

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

PRINTED: 11/21/2024
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G213 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 11/14/2024 |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER SHELburnE PLACE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2524 SHELburnE PLACE CHARLOTTE, NC 28227 | | |
| (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 000 | INITIAL COMMENTS | W 000 | | | |
| W 143 | <p>COMMUNICATION WITH CLIENTS, PARENTS & CFR(s): 483.420(c)(1)</p> <p>The facility must promote participation of parents (if the client is a minor) and legal guardians in the process of providing active treatment to a client unless their participation is unobtainable or inappropriate.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to promote participation of the guardian by ensuring consents for services were obtained for 1 of 1 audit clients (#1). The finding is:</p> <p>Review on 11/14/24 of client #1's person centered plan (PCP) dated 11/11/24 revealed the IDT completed the annual PCP meeting and documentation without the guardian being present nor was a signature obtained.</p> <p>Review on 11/14/24 of client #1's dental consultation report dated 8/14/23 revealed client #1 was seen at the dental office for an annual checkup. Continued review revealed client #1 was diagnosed with decay that needed fillings, visible plaque at the gumline, and light bleeding. Further review revealed the dentist recommended to complete fillings during the follow-up visit. There was no evidence that the follow-up dental had been completed.</p> | W 143 | | | |

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 143 | Continued From page 1 Interview on 11/14/24 with the qualified intellectual disabilities professional (QIDP) revealed the dental clinic made attempts via telephone and email to encourage the guardian to sign and return the consents to continue services. Continued interview with the QIDP revealed that she tried to reach out to the guardian via telephone and email back in May of 2024; guardian did not respond. Further interview with the QIDP revealed that she has not spoken with the guardian for almost a year and there were no other family members listed as a contact. Additional interview with the QIDP revealed the IDT did not meet to discuss an action plan to retrieve the consents to continue services for client #1. The QIPD confirmed no consents have been obtained by the guardian as of yet. | W 143 | | | |
| W 348 | DENTAL SERVICES CFR(s): 483.460(e)(1) The facility must provide or make arrangements for comprehensive diagnostic and treatment services for each client from qualified personnel, including licensed dentists and dental hygienists either through organized dental services in-house or through arrangement. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide dental services as recommended for 1 of 1 audit clients (#1). The finding is: Review on 11/14/24 of client #1's dental consultation report dated 8/14/23 revealed client #1 was seen at the dental office for an annual | W 348 | | | |

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| NAME OF PROVIDER OR SUPPLIER SHELBURNE PLACE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2524 SHELBURNE PLACE CHARLOTTE, NC 28227 | | |
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| W 348 | <p>Continued From page 2</p> <p>checkup. Continued review revealed client #1 was diagnosed with decay that needed fillings, visible plaque at the gumline, and light bleeding. Further review revealed the dentist recommended to complete fillings during the follow-up visit. There was no evidence that the follow-up dental had been completed.</p> <p>Interview on 11/14/24 with the qualified intellectual disabilities professional (QIDP) confirmed client #1's last dental visit was on 8/14/23. Continued interview with the QIDP revealed the dental clinic made attempts via telephone and email to encourage the guardian to sign and return the consents to continue services. Further interview with the QIDP revealed she tried to reach out to the guardian via telephone and email back in May of 2024; guardian did not respond. QIDP revealed that she has not spoken with the guardian for almost a year and there were no other family members listed as a contact.</p> <p>Additional interview with the QIDP revealed the IDT did not meet to discuss an action plan to retrieve the consents to continue services for client #1. The QIPD confirmed no consents have been obtained by the guardian as of yet.</p> | W 348 | | | |