

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

PRINTED: 12/20/2023
FORM APPROVED
OMB NO. 0938-0391

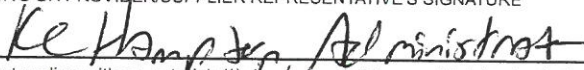
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/19/2023
NAME OF PROVIDER OR SUPPLIER BURTONWOOD CIRCLE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1710 BURTONWOOD CIRCLE CHARLOTTE, NC 28212	
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure the person-centered plan (PCP) included interventions to support 1 of 3 sampled clients (#2) during mealtimes. The finding is:</p> <p>Observations in the group home on 12/19/23 at 7:17 AM revealed client #2 to participate in the breakfast meal. The breakfast meal consisted of the following: cheese grits, cut up blueberry muffin, sausage cut into 1" pieces, milk and juice. Observations also revealed client #2 to use a high sided divided dish during the breakfast meal. Continued observations at 7:22 AM revealed client #2 to participate in the breakfast meal as her high sided divided plate continued to slide to the right. Further observations revealed client #2 to use her right hand to hold the inside of the plate to prevent it from slipping as the client continued to participate in the breakfast meal.</p> <p>Review of the record for client #2 on 12/19/23 revealed a PCP dated 2/25/23 which indicated the client uses a high sided divided dish, regular utensils and non-skid mat during mealtimes for plate stability. Review of the PCP also revealed client #2 has mealtime guidelines due to rate of eating and overstuffing her mouth. Continued review of the record for client #2 revealed an occupational therapy (OT) assessment dated 3/2/23 which indicated the client has no adaptive equipment to use during mealtimes. Review of</p>	W 227	<p>W 227</p> <p>The Administrator/QP will request an updated Occupational Therapy (OT) Evaluation to be completed on client #2. The Administrator/QP will update client #2's Person Centered Plan with any new recommendations from the updated OT evaluation. The Behavior Specialist will implement and in-service any new recommendations made by the OT for client #2 with the direct care staff. This will be monitored by the RTL and Behavior Specialist completing two meal assessments per week for 1 month and then on an ongoing routine basis to ensure compliance is maintained. In the future the QP or Administrator will ensure all direct support staff are in-serviced on all client specific OT needs at meal times.</p> <p style="text-align: center;">RECEIVED JAN 10 2024 DHSR-MH Licensure Sect</p>	2/17/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Keisher Hampton,



QP/Administrator

1/6/2024

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 227	Continued From page 1 the nutritional summary dated 4/13/22 revealed client #2 should have meats and sandwiches cut into 1" pieces. Further review of the record did not reveal a prescribed dycem mat to use during mealtimes. Interview with the home manager (HM) on 12/19/23 revealed client #2 eats independently during mealtimes with staff prompts relative to rate of eating. Interview with the HM also revealed client #5 has access to a placemat to use, however a dycem mat has not been prescribed for regular use during mealtimes. Continued interview with the HM verified client #2 does not use a dycem mat as an intervention to improve independence during mealtimes.	W 227			
W 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) 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 record review and interview, the specially constituted committee, designed as the human rights committee (HRC) failed to assure written consents was obtained for 4 of 6 audit clients (#1, #2, #5 and #6) regarding the use of a doorbell chime in the home as evidenced by observation, interview, and record verification. The findings are: A. Review of client #1's records on 12/19/23 revealed a person-centered plan (PCP) dated 10/6/22. Continued review of the record revealed an objective to close the bathroom door for	W 262	W 262 The Behavior Specialist will ensure all Human Rights consents are completed annually for clients #1, #2, #5 & #6 to ensure due process is followed. The Administrator will in-service the Behavior Support to ensure all HRC consents are completed annually. This will be monitored through quarterly HRC meetings and Chart Review process. In the future the Administrator/QP will ensure the annual HRC consents are completed by the Behavior Specialist.	2/17/2024	

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W 262	<p>Continued From page 2</p> <p>privacy. Further review revealed annual consents for client #1 revealed a consent signed by guardian dated 4/27/23 relative to chimes on all doors. A subsequent review of records revealed this consent was not reviewed or consented to by HRC.</p> <p>Interview with quality assurance specialist (QA) on 12/19/23 confirmed that based on the consent located in the record, client #1's consent was not reviewed or consented to by HRC.</p> <p>B. Review of client #2's records on 12/19/23 revealed a person-centered plan (PCP) dated 2/25/23. Continued review of PCP revealed consents for the behavior support plan (BSP) signed by the legal guardian on 4/17/22. Further review revealed annual consents for client #2 relative to the BSP (chimes on all doors) was not reviewed or consented to by HRC.</p> <p>Interview with quality assurance specialist (QA) on 12/19/23 confirmed that based on the consent located in the record, client #2's BSP was not reviewed or consented to by HRC.</p> <p>C. Review of client #5's records on 12/19/23 revealed a person-centered plan (PCP) dated 10/16/23. Continued review of the PCP revealed consents for the behavior support plan (BSP) signed by the legal guardian on 10/18/23. Further review revealed annual consents for client #5 relative to the BSP (chimes on all doors) was not reviewed or consented to by HRC.</p> <p>Interview with quality assurance specialist (QA) on 12/19/23 confirmed that based on the consent located in the record, client #5s BSP was not reviewed or consented to by HRC.</p>	W 262		

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W 262	<p>Continued From page 3</p> <p>D. Review of client #6's records on 12/19/23 revealed a person-centered plan (PCP) dated 2/15/23. Continued review of PCP revealed consents for the behavior support plan (BSP) signed by the legal guardian on 3/21/22. Further review revealed annual consents for client #2 relative to the BSP (chimes on all doors) was not reviewed or consented to by HRC.</p> <p>Interview with quality assurance specialist (QA) on 12/19/23 confirmed that based on the consent located in the record, client #6's BSP was not reviewed or consented to by HRC.</p>	W 262		
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