

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

PRINTED: 03/06/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G059	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER BELMONT GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 100 BELMONT MOUNT HOLLY ROAD/205 WIMMER CIRCLE BELMONT, NC 28012		
(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 436	<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 observation, record review and interview, the facility failed to assure that adaptive equipment was furnished as prescribed for 1 of 3 audit clients (#2). The finding is:</p> <p>Observation in the group home during recertification survey 2/18/25-2/19/25 revealed client #2 to participate in the dinner meal, medication administration, transition from wheelchair to sofa chair, and the breakfast meal. Continued observations revealed staff did not utilize client #2's communication board for visual and object cues.</p> <p>Review of records for client #2 on 2/18/25 revealed an Individual Program plan (IPP) dated 11/21/24. Continued review of IPP revealed that client #2 has a program goal to follow verbal prompts, visuals, and object cues to improve comprehension skills.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 2/19/25 confirmed client #2's IPP is current. Continued interview with the QIDP confirmed that the client should be provided with prompts using his communication board.</p>		W 436	<p>Due to client #2's vision loss, the contracted speech therapist has modified the annual speech evaluation to eliminate communication boards and visual or object cues for task completion. The updated speech evaluation and Individual Program Plan (IPP) now emphasize the use of maximum verbal prompts and cues for effective communication.</p> <p>The QIDP will present the revised evaluation and IPP to all staff members at the facility. Additionally, the ICF Clinical Director will conduct annual reviews of the IPP and speech evaluations to ensure that the plan remains aligned with client #2's abilities and limitations.</p>	04/25/25
W 448	<p>EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv)</p> <p>The facility must investigate all problems with</p>		W 448		

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DHSR-MH Licensure Sect

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 30 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 30 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 448	<p>Continued From page 1</p> <p>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 reason for extended times needed for facility evacuation. The finding is:</p> <p>Review of facility fire evacuation drill reports on 2/26/25 indicated fire drill reports 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 5 minutes to 8 minutes in length. Additional review of fire drill reports indicated the following drills were completed during third shift with no identified problems noted: 3/31/24 (8 minutes), 6/30/24 (5 minutes), 9/30/24 (6 minutes), and 12/30/24 (6 minutes). Review of fire drill reports also indicated the following drill was completed during second shift: 5/30/24 (5 minutes).</p> <p>Subsequent review of facility documentation on 2/26/25 did not reveal documentation relative to safety committee minutes relative to follow up, justification, or reasoning for the extended evacuation dates and timeframes. Review of the facility bi-annual emergency drill report dated 10/17/24 indicated fire drills should have a completion time of three minutes or less. Review of email correspondence dated 3/26/24 indicated the following interventions were approved by the safety committee and should be enforced: "specifically for 3rd shift, mock fire drills should be conducted twice per month, in addition to the mandatory once-per-month fire drill; record all</p>	W 448	<p>The IDT for the Belmont group home, along with the Safety & Risk Manager will immediately seek outside consultation for the best evacuation procedures for deep sleep hours. This will be the responsibility of the Safety & Risk Manager to complete and teach all staff any new protocols or procedures developed from the consultation.</p> <p>The Clinical Director of ICF will assure that a copy of each quarter's drills is given to the Safety & Risk Manager for immediate review and corrections as needed. Additionally, the Clinical Director for ICF will report each quarter's awake drill to the QA/QI committee for review and recommendations. The QA/QI Human Rights Coordinator will assure these reviews are captured in the QA/QI committee minutes.</p>	04/25/25	

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W 448	<p>Continued From page 2</p> <p>drills on the fire drill form; and the average goal for fire drills should be three minutes (removing the person served, that takes the most time, last)". Review of fire drill evacuation reports did not reveal two fire evacuation drill reports monthly for evacuation drills over three minutes in length during third shift. Review of facility documentation did not reveal in-service training relative to extended fire evacuation drill concerns and interventions to address the extended fire drill evacuation timeframes.</p> <p>Interview with the ICF Director on 2/26/25 revealed that any evacuation drills over three minutes should be repeated in the same month. Continued interview with the ICF Director verified facility fire evacuation drills over three minutes are discussed in QAQI meetings.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 2/26/25 revealed provider fire drills over three minutes are reported to management for further review. Continued interview with the QIDP revealed that there are no clients that currently have fire drill program goals or interventions relative to the extended evacuation times. Further interview with the QIDP revealed staff should record the reasoning for the extended evacuation timeframes on the fire drill evacuation forms and report to management if over three minutes in length. Additional interview with the QIDP could not verify if in-service training had been completed relative to the extended fire evacuation times to ensure the safety of the facility residents.</p>		W 448		