

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

PRINTED: 11/14/2024
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 11/06/2024
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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure privacy during personal care for 1 non-sampled client (#1). The finding is:</p> <p>Observations in the facility on 11/6/24 at 7:20AM revealed client #1 to enter the bathroom. Continued observations revealed client #1 to begin toileting with the bathroom door open which could be seen from the hallway. Further observation revealed client #1 to continue toileting with the door remaining open as other clients walked down the hallway to their rooms.</p> <p>Review of the record for client #1 on 11/6/24 revealed a person centered plan (PCP) dated which indicated the following program goals: exercise goal, oral hygiene, use signing or communication boards/flashcards to communicate, wipe herself after using the bathroom, and set the table during mealtime. Continued review of the record for client #1 did not reveal program goals relative to respecting privacy during personal care or toileting.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 11/6/24 revealed staff have been trained to prompt client #1 with keeping the bathroom door closed during personal care and toileting. Continued interview with the QIDP revealed all of client #1's program goals are current. Further interview with the QIDP revealed staff should monitor client #1 to ensure privacy during toileting and personal care.</p>	W 130			

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 217	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include nutritional status. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure an initial nutritional assessment was performed for 1 of 1 newly admitted audit client (#5). The finding is:</p> <p>Review on 11/5/24 of client #5's record revealed there was no nutritional assessment. Continued review revealed client #5 was admitted to the facility on 7/8/24. Further review revealed the last nutritional assessment was completed by previous provider dated 6/16/17.</p>	W 217			
W 226	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>During an interview on 11/6/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5 did not receive an initial nutritional assessment upon admission.</p> <p>Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to implement a Person Centered Plan(PCP) within 30 days of admission for 1 of 1 newly admitted audit client (#5). The finding is:</p> <p>Review on 11/5/24 of client #5's record revealed an admission date of 7/8/24. Continued review revealed a PCP implemented on 9/20/24 for client #5. Further review revealed formal training objectives to include wash her body, brush her teeth and apply deodorant by 9/20/25.</p>	W 226			

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W 226	Continued From page 2	W 226			
W 436	<p>Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 11/6/24 verified client #5's admission and PCP implementation date.</p> <p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to assure that adaptive equipment was furnished as prescribed for 1 of 3 sampled clients (#2). The finding is:</p> <p>Observations throughout the 11/5/24-11/6/24 recertification survey revealed client #2 to participate in various activities to include assisting with meal preparation, cooking, participating in a puzzle activity, and other various activities without her eyeglasses. Continued observations did not reveal staff to prompt client #2 to wear her eyeglasses as prescribed.</p> <p>Review of the record for client #2 on 11/6/24 revealed a person-centered plan (PCP) dated 2/18/24, which indicated that staff should prompt client #2 to wear her eyeglasses throughout the day. Continued review of the PCP for client #2 revealed the client "does not like wearing her eyeglasses and will not comply with wearing them. Staff can help by verbally prompting the client throughout the day to wear the eyeglasses and the importance of wearing the eyeglasses</p>	W 436			

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W 436	<p>Continued From page 3</p> <p>daily". Review of the record for client #2 revealed a vision consult dated 11/2/23 which indicated a myopia diagnosis with astigmatism. Further review of the PCP revealed client #2 has the following adaptive equipment: eyeglasses to improve his vision, to be worn daily.</p> <p>Interview with nursing services and the qualified intellectual disabilities professional (QIDP) on 11/6/24 verified that client #2's eyeglasses prescription is current. Continued interview with the QIDP verified that staff are trained to prompt client #2 to wear her eyeglasses daily as prescribed.</p>	W 436			