

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

PRINTED: 01/02/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>MONROE ROAD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7621 MONROE ROAD</b> <b>CHARLOTTE, NC 28212</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 000}	INITIAL COMMENTS  A revisit was conducted on December 4, 2024 for all previous deficiencies cited on October 2, 2024. A total of 4 of the 10 deficiencies were not corrected during the follow up survey. Deficiencies will be re-cited.	{W 000}			
{W 125}	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)  The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the right to dignity and respect relative the use of adaptive equipment affecting 1 of 6 clients (#1). The finding is:  Afternoon observations on 10/1/24 at 5:15PM revealed staff to assist client #1 with serving her plate during the dinner meal. Continued observations revealed staff to place client #1's plate on top of her shirt protector on the dining table.  Morning observations at 7:45AM on 10/2/24 revealed staff to again place client #1's plate on top of her shirt protector on the dining table.  Interview with the home manager (HM) on 10/2/24 revealed that staff place the plate on top of the shirt protector to minimize spillage.  Interview with the qualified intellectual disabilities professional (QIDP) on 10/2/24 verified that staff	{W 125}			

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 125}	Continued From page 1  should not have placed client #1's plate on top of her shirt protector. Continued interview with the QIDP revealed that staff have been trained to use place mats and dycem mats to minimize spillage on the table and floor. Further interview with the QIDP revealed that staff should protect the dignity and respect of clients at all times.	{W 125}			
{W 249}	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  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.  This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure 6 of 6 clients (#1, #2, #3, #4, #5 and #6) received a continuous active treatment program relative to formal and informal interventions. The findings are:  A. The facility failed to ensure an active treatment program for clients #1, #2, #3 and #4 resulting in an extended amount of unstructured time. For example:	{W 249}			

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{W 249}	<p>Continued From page 2</p> <p>Observations in the group home on 10/2/24 from 6:30 AM to 8:00 AM revealed clients #1, #2, #3 and #4 to participate in the breakfast meal and sit in the living room. Continued observations revealed client #1, #2, #3, and #4 to remain unengaged for approximately 50 minutes during survey observations.</p> <p>Review of record for client #1 on 10/2/24 revealed a person centered plan (PCP) dated 4/11/24. Continued review revealed the following training objectives: participate in an activity of choice for at least ten minutes, keep mouth closed during meals, and signal staff when she needs to go to the bathroom. Further review of the PCP revealed informal training goals to include participation more with activities, daily chores, monthly fire drills, staying on task, meal preparation and taking medication.</p> <p>Review of record for client #2 on 10/2/24 revealed a PCP dated 10/2/23. Continued review revealed the following training objectives: exercise for 15 minutes, oral hygiene, select clothing, select an activity of choice, math skills, and learn her address.</p> <p>Review of record for client #3 on 10/2/24 revealed a PCP dated 6/12/24. Continued review revealed the following training objectives: behavioral interventions, toileting, bathing, use napkin while eating, and exercise for ten minutes. Further review of the PCP revealed informal training to include participation in daily chores, fire drills, oral hygiene, and safe habits while on the van.</p> <p>Review of record for client #4 on 10/2/24 revealed a PCP dated 9/13/24. Continued review revealed</p>	{W 249}			

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{W 249}	<p>Continued From page 3</p> <p>the following training objectives: behavioral interventions, wash her hands, bathroom use, swab her gums, choose activities, and exercise while seated.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 10/2/24 confirmed clients training objectives are current. Continued interview with the QIDP revealed staff should have prompted clients to engage in structured activities.</p> <p>B. The facility failed to ensure an active treatment program for clients #5 and #6 during unstructured time. For example:</p> <p>Observations in the group home on 10/2/24 from 6:30 AM to 8:00 AM revealed clients #5 and #6 to participate in medication administration, the breakfast meal, sit in the living room, and prepare for showers. Continued observations revealed clients #5 and #6 to remain unengaged for approximately 50 minutes during survey observations.</p> <p>Review of record for client #5 on 10/2/24 revealed a PCP dated 8/2/24. Continued review revealed the following training objectives: brush teeth, use the bathroom every two hours, exercise for 10 minutes, and prepare a beverage for a meal.</p> <p>Review of record for client #6 on 10/2/24 revealed a PCP dated 1/10/24. Continued review revealed the following training objectives: wash hands, brush teeth, go to bathroom every two hours, place clothes in hamper, make a choice/select a leisure activity, and exercise for 15 minutes.</p> <p>Interview with the QIDP on 10/2/24 confirmed all</p>	{W 249}			

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{W 249}	Continued From page 4  clients training objectives are current. Continued interview with the QIDP revealed clients should have been offered opportunities to engage in formal and informal training objectives to include assisting staff with meal preparation and completing chores.  A revisit was completed on 12/4/24 to review the supporting documentation relative to the POC provided. There was no supporting documentation provided according to the POC submitted.	{W 249}			
{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 failed to investigate all problems relative to fire evacuation drills including the justification for extended times needed for facility evacuation. The finding is:  Review of facility fire evacuation drill reports on 10/1/24 indicated fire drill reports were 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 5 minutes in length. Subsequent review of fire drill reports indicated the following drills were completed during first shift with no identified problems noted: 9/2/24 (4 minutes), 3/8/24 (5 minutes), 2/3/24 (5 minutes), 1/31/24 (5 minutes), and 12/4/23 (5 minutes).	{W 448}			

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{W 448}	<p>Continued From page 5</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 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.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 10/2/24 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.</p> <p>A revisit was completed on 12/4/24 to review the supporting documentation according to the POC provided. Supporting documentation was not provided according to the POC submitted.</p>	{W 448}			