STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G185	A. BUILDING _____ B. WING _____	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DALMOOR DRIVE GROUP HOME	4400 DALMOOR DRIVE 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 104	GOVERNING BODY CFR(s): 483.410(a)(1) The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to report damaged equipment for repair. This effected 6 of 6 clients (#1, #2, #3, #4, #5, and #6). The finding is: Observations throughout the survey on 7/22/25-7/23/25 revealed all the facility's exterior door chimes were not in working condition. Review of clients' records on 7/22/25 for all clients(#1, #2,#3, #4, #5, and #6) revealed Behavior Support Plan Consents which indicated door chimes were used for safety. Interview on 7/23/25 with the qualified intellectual disabilities professional (QIDP) confirmed the door chimes had not been working and that they have been faulty due to wiring.	W 104		
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 observation, record review and	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 249	Continued From page 1 interview the facility failed to utilize the adaptive equipment that was implemented as an identified need in the individual support plan (ISP) for 1 of 6 clients (#6). The findings are: Observation at the home on 7/23/25 from 5:55 AM-6:16 AM revealed client #6 was observed not wearing his knee pads. Further observation revealed client #6 to crawl on the floor on his knees around the dining room table for 21 minutes. Continued observation revealed at no point did staff intervene and client #6 was able to get off the floor on his own. Review of the record on 7/23/25 for client #6 revealed an ISP dated 12/4/24 and a Behavior Support Plan consent dated 6/24/25 which identified the following adaptive equipment: gloves (severe SIB), kneepads and wheelchair for safety. Interview on 7/23/25 with the qualified intellectual disabilities professional (QIDP) confirmed client #6 should have been wearing his kneepads during waking hours. Continued interview with the QIDP revealed staff should have intervened and assisted client #6's with putting on his kneepads.	W 249		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observation and interviews, the facility	W 340		

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W 340	Continued From page 2 failed to ensure staff were sufficiently trained to implement appropriate health and hygiene methods. This affected 1 of 6 clients in the home (#6). The findings are: Observation in the home on 7/23/25 at 7:28 AM revealed client #6 to enter the medication administration room and prepare for medication administration. Continued observations revealed staff A to obtain the medications from the cart, educate the client and punch medications into medicine cup. Further observations revealed staff A to drop two pills onto the floor, picked them up and placed them into the medicine cup along with the other medications. Subsequent observation revealed client #6 to take all medications with applesauce. Continued observation revealed at no point did staff A notify the facility nurse of the two pills she dropped nor did she discard them. Interview with the facility nurse on 7/23/25 revealed that it's the facility's policy for staff to call the nurse on duty after dropping a pill on the floor, the nurse will instruct the staff to discard the pill and give a new pill to the client. Further interview with the facility nurse confirmed that the staff should have followed the facility's medication administration policy.	W 340		
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 review of records and interview, the facility failed to investigate all problems with	W 448		

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W 448	Continued From page 3 evacuation drills specific to the timeliness of the evacuation. The finding is: Review of the facility fire drill reports on 7/22/25 revealed four fire drills that exceeded 3 minutes of evacuation time: 8/24(10:50), 9/24(6:30), 11/24(5:40), and 2/25(6:00).Continued review of the fire drills report revealed no evidence of a review for times exceeding 3 minutes. Interview with the qualified intellectual disabilities professional (QIDP) revealed that the expectation for the fire drill evacuation time is not to exceed 3 minutes. Continued interview with the QIDP confirmed that the facility is responsible for reviewing drills and ensuring timeliness of evacuation and developing a plan to address any difficulties with fire drills.	W 448		
W 485	DINING AREAS AND SERVICE CFR(s): 483.480(d)(4) The facility must supervise and staff dining rooms adequately. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure sufficient supervision in the dining room for 1 of 6 clients (#1). The findings is: Observations in the home on 7/23/25 revealed client #1 to participate in the breakfast meal which included ½ cup of juice, ¾ cup of oatmeal, 1 blueberry muffin, 1 tsp low fat margarine, ½ cup of cinnamon applesauce, and milk/water/coffee. Continued observation revealed client #1 sat at the dining table eating his food at a fast paced when staff prompted him to wait. Further observation revealed staff walked out of the	W 485		

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W 485	Continued From page 4 dining room into the kitchen leaving client #1 at the table alone. Subsequent observation revealed client #1 to grab a blueberry muffin off another client's plate and stuffed it in his mouth. Continued observation revealed there were no additional staff in the dining area providing supervision. Review on 7/22/25 of client #1's Behavior Support Plan dated 12/5/24, identified the following target behaviors: agitation, pica, inappropriate toileting, food seeking (Gary has diabetes. He will raid the pantry getting into the snack bin. This typically happens at night.) and physical aggression. Review on 7/22/25 of client #1's Physician Orders dated 6/21/25 indicated a 3000 calorie, controlled CHO(Consistent Carbohydrate diet) with 3 meals and 3 snacks. Interview on 5/29/25 with the qualified intellectual disabilities professional (QIDP) revealed staff should provide supervision during all mealtimes.	W 485		