

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

PRINTED: 05/02/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G213	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/23/2025
NAME OF PROVIDER OR SUPPLIER SHELBURNE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 2524 SHELBURNE PLACE CHARLOTTE, NC 28227		
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W 000	INITIAL COMMENTS	W 000			
W 186	<p>DIRECT CARE STAFF CFR(s): 483.430(d)(1-2)</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to provide sufficient staff to manage and supervise clients. The finding is:</p> <p>Observations in the group home on 4/22/25 at 4:30 PM revealed two staff present along with the six clients. Continued observations revealed the direct care supervisor (DSS) to supervise three clients #1, #2, and #4 while client #3 was in her bed (recently returned from hospital stay) and clients #5 and #6 mostly managed themselves and were unsupervised from 4:30 PM until 5:25 PM. Further observation revealed clients #1, #2 and #4 to accompany the DSS together and to engage in all of the same activities so that the DSS could supervise all three clients at once while completing her duties. Meanwhile, client #6 worked on a word search and client #5 alternated between wandering around the home and watching television. Additional observations revealed that staff A had little direct contact with the clients and was engaged in other duties in the</p>	W 186	<p>W186: The IDD Administrator has re-inserviced the Qualified Professional, Direct Support Supervisor and all the DSP staff to ensure that staffing remains adequate. The clinical team members (IDD Administrator Nursing staff, Hab Spec & other Administrator staff) will do random phone and/or visual checks at least twice per week with the Shelburne Place DSP team to ensure appropriate staffing is in place in the facility. The QP and IDD Administrator have developed an emergency back-up plan for DSP staffing issues that arise daily at the facility. The back-up staff will be provided.</p>		

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

TITLE

(X6) DATE

KC Hampton, IDD Administrator *5/8/25*

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 186	<p>Continued From page 1 home.</p> <p>Observations in the group home on 4/23/25 at 6:15 AM revealed the qualified intellectual disabilities professional (QIDP) had worked the third shift in the home and the DSS was the first to arrive on the first shift. Continued observations revealed that the QIDP worked until 7:30 AM, then left the home to get ready for her office duties. Further observations revealed that staff C (PRN staff) and staff D, who has only been assigned to this home for two weeks, received specific instructions on clients' needs from the QIDP in order for the DSS to begin passing the medications in each client's bedroom.</p> <p>Review of the Employee Timesheet record on 4/23/25 revealed that the DSS has worked in a direct care role in the home for up to 88 hours per week and that she has worked more than 16 hours at a time in that role for the months of March and April 2025. Continued review of the Employee Timesheet record revealed that 22 of 45 days reviewed, there was no documentation indicating that at least 2 direct care staff were working on first or second shift and at least one direct care staff was working on third shift.</p> <p>Interview with the Human Resource Personnel (HR) on 4/23/25 confirmed that the provider is currently experiencing staff shortages and that the DSS has been out of compliance with working over 16 hours in a day without a break, including a documented day of 21 hours work at the group home.</p> <p>Interview with the facility administrator (FA) on 4/23/25 confirmed that the provider has recently experienced staffing shortages which has</p>	W 186			

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W 186	Continued From page 2 affected this home and that the provider is required to provide sufficient staff to manage and supervise clients. Continued interview with the FA revealed that she could not provide additional documentation showing more than one staff working on first or second shift for the 22 days reviewed.	W 186			
W 187	DIRECT CARE STAFF CFR(s): 483.430(d)(3) Direct care staff must be provided by the facility in the following minimum ratios of direct care staff to clients: (i) For each defined residential living unit serving children under the age of 12, severely and profoundly retarded clients, clients with severe physical disabilities, or clients who are aggressive, assaultive, or security risks, or who manifest severely hyperactive or psychotic-like behavior, the staff to client ratio is 1 to 3.2; (ii) For each defined residential living unit serving moderately retarded clients, the staff to client ratio is 1 to 4; (iii) For each defined residential living unit serving clients who function within the range of mild retardation, the staff to client ratio is 1 to 6.4. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to assure adequate staff-to-client ratios were met for 6 of 6 clients in the group home. The finding is: Review on 4/23/25 of all client's records at the home revealed a functioning diagnosis ranging from Severe to Profound IDD. Review on 4/23/25 of the Employee Timesheet records from 3/1/25-4/15/25 revealed that 22 of	W 187	W187: IDD Adminstrator will inservice clinicial team when covering work shifts to contact their supervisor by text and then a phone call to notify coverage. The inservice will also instruct clinical staff to sign on the vistor's form to input the time enter and departure time of shift worked.		

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W 187	Continued From page 3 45 days reviewed, there was no documentation indicating that at least 2 direct care staff were working on first or second shift and at least one direct care staff was working on third shift. Interview with the Human Resource Personnel (HR) on 4/23/25 confirmed that the provider is currently experiencing staff shortages and has been out of compliance with staff to client ratios based on documentation provided. Interview with the facility administrator (FA) on 4/23/25 revealed that the provider is aware of staffing shortages in the home. Continued interview with the FA revealed that she could not provide additional documentation showing more than one staff working on first or second shift for the 22 days reviewed. Further interview with the FA confirmed that the minimum staffing ratio for the home is 1:2 when clients are awake and dressed and 1:6 when clients are asleep.	W 187			
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) 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 #6. The finding is: Observations on 4/23/25 at 6:45AM revealed the Direct Care Staff Supervisor (DSS) to prepare for medication administration in client #6's bedroom. Continued observation revealed the DSS to place	W 368	Nursing services will in-service Direct Support Supervisor and Direct Support Professionals regarding medication administration instructions per doctor's orders.		

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W 368	<p>Continued From page 4</p> <p>the following medications in the cup: Alendronate 70mg, Fluvoxamine 50mg, Hydrochlorot 25mg, Levothyroxine 25mcg, POT CL Micro 10meq ER, and Vitamin D3 2000 IU . Further observation revealed client #6 to take the medications together with a cup of water.</p> <p>Record Review on 4/23/25 revealed client #6's physician's order dated 1/13/25 which indicated that client #6 should take Levothyroxine 25mcg without any other medications and at least 30 minutes before breakfast.</p> <p>Interview with the facility nurse on 4/23/25 confirmed the DSS should not have provided client #6 with the Levothyroxine 25mcg with her other medications and it should have been given as prescribed.</p>	W 368			