

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

PRINTED: 04/03/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G185</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/24/2025</b>	
NAME OF PROVIDER OR SUPPLIER  <b>DALMOOR DRIVE GROUP HOME</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>4400 DALMOOR DRIVE</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 130	<p><b>PROTECTION OF CLIENTS RIGHTS</b> 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 observation and interview, the facility failed to ensure privacy for client #1 during medication administration. The finding is:</p> <p>Observation during the medication administration on 3/24/25 revealed that the staff A administrated the medication from the medication closet adjacent to the kitchen and dining room area. Continued observation revealed client #1 to stand outside the medication closet and the door to remain open for the duration of his medication pass. Further observation revealed at no time did staff A utilize the private screen.</p>			W 130			
W 368	<p><b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure all medications were administered in accordance with physician's orders for client #1. The finding is:</p> <p>Observations on 3/24/25 at 6:56AM revealed staff A to call client #1 to the medication closet to</p>			W 368			

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 368	<p>Continued From page 1</p> <p>prepare for medication administration. Continued observation revealed staff A to place the following medications in the cup: Divalproex DR 125mg, Gemfibrozil 600mg, and Levothyroxine 50mcg. Further observation revealed client #1 to take the medications together with water and staff A then administered the Flasp Flextouch Insulin Pen 100units/ml.</p> <p>Record Review on 3/24/25 revealed client #1 physician's order dated 3/14/25 which indicated that client #1 should take Levothyroxine 50mcg without any other medications and at least 30 minutes before breakfast.</p> <p>Interview with the facility nurse and the qualified intellectual disabilities professional (QIDP) on 3/24/25 confirmed staff A should have not provided client #1 with the Levothyroxine medication with his other medications and should have been given at least 30 minutes before breakfast as prescribed.</p>			W 368			