

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

PRINTED: 08/04/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G184	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/29/2025
NAME OF PROVIDER OR SUPPLIER BON REA DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3747 BON REA DRIVE CHARLOTTE, NC 28266		
(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 220	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include speech and language development. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the individual habilitation plan (IHP) for 1 of 4 audited clients (#4) failed to include a current communication assessment to determine deficits and identify recommendations to increase communication skills. The finding is:</p> <p>Observations throughout the recertification survey from 7/28/25-7/29/25 revealed client #4 to participate in dinner and breakfast mealtimes. At no point during the observation did staff prompt client #4 to utilize the communication output device as prescribed.</p> <p>Review of the record for client #4 on 7/29/25 revealed an IHP dated 8/14/24 which indicated the client has a program goal to use his communication output device.</p> <p>Subsequent review of the record for client #4 on 7/29/25 revealed a communication assessment dated 8/9/17. Further review of the 8/2017 communication assessment verified client #4 should be using a communication output device during mealtimes. Review of the record for client #4 did not reveal a current, updated communication assessment to determine improvements or deficits, as well as recommendations to improve communication skills.</p> <p>Interview with the home manager (HM) on 7/29/25 revealed "he believed the communication output device for client #4 was optional". Further</p>	W 220			

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 220	Continued From page 1 interview with the HM revealed an updated communication assessment would be used to determine if updates were needed for this intervention. Continued interview with the HM verified the communication assessment has not been updated. The qualified intellectual disabilities professional (QIDP) was not available on day two of recertification survey for interview.	W 220			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure that continuous active treatment programs consisting of needed interventions were implemented as identified in the individual habilitation plan (IHP) for 4 of 6 audited clients (#2, #3,#4 and #5). The findings are: A. The facility failed to implement a communication program for client #4 during mealtimes. For example: Afternoon observations in the facility on 7/28/25 at 4:45PM revealed client #4 to sit at the dining table in preparation for the dinner meal. Further	W 249			

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W 249	<p>Continued From page 2</p> <p>observations at 6 PM revealed client #4 to complete the dinner meal. At no point during the observation did staff prompt client #4 to use his communication output device.</p> <p>Morning observations on 7/29/25 at 6:50 AM revealed client #4 to sit at the dining table to prepare for the breakfast meal. Further observation at 7:45 AM revealed client #4 to complete the breakfast meal and staff to transport the client to the medication room. At no point during the observation did staff prompt client #4 to use the communication output device.</p> <p>Review of the record for client #4 on 7/29/25 revealed an IHP dated 8/14/24 which indicated the following program goals: use the communication output device, exercise goal, put dishes in dishwasher after dinner, participate in meal prep three times a week (M/W/F), and select a leisure activity. Further review of the record for client #4 revealed a communication assessment dated 8/9/17 which indicated the client should use the communication output device at all times. Continued review of the record for client #4 did not reveal an updated communication assessment since 8/2017.</p> <p>Interview with the home manager (HM) on 7/29/25 revealed client #4's use of the communication output device is optional. Further interview with the HM revealed staff should have prompted the client to use the communication output device. The qualified intellectual disabilities professional (QIDP) was not available for interview on day two of the recertification survey.</p> <p>B. The facility failed to provide a continuous active treatment program for 4 of 6 clients (#2,</p>	W 249			

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W 249	<p>Continued From page 3 #3, #4 and #5). For example:</p> <p>Afternoon observations in the facility on 7/28/25 from 4:00 PM to 5:30 PM revealed clients #2, #3, #4 and #5 to sit at the dining room table while staff attempted to get the clients to participate in a game activity. Further observations revealed clients #3 and #5 to sit at the table for 75 minutes of unstructured time. Continued observations did not reveal staff to prompt clients #3 and #4 to complete their meal preparation program goals. Observations did not reveal staff to engage client #5 in a structured activity for a total of 75 minutes.</p> <p>Morning observations in the facility on 7/29/25 from 6:30 AM to 6:50 AM revealed clients (#2, #3, #4, #5, and #6) and staff to sit in the living area and watch an exercise video. Further observations from 7:15 AM to 8:15 AM revealed clients and staff to sit in the living room area for 60 minutes of unstructured time. Observations did not reveal staff to engage clients in structured activities.</p> <p>Review of the record for client #3 on 7/29/25 revealed a individual habilitation plan (IHP) dated 9/7/24 which indicated the client has a table setting goal during mealtimes.</p> <p>Review of the record for client #4 revealed the client has a program goal to assist with meal preparation on M/W/F.</p> <p>Interview with the HM on 7/29/25 verified clients #3 and #4 interventions and program goals were current. Further interview with the HM revealed all clients should have structured activities throughout the day. The QIDP was not available for interview day two of the recertification survey.</p>	W 249			

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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 observations, record review and interviews, the facility failed to ensure that adaptive equipment was in good repair for 2 of 4 audited clients (#1, #4). The findings are:</p> <p>A. The facility failed to ensure client #4's wheelchair was in good repair. For example:</p> <p>Observations in the facility during the recertification survey from 7/28/25-7/29/25 revealed client #4 to ambulate in a manual wheelchair throughout the facility. Further observations revealed client #4 to self-propel the wheelchair with his feet. Continued observations revealed the left arm rest was missing from the wheelchair.</p> <p>Interview with the home manager (HM) on 7/29/25 revealed he was not made aware that client #4's left arm rest was missing. Interview with the HM also revealed client #4 has been using his wheelchair more often lately due to an unsteady gait and left side weakness. Further interview with the HM revealed client #4's wheelchair should be in good repair.</p> <p>B. The facility failed to ensure client #1's eyeglasses were maintained and in good repair. For example:</p>	W 436			

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W 436	Continued From page 5 Observations in the facility during the recertification survey from 7/28/25-7/29/25 revealed client #1 to participate in various activities such as meal preparation in the kitchen, participation in mealtimes, and board game activities. Further observations revealed client #1 to participate in various activities without his eyeglasses. Observations also revealed client #1's eyeglasses to sit in his room on top of his dresser. Review of the record for client #1 revealed a vision consult dated 12/19/24 which indicated the client has the following diagnosis: Myopia, Diabetic w/o retinopathy both eyes, mild cataracts both eyes. Further review of the 12/2024 vision consult indicated the client should work on blood sugar control and continue wearing current eyeglasses. Follow-up in one year. Interview with the HM on 7/29/25 revealed client #1 eyeglasses were broken. Further interview with the HM revealed client #1 should be getting a new pair of eyeglasses. Continued interview with the HM revealed client #1's eyeglasses should be maintained and in good repair.	W 436			
W 477	MENUS CFR(s): 483.480(c)(1)(i) Menus must be prepared in advance. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 6 of 6 audited clients (#1, #2, #3, #4, #5 and #6) menus were verified and planned in advance as medically prescribed. The finding is:	W 477			

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W 477	<p>Continued From page 6</p> <p>Observation in the group home on 7/28/25 at 5:42 PM revealed all six clients (#1, #2, #3, #4, #5 and #6) to begin participation in the dinner meal consisting of the following: baked spaghetti with ground beef, 1 cup tossed salad, 1 tbsp Caesar salad dressing or 1 tsp olive oil, sugar free Kool-Aid and water. Further observation the prescribed dinner menu consisted of 4 oz roast beef, 1 cup tomato wedge, 1/2 cup mashed potatoes, 1/2 cup melon or fresh fruit, and 1 tsp olive oil.</p> <p>Observation in the group home on 7/29/25 at 6:47 AM revealed all six clients (#1, #2, #3, #4, #5 and #6) to begin participation in the breakfast meal consisting of the following: fruit (watermelon, grapes, sliced grapefruit), 2 bagels - buttered, scrambled eggs, sugar free jelly, 2% milk and water. Further observation revealed the 2 bagels - buttered were substituted with a slice of toast cut in half and buttered. Further observation revealed the 2 bagels were substituted for the toast because it was not readily available in the home for the meal.</p> <p>Interview on 7/29/25 with the home manager (HM) verified the home follows a client menu and a copy was available for review. Further interview with the HM revealed the 4 oz roast beef, 1 cup tomato wedge, 1/2 cup mashed potatoes, 1/2 cup melon had not been purchased for the meal nor had the bagels. Continued interview with the HM revealed the spaghetti and bagels were being substituted because the prescribed meal had not been shopped for in advance. The qualified intellectual disabilities professional (QIDP) was not available for interview on day two of the recertification survey.</p>	W 477			

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W 480	<p>MENUS CFR(s): 483.480(c)(1)(iv)</p> <p>Menus must include the average portion sizes for menu items. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 5 of 6 audited clients (#1, #2 #3, #4 and #5) received the appropriate portion sizes in accordance with their prescribed diets. The findings are:</p> <p>A. The facility failed to verify that the menu lists portion sizes and observe that the portions served correspond to the clients #1's prescribed diets. For example:</p> <p>Observations in the group home on 7/28/25 at 5:45 PM revealed the dinner meal to be baked spaghetti with ground beef, 1 cup tossed salad, 1 tbsps Caesar salad dressing or 1 tsp olive oil, sugar free Kool-Aid and water. Continued observations revealed client #1 to serve himself baked spaghetti with ground beef, toss salad and Caesar salad dressing all in a large quantity and without measuring. Further observation revealed client #1 to consume the entire meal.</p> <p>Observations in the group home on 7/29/25 at 6:47 AM revealed the breakfast meal to be fruit (watermelon, grapes, sliced grapefruit), 1 slice buttered toast sliced in half, scrambled eggs, sugar free jelly, 2% milk and water. Continued observations revealed client #1 to serve himself scrambled eggs, fruit, and buttered toast without measuring. Further observation revealed staff A to assist client #1 with serving his milk and water. Additional observation revealed client #1 to consume his entire breakfast meal.</p>	W 480			

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W 480	<p>Continued From page 8</p> <p>Record review on 7/29/25 revealed an individual habilitation plan (IHP) dated 8/21/24 which states that client #1's current diet is diabetic diet, no added salt, whole or normal consistency and may take meds with applesauce.</p> <p>Interview with the home manager (HM) on 7/29/25 confirmed that client #1's diet order is current, and that staff should have followed his prescribed menu and diet. The qualified intellectual disabilities professional (QIDP) was not available for interview during the second day of the recertification survey.</p> <p>B. The facility failed to verify the menu lists portion sizes and observe that the portions served correspond to the clients #2's prescribed diets. For example:</p> <p>Observations in the group home on 7/28/25 at 5:43 PM revealed the dinner meal to be baked spaghetti with ground beef, 1 cup tossed salad, 1 tbsp Caesar salad dressing or 1 tsp olive oil, sugar free Kool-Aid and water. Continued observations revealed client #2 to serve himself baked spaghetti with ground beef, toss salad and apply Caesar salad dressing all in large quantity and without measuring. Further observation revealed client #2 to consume the entire meal.</p> <p>Observations in the group home on 7/29/24 at 6:45 AM revealed the breakfast meal to be fruit (watermelon, grapes, sliced grapefruit), 1 slice buttered toast sliced in half, scrambled eggs, sugar free jelly, 2% milk and water. Continued observations revealed client #2 to serve himself scrambled eggs, fruit, and toast without measuring. Further observation revealed client #2 to consume his entire breakfast meal.</p>	W 480			

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W 480	<p>Continued From page 9</p> <p>Record review on 7/29/25 revealed an IHP dated 10/5/24 which states that client #2's current diet is 1500 calories, heart healthy and afternoon snack.</p> <p>Interview with the HM on 7/29/25 confirmed that client #2's diet order is current, and that staff should have followed his prescribed menu and diet. The QIDP was not available for interview during the second day of the recertification survey.</p> <p>C. The facility failed to verify the menu lists portion sizes and observe that the portions served correspond to the clients #3's prescribed diets. For example:</p> <p>Observations in the group home on 7/28/25 at 5:44 PM revealed the dinner meal to be baked spaghetti with ground beef, 1 cup tossed salad, 1 tbsp Caesar salad dressing or 1 tsp olive oil, sugar free Kool-Aid and water. Continued observations revealed client #3 to serve himself baked spaghetti with ground beef, toss salad and apply Caesar salad dressing all in large portions and without measuring. Further observation revealed client #3 to consume the entire meal and get seconds of the salad that needed to be cut into smaller pieces.</p> <p>Observations in the group home on 7/29/24 at 7:35 AM revealed the breakfast meal to be fruit (watermelon, grapes, sliced grapefruit), 1 slice buttered toast sliced in half, scrambled eggs, sugar free jelly, 2% milk and water. Continued observations revealed client #3 to serve himself scrambled eggs, fruit, and toast. Further observation revealed staff A to assist client #3 with serving him milk and water. Subsequent</p>	W 480			

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W 480	<p>Continued From page 10</p> <p>observation revealed client #3 to consume his entire breakfast meal.</p> <p>Record review on 7/29/25 revealed an IHP dated 9/7/24 which states that client #3's current diet is heart healthy, double portions at lunch and may take meds with applesauce.</p> <p>Interview with the HM on 7/29/25 confirmed that client #3's diet order is current, and that staff should have followed his prescribed menu and diet. The QIDP was not available for interview during the second day of the recertification survey.</p> <p>D. The facility failed to verify the menu lists portion sizes and observe that the portions served correspond to the clients #4's prescribed diets. For example:</p> <p>Observations in the group home on 7/28/25 at 5:43 PM revealed the dinner meal to be baked spaghetti with ground beef, 1 cup tossed salad, 1 tbsp Caesar salad dressing or 1 tsp olive oil, sugar free Kool-Aid and water. Continued observations revealed client #4 to be assisted by staff to serve himself baked spaghetti with ground beef, toss salad and apply Caesar salad dressing all in large portions and without measuring. Further observation revealed client #4 to consume the entire meal.</p> <p>Observations in the group home on 7/29/24 at 6:45 AM revealed the breakfast meal to be fruit (watermelon, grapes, sliced grapefruit), 1 slice buttered toast sliced in half, scrambled eggs, sugar free jelly, 2% milk and water. Continued observations revealed client #4 to be assisted by staff A serve himself scrambled eggs, fruit, and</p>	W 480			

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W 480	<p>Continued From page 11</p> <p>toast. Further observation revealed staff A to assist client #4 with serving him milk and water. Subsequent observation revealed client #4 to consume his entire breakfast meal.</p> <p>Record review on 7/29/25 revealed an IHP dated 8/14/24 which states that client #4's current diet is heart healthy, bite size, chopped meats, add sauces, gravy and moisture to all foods.</p> <p>Interview with the HM on 7/29/25 confirmed that client #4's diet order is current, and that staff should have followed his prescribed menu and diet. The QIDP was not available for interview during the second day of the recertification survey.</p> <p>E. The facility failed to verify the menu lists portion sizes and observe that the portions served correspond to the clients #5's prescribed diets. For example:</p> <p>Observations in the group home on 7/28/25 at 5:42 PM revealed the dinner meal to be baked spaghetti with ground beef, 1 cup tossed salad, 1 tbsp Caesar salad dressing or 1 tsp olive oil, sugar free Kool-Aid and water. Continued observations revealed client #5 to be served double portions of baked spaghetti with ground beef, toss salad and apply Caesar salad dressing. Further observation revealed client #5 to consume the entire meal.</p> <p>Observations in the group home on 7/29/24 at 6:45 AM revealed the breakfast meal to be fruit (watermelon, grapes, sliced grapefruit), 1 slice buttered toast sliced in half, scrambled eggs, sugar free jelly, 2% milk and water. Continued observations revealed staff to serve client #5</p>	W 480			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G184	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/29/2025
NAME OF PROVIDER OR SUPPLIER BON REA DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3747 BON REA DRIVE CHARLOTTE, NC 28266		
(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 480	<p>Continued From page 12</p> <p>double portions of scrambled eggs, fruit, and toast. Further observation revealed staff A to pour client #5's milk and water. Subsequent observation revealed client #5 to consume his entire breakfast meal.</p> <p>Record review on 7/29/25 revealed an IHP dated 8/18/24 which states that client #5's current diet is heart healthy, bite size, chopped meats, double portions at lunch, afternoon snack, 1 serving of fruit, 2 scoops of Muscle Milk shake with 2% milk BID at breakfast and dinner, ½ cup of yogurt, pudding or applesauce with lunch daily.</p> <p>Interview with the HM on 7/29/25 confirmed that client #5's diet order is current, and that staff should have followed his prescribed menu and diet. The QIDP was not available for interview during the second day of the recertification survey.</p>	W 480			