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

NAME OF PROVIDER OR SUPPLIER	B. WING _	STREET ADDRESS, CITY, STATE, ZIP CODE	07/29/2025
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
BON REA DRIVE GROUP HOME		3747 BON REA DRIVE CHARLOTTE, NC 28266	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) 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: 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. 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. 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 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. Interview with the home manager (HM) on 7/29/25 revealed "he believed the communication output device for client #4 was optional". Further	W 2	20	

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G184	B. WING			07/	29/2025
	ROVIDER OR SUPPLIER DRIVE GROUP HOME		·	3	TREET ADDRESS, CITY, STATE, ZIP CODE 747 BON REA DRIVE CHARLOTTE, NC 28266		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 220 W 249	determine if updates intervention. Continue verified the communic been updated. The qualitation disabilities profession on day two of recertific PROGRAM IMPLEM	revealed an updated sement would be used to were needed for this ed interview with the HM cation assessment has not ualified intellectual lal (QIDP) was not available fication survey for interview.		2220			
	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.						
	Based on observation interviews, the facility continuous active treat of needed intervention identified in the individual of the individua	not met as evidenced by: ns, record reviews and failed to ensure that atment programs consisting ns were implemented as dual habilitation plan (IHP) nts (#2, #3,#4 and #5). The					
	mealtimes. For exam Afternoon observation at 4:45PM revealed of	am for client #4 during					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G184	B. WING		07/29/2025	
	ROVIDER OR SUPPLIER DRIVE GROUP HOME		3	STREET ADDRESS, CITY, STATE, ZIP CODE 1747 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 CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION	
W 249	observations at 6 PP complete the dinner observation did staff communication outpout Morning observation revealed client #4 to prepare for the bread observation at 7:45 complete the breakf transport the client to point during the observation during the observation at 1:45 complete the breakf transport the client to point during the observation outpout dishes in dishwashed meal prep three times select a leisure active record for client #4 record for client #4 record for client #4 communication asserved at all times. The communication outpout the client output device at all the the 7/29/25 revealed client communication outpout the client output device. The comprofessional (QIDP) interview on day two B. The facility failed	M revealed client #4 to meal. At no point during the figrompt client #4 to use his but device. In son 7/29/25 at 6:50 AM to sit at the dining table to kfast meal. Further AM revealed client #4 to ast meal and staff to the medication room. At no ervation did staff prompt communication output device. If for client #4 on 7/29/25 and 8/14/24 which indicated migoals: use the but device, exercise goal, put are after dinner, participate in the side a week (M/W/F), and wity. Further review of the revealed a communication output Continued review of the did not reveal an updated the sessment since 8/2017.	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
		34G184	B. WING		0	7/29/2025
	ROVIDER OR SUPPLIER DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3747 BON REA DRIVE CHARLOTTE, NC 28266	·	
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 249	from 4:00 PM to 5:3 #4 and #5 to sit at the staff attempted to go game activity. Further clients #3 and #5 to of unstructured time not reveal staff to precomplete their meal Observations did not #5 in a structured and Morning observation from 6:30 AM to 6:5 #4, #5, and #6) and and watch an exercition observations from 7 clients and staff to see 60 minutes of unstruction of the record revealed a individual 9/7/24 which indicates setting goal during reparation on M/W. Interview with the Hill #3 and #4 interventicurrent. Further intectients should have throughout the day.	example: ons in the facility on 7/28/25 O PM revealed clients #2, #3, ne dining room table while et the clients to participate in a per observations revealed sit at the table for 75 minutes. Continued observations did ompt clients #3 and #4 to preparation program goals. It reveal staff to engage client etivity for a total of 75 minutes. O AM revealed clients (#2, #3, staff to sit in the living area se video. Further end to the living room area for actured time. Observations of engage clients in structured and for client #3 on 7/29/25 I habilitation plan (IHP) dated end the client has a table nealtimes. If for client #4 revealed the negoal to assist with meal /F. M on 7/29/25 verified clients ons and program goals were review with the HM revealed all	W 24	9		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G184	B. WING _	B. WING		07.	/29/2025
	ROVIDER OR SUPPLIER DRIVE GROUP HOME		•	3747 B	T ADDRESS, CITY, STATE, ZIP CODE ON REA DRIVE LOTTE, NC 28266		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	×	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 436	and teach clients to use hearing and other corand other devices ide interdisciplinary team. This STANDARD is a Based on observation interviews, the facility adaptive equipment waudited clients (#1, #A. The facility failed to wheelchair was in good observations in the facetrification survey revealed client #4 to wheelchair throughout observations revealed wheelchair with his facetries with the left arm wheelchair. Interview with the horous of the province of the left arm wheelchair. Interview with the horous of the left arm wheelchair. Interview with the horous of the left arm rewith the HM also revealed the left arm with the HM also revealed years and left interview with the HM wheelchair should be B. The facility failed to the left arm should be the left arm should b	ish, maintain in good repair, ase and to make informed as of dentures, eyeglasses, munications aids, braces, entified by the as needed by the client. The motion met as evidenced by: ans, record review and a failed to ensure that was in good repair for 2 of 4 degrees. The findings are: To ensure client #4's od repair. For example: The acility during the from 7/28/25-7/29/25 ambulate in a manual at the facility. Further degrees degrees was missing from the metal manual and the metal manual at the facility. Further degrees was missing from the metal manual and the metal manual and the metal manual and the manual and the metal manual and the metal manual and the metal manual and the manual and the metal manual and t	W	136			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		34G184	B. WING	····	07/29/2025
	ROVIDER OR SUPPLIER 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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION
W 436	participation in mealti activities. Further obsto participate in various eyeglasses. Observa #1's eyeglasses to sit dresser. Review of the record vision consult dated of client has the followin Diabetic w/o retinopate both eyes. Further reconsult indicated the sugar control and cor	acility during the from 7/28/25-7/29/25 carticipate in various al preparation in the kitchen, mes, and board game cervations revealed client #1 cus activities without his tions also revealed client in his room on top of his for client #1 revealed a 12/19/24 which indicated the g diagnosis: Myopia, thy both eyes, mild cataracts view of the 12/2024 vision client should work on blood attinue wearing current	W 43	36	
W 477	#1 eyeglasses were to with the HM revealed new pair of eyeglasse the HM revealed clier maintained and in good MENUS CFR(s): 483.480(c)(1) Menus must be preparation of the property of the pr	I on 7/29/25 revealed client proken. Further interview client #1 should be getting a person of the set of the	W 47	77	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		34G184	B. WING			07/29/2025	
	ROVIDER OR SUPPLIER DRIVE GROUP HOME		•	STREET ADDRESS, CITY, STATE, Z 3747 BON REA DRIVE CHARLOTTE, NC 28266	ZIP CODE		
(X4) ID PREFIX TAG			ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED)		(X5) COMPLETION DATE	
W 477	PM revealed all six of #6) to begin participal consisting of the folloground beef, 1 cup to salad dressing or 1 to Kool-Aid and water. prescribed dinner makes, 1 cup tomato with potatoes, 1/2 cup makes of the follograpes of the follograpes, sliced grapes scrambled eggs, sugwater. Further obserbuttered were subscut in half and butter revealed the 2 bage toast because it was home for the meal. Interview on 7/29/25 (HM) verified the hold a copy was available.	roup home on 7/28/25 at 5:42 clients (#1, #2, #3, #4, #5 and ation in the dinner meal pwing: baked spaghetti with cossed salad, 1 tbsp Caesar sp olive oil, sugar free Further observation the enu consisted of 4 oz roast wedge, 1/2 cup mashed elon or fresh fruit, and 1 tsp roup home on 7/29/25 at 6:47 clients (#1, #2, #3, #4, #5 and ation in the breakfast meal owing: fruit (watermelon, fruit), 2 bagels - buttered, gar free jelly, 2% milk and vation revealed the 2 bagels estituted with a slice of toast red. Further observation is were substituted for the enot readily available in the with the home manager me follows a client menu and a for review. Further interview d the 4 oz roast beef, 1 cup	W	477	IENCY)		
	melon had not been had the bagels. Con revealed the spaghe substituted because been shopped for in intellectual disabilities	up mashed potatoes, 1/2 cup purchased for the meal nor tinued interview with the HM tti and bagels were being the prescribed meal had not advance. The qualified as professional (QIDP) was rview on day two of the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		34G184	B. WING _			07/29/2025
	ROVIDER OR SUPPLIER DRIVE GROUP HOME		·	STREET ADDRESS, CITY, STATE, ZIP COL 3747 BON REA DRIVE CHARLOTTE, NC 28266	DE	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 480	menu items. This STANDARD is Based on observatinterviews, the faciliaudited clients (#1, the appropriate por their prescribed die A. The facility failed portion sizes and of served correspond diets. For example Observations in the 5:45 PM revealed to spaghetti with grount bsp Caesar salad observations revea baked spaghetti with Caesar salad dress without measuring. Client #1 to consum Observations in the 6:47 AM revealed to (watermelon, grape buttered toast slices sugar free jelly, 2% observations revea scrambled eggs, frum easuring. Further to assist client #1 were served.	e the average portion sizes for s not met as evidenced by: tions, record reviews, and ity failed to ensure 5 of 6 #2 #3, #4 and #5) received tion sizes in accordance with ts. The findings are: It to verify that the menu lists beserve that the portions to the clients #1's prescribed e: If group home on 7/28/25 at the dinner meal to be baked and beef, 1 cup tossed salad, 1 dressing or 1 tsp olive oil, and water. Continued led client #1 to serve himself the ground beef, toss salad and sing all in a large quantity and Further observation revealed the the entire meal. If group home on 7/29/25 at the breakfast meal to be fruit the serve himself are the entire meal. If group home on 7/29/25 at the breakfast meal to be fruit the serve himself are the entire to serve himself and water. Continued led client #1 to serve himself suit, and buttered toast without observation revealed staff A with serving his milk and water. In on revealed client #1 to	W 4	80		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G184	B. WING _			07/29/2025
	ROVIDER OR SUPPLIER DRIVE GROUP HOME		•	STREET ADDRESS, CITY, STATE, ZIP 3747 BON REA DRIVE CHARLOTTE, NC 28266	CODE	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 480	W 480 Continued From page 8 Record review on 7/29/25 revealed an individual habilitation plan (IHP) dated 8/21/24 which states		W 4	180		
	that client #1's curre	nt diet is diabetic diet, no normal consistency and may				
	7/29/25 confirmed the current, and that state prescribed menu an intellectual disabilities.	es professional (QIDP) was rview during the second day				
	portion sizes and ob	to verify the menu lists serve that the portions the clients #2's prescribed				
	5:43 PM revealed th spaghetti with groun tbsp Caesar salad d sugar free Kool-Aid observations reveale baked spaghetti with apply Caesar salad and without measur	group home on 7/28/25 at le dinner meal to be baked di beef, 1 cup tossed salad, 1 ressing or 1 tsp olive oil, and water. Continued led client #2 to serve himself in ground beef, toss salad and dressing all in large quantity ling. Further observation is consume the entire meal.				
	6:45 AM revealed th (watermelon, grapes buttered toast sliced sugar free jelly, 2% observations reveal scrambled eggs, fru measuring. Further	group home on 7/29/24 at the breakfast meal to be fruit as, sliced grapefruit), 1 slice in half, scrambled eggs, milk and water. Continued and client #2 to serve himself it, and toast without observation revealed client intire breakfast meal.				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G184	B. WING			07/:	29/2025
	ROVIDER OR SUPPLIER DRIVE GROUP HOME		•	37	TREET ADDRESS, CITY, STATE, ZIP CODE 747 BON REA DRIVE HARLOTTE, NC 28266		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 480	10/5/24 which states 1500 calories, heart in Interview with the HM client #2's diet order in should have followed diet. The QIDP was induring the second day survey. C. The facility failed to portion sizes and obsisterved correspond to diets. For example: Observations in the ground to the spaghetti with ground the spaghetti with ground the spaghetti with ground the spaghetti with apply Caesar salad drawithout measuring revealed client #3 to and get seconds of the cut into smaller piece. Observations in the ground the gro	9/25 revealed an IHP dated that client #2's current diet is realthy and afternoon snack. on 7/29/25 confirmed that is current, and that staff his prescribed menu and ot available for interview y of the recertification o verify the menu lists erve that the portions the clients #3's prescribed roup home on 7/28/25 at dinner meal to be baked beef, 1 cup tossed salad, 1 ressing or 1 tsp olive oil, and water. Continued the client #3 to serve himself ground beef, toss salad and ressing all in large portions g. Further observation consume the entire meal e salad that needed to be	W	480	DEFICIENCY)		
		and toast. Further staff A to assist client #3 and water. Subsequent					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′		(X3) DATE SURVEY COMPLETED		
	34G184	B. WING		07/29/2025		
	1	:	3747 BON REA DRIVE	,		
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 CROSS-REFERENCED TO THE APPROPRIEM DEFICIENCY)	D BE COMPLETION		
observation revealed entire breakfast means revealed entire breakfast means revealed entire breakfast means revealed to take meds with apply and take meds and observed correspond to diets. For example, and the second observations in the second sugar free Kool-Aid observations revealed staff to serve himsely beef, toss salad and all in large portions are further observation consume the entire observations in the 6:45 AM revealed the (watermelon, grapes buttered toast sliced sugar free jelly, 2% of the second revealed to the second revealed to the second revealed the sugar free jelly, 2% of the second revealed to the second revealed to the second revealed the second revealed the second revealed to the second revealed revealed the second revealed revealed the second revealed revealed the second revealed	d client #3 to consume his al. 29/25 revealed an IHP dated that client #3's current diet is e portions at lunch and may esauce. M on 7/29/25 confirmed that is current, and that staff d his prescribed menu and not available for interview ay of the recertification to verify the menu lists serve that the portions of the clients #4's prescribed decients #4's prescribed decient #4 to be assisted by f baked spaghetti with ground apply Caesar salad dressing and without measuring. The revealed client #4 to be fruit of the prescribed end to be fruit of the prescribed and without measuring. In the prescribed menu and not available for interview and the portions of the clients #4's prescribed end the clients #4 to be assisted by footnoted end client #4 to be assisted by footnoted end client #4 to meal. In the prescribed menu and not available for interview and the portions of the clients #4's prescribed end client #4 to be assisted by footnoted end client #4 to meal. In the prescribed menu and mot available for interview and the prescribed end that the portions of the clients #4 to be assisted by footnoted end client #4 to meal. In the prescribed menu and mot available for interview and the prescribed end that the portions of the clients #4's prescribed end that the portions of the clients #4's prescribed end that the portions of the clients #4's prescribed end that the portions of the clients #4's prescribed end that the portions of the clients #4's prescribed end that the portions of the clients #4's prescribed end that the portions of the clients #4's prescribed end that the portions of the clients #4's prescribed end that the portions of the clients #4's prescribed end that the portions of the clients #4's prescribed end that the portions of the clients #4's prescribed end that the portions of the clients #4's prescribed end that the portions of the clients #4's prescribed end that the portions of the clients #4's prescribed end that the portions and the clients #4's prescribed end that the portions of the clie	W 480				
	ROVIDER OR SUPPLIER SUMMARY S (EACH DEFICIEN' REGULATORY OF Continued From page observation revealed entire breakfast meal take meds with apple Interview with the HI client #3's diet order should have followed diet. The QIDP was during the second diet. The QIDP was during the second diets. For example. Observations in the 5:43 PM revealed the spaghetti with groun the page of the spaghetti with groun the page of the served correspond to the spaghetti with groun the page of the served correspond to the spaghetti with groun the page of the spaghetti with groun the spaghetti with groun the page of the spaghetti with groun the page of the spaghetti with groun the spaghe	ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 10 observation revealed client #3 to consume his entire breakfast meal. 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. 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	ROVIDER OR SUPPLIER BUILDING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 10 observation revealed client #3 to consume his entire breakfast meal. 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. 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. 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: 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. 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	ROYIDER OR SUPPLIER DRIVE GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (REACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 10 observation revealed client #3 to consume his entire breakfast meal. Record review on 7/29/25 revealed an IHP dated 97/24 which states that client #3's current diet is heart healthy, double portions at lunch and may take meds with applesauce. 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. 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: 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 thsp 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, 1 cup tossed salad, 1 to serve himself baked spaghetti with ground beef, 1 cup tossed salad, 1 to serve himself baked spaghetti with ground beef, 1 cup tossed salad, 1 they caesar salad dressing or 1 tsp olive oil, sugar free kool-Aid and water. Continued observations revealed client #4 to consume the entire meal. Observations in the group home on 7/29/24 at 6:45 AM revealed client #4 to consume the entire meal. Observations revealed client #4 to consume the entire meal. Observations revealed client #4 to consume the entire meal. Observations revealed client #4 to consume the entire meal.		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		34G184	B. WING _			07/29/2025	
	ROVIDER OR SUPPLIER DRIVE GROUP HOME		•	STREET ADDRESS, CITY, STATE, ZIP COL 3747 BON REA DRIVE CHARLOTTE, NC 28266	DE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 480	assist client #4 with Subsequent observed consume his entire. Record review on 7 8/14/24 which state heart healthy, bite is sauces, gravy and interview with the Holient #4's diet ordershould have followed diet. The QIDP was during the second of survey. E. The facility failed portion sizes and of served correspondicts. For example: Observations in the 5:42 PM revealed the spaghetti with ground the second of survey. Observations revealed the spaghetti with ground the portions of the second of served consume the entire the second of the seco	vation revealed staff A to serving him milk and water. ation revealed client #4 to breakfast meal. //29/25 revealed an IHP dated is that client #4's current diet is size, chopped meats, add moisture to all foods. M on 7/29/25 confirmed that is current, and that staff is dhis prescribed menu and not available for interview lay of the recertification to verify the menu lists is prescribed menu and not available for interview lay of the recertification to verify the menu lists is prescribed menu and not available for interview lay of the recertification to verify the menu lists is prescribed in the clients #5's prescribed in the client #5 to be served i	W 4	180			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X	(X3) DATE SURVEY COMPLETED	
		34G184	B. WING _			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	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (COMP		
W 480	double portions of sort toast. Further observe pour client #5's milk at observation revealed entire breakfast meal. Record review on 7/2 8/18/24 which states heart healthy, bite size portions at lunch, after fruit, 2 scoops of Mus BID at breakfast and pudding or applesaud. Interview with the HM client #5's diet order is should have followed.	rambled eggs, fruit, and vation revealed staff A to and water. Subsequent client #5 to consume his . 19/25 revealed an IHP dated that client #5's current diet is te, chopped meats, double ernoon snack, 1 serving of scle Milk shake with 2% milk dinner, ½ cup of yogurt, the with lunch daily. I on 7/29/25 confirmed that is current, and that staff his prescribed menu and not available for interview	W 4				