

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

PRINTED: 08/19/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G238	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/13/2025
NAME OF PROVIDER OR SUPPLIER MANTLE COURT GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4319 MANTLE COURT CHARLOTTE, NC 28205		
(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 331	<p>NURSING SERVICES CFR(s): 483.460(c)</p> <p>The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to provide nursing services in accordance with the needs of 1 of 3 audit clients (#1) regarding timely on call/afterhour services for appropriate medical intervention.</p> <p>Review on 8/12/25 of client #1's Emergency Data Form, dated 8/12/25, revealed he was admitted to the facility on 8/5/25 with Severe IDD and Autistic disorder.</p> <p>Observations in the home on 8/12/25 at 4:30pm revealed client #1 to be laying in bed in his bedroom. Continued observations revealed a trash bin next to his bed.</p> <p>Interview on 8/12/25 with the Home Manager (HM) revealed client #1 returned to the facility after celebrating his birthday with his mom over the weekend. Continued interview with the HM revealed client #1 has been vomiting several times and she was instructed by the nurse to give him Pepto Bismol.</p> <p>Observations in the home on 8/13/25 at 6:57AM revealed client #1 was sitting at the dining table with a large bath towel wrapped around his neck. Continued observations revealed client #1 to eat some of his breakfast slowly. Further observations revealed client #1 to vomit a large amount of fluids onto himself and the floor. Staff intervened, removed him from the table, and took him to his bedroom to change his clothing.</p>	W 331			

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 331	Continued From page 1 Subsequent observations revealed client #1 to be laying in his bed with the trash bin next to him. Continued observation revealed the qualified intellectual disabilities professional (QIDP) arrived at the home at 7:25AM and assessed client #1; she felt his forehead and stated that he was warm. Further observations revealed the QIDP to contact the nurse several times; no one answered the phone or returned her phone call. Interview on 8/13/25 with staff A revealed client #1 had vomited multiple times overnight and after a few hours he was able to get some sleep. Continued interview with staff A revealed that he called the on call/after hour nursing service but no one answered or returned his phone call. Further interview with staff A revealed that the nurse told him before not to call until after 9:00AM because she's asleep before 9:00AM. Interview on 8/13/25 with the Director of Nursing (DON) revealed she was notified by the QIDP shortly after 9:00AM regarding client #1's condition. Continued interview with the DON revealed that she was able to schedule an appointment for 10:00AM and instructed staff to take client #1 to the urgent care. Further interview with the DON revealed that she contacted the on call nurse and was unsuccessful; the on call nurse did return her call and stated that she was in cabin and had no cell signal at the time. Additionally, the DON confirmed that the on call nurse should be available by phone at all times during the on call/ after hour shift.	W 331			
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii)	W 474			

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W 474	<p>Continued From page 2</p> <p>Food must be served in a form consistent with the developmental level of the client.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review, and interview, the facility failed to ensure food was served in a form consistent with the developmental level for 1 of 3 audit clients (#6). The finding is:</p> <p>Observations in the home on 8/12/25 at 5:01PM, revealed client #6 to participate in the dinner meal which consisted of a serving of vegetable lasagna and one slice of garlic bread (oven baked). Continued observations revealed client #6 to eat four bites of the garlic bread. Further observations revealed staff to intervene and cut the rest of the garlic bread into bite size pieces.</p> <p>Observations in the home on 8/13/25 at 6:57AM, revealed client #6 to participate in the breakfast meal which consisted of a serving of oatmeal, a cup of applesauce, and one whole blueberry muffin. Continued observations revealed client #6 to tap staff on the shoulder and pointed to his muffin. Further observations revealed staff to cut client #6's muffin into bite size pieces.</p> <p>Review on 8/13/25 of client #6's Nutritional Assessment dated 11/14/24 revealed a diet order of 1800 calories, mechanical soft, bite size pieces.</p> <p>Interview on 8/13/25 with the Director of Nursing (DON) confirmed client #6's diet order is current and that staff should ensure client #6's diet is followed as prescribed.</p>	W 474			