

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

PRINTED: 04/11/2025
FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/07/2025
NAME OF PROVIDER OR SUPPLIER CLEAR CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 11950 HOWELL CENTER DRIVE 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 191	<p>A complaint survey was completed on 4/7/25 for intake #NC0022910. The allegation was substantiated and deficiencies were cited.</p> <p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2)</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs.</p> <p>This STANDARD is not met as evidenced by: Based on record/document review and interview, the facility failed to ensure staff were trained related to procedures for assuring client safety during behaviors for 1 of 3 sampled clients (#1). The finding is:</p> <p>During a complaint investigation at the facility on 4/7/25 documents revealed a new client admission date of 3/12/25. Further review of the documents revealed the client was transferred from another RHA facility. Continued review of facility documents revealed the client was admitted to the hospital on 3/29/25 following an incident where client #1 digested a glove.</p> <p>Review of documents for client #1 revealed a person centered plan (PCP) dated 3/4/24. Further review of documents revealed a behavior support plan (BSP) dated 10/1/24 with the following targeted behaviors listed: Uncooperation, Entering Others' Personal Space, AWOL, Inappropriate Food Acquisition, PICA behavior, Resisting G-Tube Related Activities. Continued review of documents revealed an in-service training dated 3/12/25 for client #1's BSP facilitated by the facility behavior specialist.</p>	W 191	<p>W 191</p> <p>All Direct Support Staff will be trained on new admissions BSP's and clients' wants/needs. Qualified Professional will in service All Direct Support Staff on new admission BSP's and client's wants/needs. The team will monitor progress with formal training by QP and behavioral specialist on behavioral data.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

5/1/25

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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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: N1HZ11

Facility ID: 922019

If continuation sheet Page 1 of 5

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<p>W 191</p>	<p>Continued From page 1</p> <p>Further review of the 3/12/25 in-service revealed the following training objectives: Client #1 is a new admission who is 1:1 and has a history of the following behaviors: PICA (eating things not meant to be ingested, i.e. pieces of paper, strings, stuffing from a diaper, small leisure items, etc), Uncooperation (refusing to comply with staff requests and may include dropping to his knees or lying on the floor, intense screaming and pushing at others), Aggression (including hitting, kicking), Property Destruction, Entering Others' Personal Spaces, AWOL, Taking Items not belonging to him, Inappropriate Food Acquisition (taking others food, hi is NPO) Resisting G-Tube Related Activities (refusing to stay seated with hands down in a tolerant manner to accept medically mandate tube feedings. Staff should complete environmental sweeps often. Do not leave him unattended, especially while food leisure items are out. He reportedly likes alone time in his bedroom lasting up to 30 minutes. He wears a bodysuit/onesie 24-7 to prevent PICA behavior and tampering with his G-tube. He utilizes shower mitts during showering to limit the client from pulling his feeding tube out. Client will sit in his wheelchair with his seatbelt fastened, during medication administration. Ensure preferred items are available.</p> <p>Continued review of the 3/12/25 in-service training document revealed 11 staff signed the roster. Subsequent review of the in-service document did not reveal the signature of staff A who worked 1:1 with the client on 3/29/25.</p> <p>Interview with the facility administrator (FA) on 4/7/25 revealed all staff were trained on client #1's BSP. Further interview when asked about training for staff A, the assigned 1:1 staff who</p>	<p>W 191</p>	
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<p>W 191</p>	<p>Continued From page 2 worked with the client on 3/29/25, revealed the staff did receive training from the behavior specialist because the FA was also present for the training.</p> <p>Continued interview with the FA when asked why staff A's name was not listed on the in-service training revealed, he wasn't sure why staff A did not sign the form. Further interview with the FA revealed the behavior specialist wrote a statement for the internal investigation which revealed that she reviewed and trained staff A, on the new admission/behavior information from the client's previous BSP on 3/18/25. The behavior specialist also stated in her statement that staff A said he understood the information reviewed and did not have any additional questions. Subsequent interview with the FA confirmed there were no in-service training documents to review that staff A received training relative to client #1's BSP.</p>	<p>W 191</p>	
<p>W 260</p>	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2)</p> <p>At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: The facility failed to assure the behavior support plans (BSPs) for 6 clients in the facility (#2, #3, #4, #5, #6 and #7) were reviewed and revised annually as required as evidenced by interview and record verification. The finding is:</p> <p>A complaint investigation was conducted on 4/7/25, during review of the facility's documents relative to clients who has PICA listed as a targeted behavior revealed the following.</p>	<p>W 260</p>	<p>W260 All Direct Support Staff will be trained on Client# 2, 3, 4, 5, 6 revised and update behavioral support plan. Qualified Professional and Behavioral specialist will in service All Direct Support Staff on the revise and updated behavioral support plan for Client # 2,3,4,5,6.</p>

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W 260	<p>Continued From page 3</p> <p>Review of client #2's record, substantiated by interview with the Facility Administrator (FA) on 4/7/25 revealed the most current BSP available for review was completed on 5/9/19. Continued review revealed the targeted behaviors listed to include self injurious behaviors (SIB), aggression, oppositional behavior, PICA and digging in diaper.</p> <p>Review of client #3's record, substantiated by interview with the FA on 4/7/25 revealed the most current BSP available for review was completed on 5/19/21. Continued review revealed the targeted behaviors listed to include PICA, rumination and limited sleep.</p> <p>Review of client #4's record, substantiated by interview with the FA on 4/7/25 revealed the most current BSP available for review was completed on 4/20/21. Continued review revealed the targeted behaviors listed to include PICA, aggression, SIB, and disrobing.</p> <p>Review of client #5's record, substantiated by interview with the FA on 4/7/25 revealed the most current BSP available for review was completed on 7/25/17. Continued review revealed the targeted behaviors listed to include hand mouthing, object mouthing and yelling/screaming.</p> <p>Review of client #6's record, substantiated by interview with the FA on 4/7/25 revealed the most current BSP available for review was completed on 9/20/19. Continued review revealed the targeted behaviors listed to include SIB, crying, knocking items, oppositional behavior, mouthing hand and/or fingers, inappropriate touching, and leaving assigned area.</p>	W 260	
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W 260	<p>Continued From page 4</p> <p>Review of client #7's record, substantiated by interview with the FA on 4/7/25 revealed the most current BSP available for review was completed on 3/26/21. Continued review revealed the targeted behaviors listed to include mouthing, PICA and grabbing things.</p> <p>Continued review of facility documents revealed staff were provided training on 4/1/25 through 4/2/25 relative to clients #2, #3, #4, #5, #6, and #7 BSP's and PICA related behaviors Further review of the inservice training documents revealed staff were provided training with expired BSP's for clients #2, #3, #4, #5, #6 and #7.</p> <p>Subsequent interview with the facility administrator (FA) confirmed clients BSPs' provided to surveyors are the most current available to review. Further interview with the FA revealed all clients BSP's needs to be reviewed and revised annually as required.</p>	W 260		
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