454	Continued From page 4 no point did any staff prompt client #2 to wash his hands prior to setting the dining table. Further observations revealed the other five clients (#1, #3, #4, #5, #6) were prompted to participate in the breakfast meal without washing their hands. At no point did any staff prompt the clients to wash their hands prior to them serving their meal.  Interview with qualified intellectual disabilities professional (QIDP) on 7/25/24 revealed staff should have prompted all clients to wash their hands prior to entering the dining room during mealtimes.	W 454			