

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

PRINTED: 05/09/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G095	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER OAK STREET GROUP HOME-ST. MARK			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 OAK STREET CHARLOTTE, NC 28269		
(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 112	<p>CLIENT RECORDS CFR(s): 483.410(c)(2)</p> <p>The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure client #4's healthcare information was stored appropriately to maintain confidentiality. The finding is:</p> <p>Observations throughout the recertification survey from 5/6/25 to 5/7/25 revealed a do not resuscitate (DNR) order to hang on the wall in the kitchen area with client #4's name and personal information listed. Further observations revealed the DNR order to be visible for clients and staff to see when passing through the kitchen area.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 5/7/25 revealed that client #4's personal identifiable health information should not be posted for staff, clients and anyone entering the kitchen to view. Continued interview with the QIDP verified staff have been trained to respect the privacy and confidentiality of clients personal identifiable information.</p>	W 112			
W 382	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to keep all drugs and biologicals locked except when being prepared for administration for 1 of 4 sampled clients (#1). The finding is:</p>	W 382			

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 382	Continued From page 1 Observations in the group home throughout the 5/6/25-5/7/25 survey revealed two bottles of prescription medication, Travoprost Drops 0.004%- SOLN, present in an unlocked small refrigerator sitting on the counter in the medication room. Further observations revealed the two bottles are prescribed to client #1 and scheduled to be administered at bedtime. Continued observations revealed the medication room is also a bathroom that the facility staff primarily utilizes. Review of client #1's physician's order on 5/7/25 and substantiated by the facility nurse revealed the Travoprost medication is the current prescription for client #1. Further interview with facility nurse confirmed staff should ensure all medications are kept locked except when being prepared for administration.	W 382			
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 any problems with fire evacuation drills, including the reason for extended times needed for evacuations. The finding is: Review on 5/6/25 of the facility's fire evacuation drills over the past year revealed three drills conducted on third shift with extended evacuation times to include: 9/5/25 (5 minutes), 12/3/24 (5 minutes), and 3/6/25 (5 minutes). Continued review of facility documentation did not reveal the	W 448			

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W 448	Continued From page 2 reasoning for extended times.	W 448			
W 472	<p>Interview on 5/7/25 with the qualified intellectual disabilities professional (QIDP) confirmed the drills should have been evaluated to determine the issues of the extended evacuation times.</p> <p>MEAL SERVICES CFR(s): 483.480(b)(2)(i)</p> <p>Food must be served in appropriate quantity. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure food was served in appropriate quantity for 1 of 4 sampled clients (#6). The finding is:</p> <p>Observation in the home on 5/6/25 at 5:20 PM revealed client #6 to sit at the dining room table preparing for the dinner meal. Further observation revealed client #6 to fix her plate to include a cheeseburger with a bun, lettuce, tomato and baked french fries. Continued observations revealed client #6 to consume her entire dinner meal. Subsequent observations revealed client #6 to consume more than a 1/2 portion of french fries. At no point during the observation did staff provide a 1/2 portion of starches as prescribed.</p> <p>Review of records for client #6 on 5/6/25 revealed an individual habilitation plan (IHP) dated 9/5/24. Continued review of records revealed a nutritional assessment dated 1/27/25 for client #6's prescribed diet to be Heart Healthy, can have other hot cereals instead of oatmeal, ½ portion starches, double portion vegetables at dinner, ½ portion snacks and desserts, Breakfast: water, tea, coffee, 1% milk, Lunch: water, and Dinner: water, iced herb tea.</p>	W 472			

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W 472	Continued From page 3	W 472			
W 474	<p>Interview on 5/7/25 with the qualified intellectual disabilities professional (QIDP) verified client #6's prescribed diet is current. Further interview with the QIDP revealed that the staff should follow the client's prescribed diet as ordered.</p> <p>MEAL SERVICES CFR(s): 483.480(b)(2)(iii)</p> <p>Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure food consistency was served in a form according to the developmental level for 3 of 4 sampled clients (#1, #2, #3). The findings are:</p> <p>Afternoon observations in the facility on 5/6/25 at 5:15PM revealed staff to assist clients with sitting at the table to prepare for the dinner meal. Further observations at 5:30PM revealed staff to assist clients with serving their plates. The dinner meal consisted of cheeseburgers, fries, lettuce, tomato, 1 teaspoon of olive oil, milk, and water. Continued observations revealed client #1 to eat the meal in its entirety. Observations did not reveal staff to assist client #1 with cutting the meal into a chopped consistency.</p> <p>Subsequent observations on 5/6/25 at 5:30PM revealed staff to assist client #2 with serving her plate and cut the cheeseburger into two ½ pieces. Further observations revealed client #2 to eat the meal in its entirety. At no point during the observation did staff assist client #2 with cutting the cheeseburger into a chopped consistency as prescribed.</p>	W 474			

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W 474	<p>Continued From page 4</p> <p>Observations on 5/6/25 at 5:30PM revealed staff to assist #3 with prepare her plate for the dinner meal. Further observations revealed staff to assist client #3 with cutting the cheeseburger into large pieces. Continued observations revealed client #3 to eat the entire meal. At no point during the observation did staff assist client #3 with cutting the cheeseburger into a chopped consistency as prescribed.</p> <p>Morning observations in the facility at 7:18AM on 5/7/25 revealed staff to assist clients with sitting at the table to prepare for the breakfast meal. The breakfast meal consisted of ½ cup fruit, two blueberry muffins, Canadian bacon, ½ cup of yogurt, water and 1% milk. Further observation revealed client #1 to eat two pieces of bacon in whole form, two blueberry muffins in whole form, fruit and yogurt. At no point during the observation did staff assist client #1 with cutting the bacon into a chopped consistency as prescribed.</p> <p>Review of the record for client #1 on 5/7/25 revealed an individual habilitation plan (IHP) dated 4/25/25 and physician's order dated 4/28/25 which indicated the client has the following diet order: heart healthy, chopped meats, consistency of other menu items as tolerated, double portions of vegetables, meats, poultry and fish entrees during lunch and dinner, and add one teaspoon of olive oil to breakfast and lunch.</p> <p>Review of the record for client #2 on 5/7/25 revealed an IHP dated 9/5/24 and physician's order dated 4/28/25 which indicated client #2 has the following diet order: high fiber, chopped</p>	W 474			

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W 474	<p>Continued From page 5</p> <p>meats, other foods chopped as tolerated, one cup of vanilla yogurt with probiotics with live cultures at breakfast, and encourage intake of water or flavored water with sugar free flavoring.</p> <p>Review of the record for client #3 on 5/7/25 revealed an IHP dated 9/5/24 and physician's order dated 4/28/25 which indicated the client has the following dietary requirements: heart healthy, chopped food items as tolerated, double portion of all meals, add one tablespoon of almond butter to hot cereal during breakfast, muscle milk shake with one cup of 1% milk and ½ cup of vanilla ice cream at 8AM and 5PM, and 4oz. yogurt, pudding or ice cream with lunch daily.</p> <p>Interview with the home manager (HM) on 5/7/25 revealed staff should offer and attempt to cut the clients' food into the prescribed consistency. Further interview with the HM revealed that if the clients refuse to eat the food at the prescribed diet consistency, staff should offer menu items that are softer to consume.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 5/7/25 verified staff have been trained on all of the clients' prescribed diets. Further interview with the QIDP verified that clients #1, #2, and #3 diet orders are current. Continued interview with the QIDP revealed staff should attempt to cut the clients' food at the prescribed diet consistency.</p>	W 474			