

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

PRINTED: 08/16/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G238</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/14/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANTLE COURT GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4319 MANTLE COURT CHARLOTTE, NC 28205</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 249	<p><b>PROGRAM IMPLEMENTATION</b> 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 reviews and interviews, the facility failed to ensure that 1 of 6 clients (#1) received a continuous active treatment program consisting of needed interventions as identified in the Person-Centered Plan (PCP). The finding is:</p> <p>Afternoon observations in the group home on 8/13/24 revealed client #1 to stay in his bedroom from 4:00 PM until 4:56 PM and for staff to check on client #1 one time at 4:41 PM. Continued observation revealed client #1 to come to the dining room at 5:00 PM, consume his dinner, then run back to his bedroom at 5:18 PM. Further observation revealed that at no time did staff use a visual schedule or any type of visual prompt to indicate to client #1 what the next task should be.</p> <p>Observations in the group home on 8/14/24 revealed client #1 to walk around the home, eat breakfast at the dining room table, and follow staff prompts to take his clothes to the laundry room. At no time did staff use a visual schedule or any type of visual prompt to indicate what the next task should be.</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  Review of client #1's record on 8/14/24 revealed an Individual Service Plan (ISP) dated 1/8/24 which includes a goal for skills development which states that staff will assist setting up a calendar, sequence strips/schedule so that client #1 knows what to expect each day. Continued review of the record revealed a Behavior Support Plan (BSP) dated 12/31/23 which includes several prevention strategies, including Structured Routine/Schedule which states, "Client #1 has issues with NOT having structure. His daily routine must be consistent and predictable to him. A visual schedule should be available and on his level of understanding (i.e. pictures/written words). Staff will prompt client #1 with index cards indicating the next task."  Interview with the Program Supervisor (PS) and the Qualified Intellectual Disabilities Professional (QIDP) on 8/14/24 confirmed that client #1's ISP and BSP are current and that he should have access to a visual schedule to provide predictability and promote choice making.	W 249			
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1)  at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure quarterly fire evacuation drills were conducted for each shift of personnel. The finding is:  Review of the facility fire drill reports on 8/14/24 for the 12-month review year from 7/2024 - 8/2023 revealed 12 out of 12 fire drills were conducted. Continued review of fire drill reports	W 440			

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W 440	Continued From page 2 revealed fire evacuation drills were completed on the following dates and shifts: 7/22/24 (2nd), 6/29/24 (1st), 5/23/24 (2nd), 4/18/24 (2nd), 3/29/24 (2nd), 2/28/24 (2nd), 1/17/24 (3rd), 12/5/23 (2nd), 11/16/23 (1st), 10/15/23 (2nd), 9/26/23 (2nd) and 8/8/23 (3rd).  Interview with the program supervisor on 8/14/24 verified the facility should have conducted a fire evacuation drill for each shift of personnel during each quarter of the review year.	W 440			
W 474	MEAL SERVICES 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 for 2 of 5 clients (#4 and #6) was served in a form consistent with their developmental level. The findings are:  A. The facility failed to ensure client #4's diet was served as prescribed. For example:  Afternoon observations in the group home on 8/13/24 revealed the dinner meal to be vegetable lasagna, garlic bread, tossed salad, salad dressing, fresh fruit cup, juice and water. Continued observation of the dinner meal at 5:00 PM revealed staff A to provide hand over hand assistance to client #4 with fixing his dinner plate. Further observation revealed client #4 to consume the lasagna in whole form, shredded lettuce and garlic bread cut into 1/4 size pieces.  Morning observations in the group home on	W 474			

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W 474	<p>Continued From page 3</p> <p>8/14/24 revealed the breakfast meal to be oatmeal, blueberry muffins, margarine, skim milk, juice and water. Continued observation at 7:03 AM revealed staff E to provide hand over hand assistance to client #4 with fixing his breakfast plate. Further observations revealed staff E to assist in cutting the muffin into 1/4 size pieces. Subsequent observations revealed client #4 to consume his oatmeal in whole form, and muffin into 1/4 size pieces.</p> <p>Review of client #4's record on 8/14/24 revealed a nutritional evaluation dated 7/31/24. Review of the nutritional evaluation indicated client #4's diet order is 1500 calories, low fat, low cholesterol, mechanical soft. Further review of client #4's record revealed physician orders dated 7/1/24. Review of the physician orders revealed client #4's diet is 1500 calories, low fat, low cholesterol, mechanical soft.</p> <p>Interview with the facility nurse on 8/14/24 confirmed client #4's diet orders are current. Continued interview confirmed client #4's food was not prepared to the mechanical soft specifications and that the diet order should be followed as prescribed at all times.</p> <p>B. The facility failed to ensure client #6's diet was served as prescribed. For example:</p> <p>Afternoon observations in the group home on 8/13/24 revealed the dinner meal to be vegetable lasagna, garlic bread, toss salad, salad dressing, fresh fruit cup, juice and water. Continued observation of the dinner meal at 5:00 PM revealed staff A to provide hand over hand assistance to client #6 with fixing his dinner plate. Further observations revealed staff A to assist in</p>	W 474			

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W 474	<p>Continued From page 4</p> <p>cutting the garlic bread into 1/4 size pieces. Subsequent observations revealed client #6 to consume the lasagna in whole form, shredded lettuce and garlic bread cut into 1/4 size pieces. Additional observations revealed client #6 to consume his entire cup of juice and water after eating his lasagna and garlic bread. At no point during observations was client #6 encouraged to alternate bites of food with sips of his beverage.</p> <p>Morning observations in the group home on 8/14/24 revealed the breakfast meal to be oatmeal, blueberry muffins, margarine, skim milk, juice and water. Continued observation at 7:03 AM AM revealed staff E to provide hand over hand assistance to client #6 with fixing his breakfast plate. Further observations revealed staff E to assist in cutting the muffin into 1/4 size pieces. Subsequent observations revealed client #6 to consume his oatmeal in whole form, and muffin into 1/4 size pieces. Additional observations revealed client #6 to consume his entire cups of drinks after eating his oatmeal and muffin. At no point during observations was client #6 encouraged to alternate bites of food with sips of his beverage.</p> <p>Review of client #6's record on 8/14/24 revealed a nutritional evaluation dated 10/10/23. Review of the nutritional evaluation indicated client #6's diet order is regular, heart healthy, mechanical soft and he is encouraged to alternate bites of food with sips of his beverage. Further review of client #6's record revealed physician orders dated 7/1/24. Review of the physician orders revealed client #6's diet is regular, heart healthy, mechanical soft and he is encouraged to alternate bites of food with sips of his beverage.</p>	W 474			

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W 474	Continued From page 5 Interview with the facility nurse on 8/14/24 confirmed client #6's diet orders are current. Continued interview confirmed client #6's food was not prepared to the mechanical soft specifications and that the diet order should be followed as prescribed at all times. Further interview with the RN revealed staff should encourage client #6 to alternate bites of food with sips of his beverage during meals.	W 474			