

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

PRINTED: 05/27/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2025
NAME OF PROVIDER OR SUPPLIER MONROE ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 7621 MONROE ROAD CHARLOTTE, NC 28212		
(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 A complaint survey was completed on May 22, 2025 for intake #NC00229511. The allegation was substantiated and deficiencies were cited. Additional deficiencies were cited not related to the allegation in the areas of dietetic services and active treatment.	W 000			
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 ensure adequate staff-to-client ratios were met for 6 of 6 clients in the facility. The finding is: Review of the client records on 5/22/25 revealed four of five clients in the facility have a moderate or severe I/DD diagnosis. Review of clients records also revealed one client having an intermittent explosive disorder diagnosis. Further review of clients records revealed three clients	W 187	W187: The IDD Administrator will re-service the Qualified Professional, Direct Support Supervisor and all staff remain adequate. The clinical team members(IDD Administrator, Nursing staff, Hab Spec & other administrative staff) will conduct random phone and or visual checks at least twice per week. The QP will develop an emergency back-up plan for DSP staffing that arise at the facility. The back-up staff will be provided.		

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.

LC Hampton, IDD Administrator

5/29/25

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W 187	<p>Continued From page 1</p> <p>having gait concerns which require the need for adaptive equipment (i.e. gait belt) and staff assistance.</p> <p>Review of the employee timesheet and employee staffing schedule from 3/1/25-5/22/25 revealed that on multiple dates there was no documentation to verify that at least 2 direct care staff were working on first or second shift in the facility. Further review of timesheets and staff scheduling could not reveal if more than one staff worked on first and second shifts during multiple weekends between 4/1/25-5/20/25. Review of the timesheets and staff schedule could not verify if staff coverage was sufficient on multiple dates (6) in 4/2025 and 5/2025.</p> <p>Interview with staff A on 5/22/25 revealed she has worked double shifts daily on first and second shifts for at least a month. Further interview with staff A revealed she has worked alone with six clients over the past month.</p> <p>Interview with staff B on 5/22/25 revealed she works alone and is a full time staff on third shift. Further interview with staff B revealed she works alone with the six clients, although occasionally another third shift staff will come in to assist with clients waking schedule and personal care.</p> <p>The facility administrator was not available on 5/22/25 for interview during the complaint survey. The interim qualified intellectual disabilities professional (QIDP) on site on 5/22/25 was not the primary QIDP and could not answer questions relative to staff scheduling and staff coverage. Interview with the interim QIDP revealed that staffing should be appropriate based on the clients' needs.</p>	W 187			

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W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 5 audit clients (#2) received a continuous active treatment program as identified in their behavior support plan (BSP). The finding is:</p> <p>Observation in the group home on 5/22/25 from 7:28 AM - 8:00 AM revealed client #2 to sit in the living room, yelling racial slurs and obscenities. Continued observations revealed staff A to take a deep breath and turn away without redirecting the client. Further observations revealed the newly hired home manager at 7:50 AM to occasionally say to the client, "that's not nice".</p> <p>Review of client #2 record on 5/22/25 revealed a behavior support plan (BSP) dated 3/1/24. Continued review of the BSP revealed the following targeted behaviors: aggressive behavior; loud yelling; digging in undergarments; taking food-going into the kitchen, pantry, freezer, or refrigerator and taking or eating food not belonging to her.</p> <p>Further review of client #2's BSP interventions</p>	W 249	<p>W 249: Direct Support Professionals will be inserviced on continuous active treatment regarding the behavior support plan in re-direction to an activity and to utilize appropriate verbalization.</p>		

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W 249	Continued From page 3 relative to loud yelling indicated when the client makes inappropriate or loud comments, "staff should redirect her to an activity while verbalizing what activity you will be engaging in (i.e. let's read a book). Encourage her to repeat the activity you mentioned. The idea is attempting to redirect her to more appropriate verbalizations. Staff should praise her for engagement in an activity without inappropriate comments. Staff should remind her that the words she is saying are "not nice" and offer other statements for her to repeat that "are nice". Praise her when she makes appropriate comments and encourage her to say them again". Interview with the interim qualified intellectual developmental professional (QIDP) on 5/22/25 verified staff did not follow the BSP as prescribed.	W 249			
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure food was served at an appropriate temperature for 4 of 4 sampled clients (#1, #2, #4, and #5). The finding is: Morning observations in the facility on 5/22/25 at 7:00 AM revealed the dining table fully set and breakfast served in clients #1, #2, #4 and #5 plates. Further observations revealed the breakfast meal to consist of scrambled eggs, toast cut into pieces, slices of banana and tangerine pieces. Continued observation between 7:25 AM and 7:30 AM revealed all clients to sit at the dining table and consume their breakfast meal. Subsequent observations revealed the	W 473	W473: Direct Support Professional and Direct Support Supervisor will be inserviced on appropriate temperature of food when being served and coverage of food.		

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W 473	Continued From page 4 breakfast plates to sit at the table uncovered for 30 minutes. Additional observations did not reveal staff to cover or offer to warm clients #1, #2, #4 and #5 scrambled eggs. Interview with the facility interim qualified intellectual disabilities professional (QIDP) on 5/22/25 revealed all meals should be served at an appropriate temperature prior to serving the clients.	W 473			