

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


PRINTED: 10/03/2025
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 09/24/2025
--	--	--	--

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 195	<p>ACTIVE TREATMENT SERVICES CFR(s): 483.440</p> <p>The facility must ensure that specific active treatment services requirements are met.</p> <p>This CONDITION is not met as evidenced by: The team failed to ensure clients received a continuous active treatment program with sufficient frequency to support achievement of the objectives as identified in their person-centered plans (PCPs) (W249) and to ensure that data relative to the accomplishment of objective criteria was documented in measurable terms (W252).</p> <p>The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated active treatment services to the clients.</p>	W 195	<p>W195</p> <p>The Facility Administrator (FA) and Qualified Professional (QP) will ensure all Direct Support Professionals (DSP) staff members are retrained and understand the definition of Active Treatment including the required frequency needed to support achievement of the objectives outlined in each person supported's Person Centered Plan (PCP). This will be completed through In-Service training, Assessments and ongoing monitoring by the IDT members. This will be monitored through monthly House Meetings, CORE team meetings and QAPI Meetings to ensure active treatment is being completed in the facility daily.</p> <p>Cross referenced with W196, W249 and W252.</p>	11/8/2025
W 196	<p>ACTIVE TREATMENT CFR(s): 483.440(a)(1)</p> <p>Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and</p>	W 196	<p>RECEIVED OCT 13 2025 DHSR-MH Licensure Sect</p> <p>Continued pg 2</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Katherine Benton 	TITLE Director of Organic Growth - NC	(X8) DATE 10/8/2025
---	--	------------------------

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.

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

PRINTED: 10/03/2025
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 09/24/2025
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 196	Continued From page 1 interviews, the facility failed to ensure that 5 of 5 audit clients (#1, #2, #3, #4 and #5) received continuous active treatment services throughout their day. A. Cross reference W249. The facility failed to ensure 4 of 5 audit clients (#1, #2, #3 and #4) received a continuous active treatment program with sufficient frequency to support achievement of the objectives as identified in their person-centered plans (PCPs). B. Cross reference W252. The facility failed to ensure data related to the accomplishment of objective criteria was documented in measurable terms. This affected 5 of 5 audit clients (#1, #2, #3, #4 and #5).	W 196	W196 The QP and Habilitation Specialist (HS) will in-service all DSP staff on each person's PCP, current objectives, task analysis and how to provide ongoing active treatment to each person supported in the facility. This will be monitored by IDT members completing observations through two (2) Interaction Assessments per week for 1 month and then on an ongoing routine basis. The IDT member will review the results of the Interaction Assessment with the DSPs on shift providing immediate feedback and training as needed. This process will be monitored during the monthly CORE team meetings and QAPI meetings. In the future the QP will ensure all DSP staff are in-service trained on Active Treatment when hired and on a monthly basis at the House Meetings. Cross referenced with W195, W249 & W252.	11/23/2025	
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 4 of 5 audit clients (#1, #2, #3 and #4) received a continuous active treatment program consisting of needed interventions and services as identified in their Person-Centered Plans (PCPs). The	W 249	W249 The QP & HS will in-service all of the DSP staff on each person supported's required adaptive equipment. The QP & HS will ensure the facility has all required adaptive equipment on hand along with back up equipment for use at every meal or appropriate activity. This will be monitored by the IDT members by completing two (2) Meal Assessments per week for one (1) month and then on an ongoing routine basis. The HS will also complete a bi-monthly inventory of all adaptive equipment and ensure replacement items are purchased as needed. These processes will be monitored during monthly CORE team and QAPI meetings. In the future the QP will ensure all DSP staff are in-service trained on all adaptive equipment for each person along with appropriate mealtime guidelines. Cross reference with W195, W196 and W252.	11/23/2025	Continued pg 8

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

PRINTED: 10/03/2025
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 09/24/2025
--	--	--	--

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 249	<p>Continued From page 2 findings are:</p> <p>A. During afternoon observations in the group home on 9/23/25 from 4:30 PM until 6:00 PM client #1 was observed in the common areas of the home unengaged in any formal training or activities except for approximately 5 minutes when staff assisted her to complete a puzzle. Continued observations during this period revealed staff to place an electronic keyboard on client #1's lap and direct her to play it without offering client #1 a choice of activities. Client #1 did not engage with the keyboard.</p> <p>During morning observations in the group home on 9/24/25 from 7:06 AM until 7:39 AM, client #1 was observed to wash her hands and eat her breakfast. Throughout the breakfast observation, client #1 was observed to drop food from her mouth onto her clothing protector several times, while staff did not prompt her to close her mouth while eating. At 7:40 AM, staff assisted client #1 to a recliner in the living room without prompting her to take her dishes to the kitchen. Continued observation revealed that between 7:40 AM and 8:10 AM, client #1 sat in the recliner unengaged with people or activities and that, at 8:10 AM, client #1 got up from the recliner and walked unassisted by staff to her bedroom, where she remained until the end of observations at 8:30 AM.</p> <p>Review on 9/24/25 of client #1's PCP dated 4/9/25 revealed she has formal training objectives including cooperation during dental visits, minimizing target behaviors, wiping herself after using the bathroom, signaling staff that she needs to use the bathroom, participating in activities of choice, closing her mouth while eating, and</p>	W 249		
-------	---	-------	--	--

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

PRINTED: 10/03/2025
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 09/24/2025
--	--	--	--

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 249	<p>Continued From page 3</p> <p>continuing her oral hygiene routine, as well as informal training objectives including participation in daily chores, participation in monthly fire drills, participation in more activities, staying on task, meal preparation and taking medications. Further review of the PCP revealed that client #1 requires one on on support and stand-by assistance during ambulation and transfers due to her history of seizures.</p> <p>Interview with the habilitation specialist (HS) and the qualified intellectual disabilities professional (QIDP) confirmed that client #1 should be prompted by staff to participate in formal and informal training objectives as required.</p> <p>B. During observations in the group home on 9/23/25 from 4:30 PM until 6:00 PM, client #2 was observed in the common areas of the home unengaged in any formal training or integrative activities, except between 5:15 PM and 5:35 PM when she was engaged in a game of UNO with a staff member.</p> <p>During morning observations in the group home on 9/24/25 from 7:06 AM until 7:39 AM, client #2 was observed to wash her hands and eat her breakfast. Further observation revealed client #2 to take her dishes to the kitchen and move to a couch in the living room at 7:37 AM. Continued observation revealed client #2 to remain on the living room couch with a box of checkers in her lap from 7:37 AM until the end of observations at 8:30 AM, with only passing interactions with staff.</p> <p>Review on 9/24/25 of client #2's PCP dated 6/16/25 revealed she has formal training objectives including teeth brushing, shaving, participation in podiatry appointments,</p>	W 249		
-------	--	-------	--	--

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

PRINTED: 10/03/2025
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 09/24/2025
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 249	<p>Continued From page 4</p> <p>participation in 1 community outing of her choice weekly, minimizing disruptive behaviors, continuing to respect the rights of others, walking for 20 minutes 3 times per week, participating in meal preparation by setting the table 2 times per week, and maintaining a healthy weight. Further review of the PCP revealed that client #2 has informal training objective including participation in daily chores, participating in monthly fire drills and maintaining safety habits when riding the van.</p> <p>Interview with the HS and the QIDP confirmed that client #2 should be prompted by staff to participate in formal and informal training objectives as required.</p> <p>C. During observations in the group home on 9/23/25 from 4:30 PM until 5:00 PM, client #3 was observed to be in her bed and awake. Further observations between 5:02 PM and 5:40 PM revealed client #3 to be in the living unengaged in any formal training or integrative activities, except between 5:02 PM and 5:20 PM when she was engaged in a puzzle and a game of UNO with a staff member.</p> <p>During morning observations in the group home on 9/24/25 from 7:06 AM until 7:39 AM, client #3 was observed to wash her hands and eat her breakfast. Further observation revealed client #3 to take her dishes to the kitchen at 7:45 AM and return to her bed, where she remained until the end of observations at 8:30 AM without engaging in structured activities or interacting with others outside of medication administration.</p> <p>Review on 9/24/25 of client #3's PCP dated 9/13/24 revealed she has formal training</p>	W 249		

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

PRINTED: 10/03/2025
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 09/24/2025
--	--	--	--

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 249	<p>Continued From page 5</p> <p>objectives including pulling her pants up during dressing and toileting, washing her hands after using the restroom and completing a puzzle.</p> <p>Interview with the HS and the QIDP confirmed that client #3 should be prompted by staff to participate in formal and informal training objectives as required.</p> <p>D. During observations in the group home on 9/23/25 from 4:30 PM until 6:00 PM, client #4 was observed in the living room of the home, sitting quietly on a couch, unengaged in any formal training or integrative activities, except between 4:45 PM and 5:00 PM when she set the table for dinner and for approximately 5 minutes when she walked laps in the home with staff.</p> <p>During observations in the group home on 9/24/25 from 6:55 AM until 7:45 AM, client #3 was observed to wash her hands, help set the breakfast table, and eat breakfast. Further observation at 7:45 AM revealed client #4 to remove her dishes to the kitchen, wash her hands, and sit quietly on a chair in the living room until 8:30 when observations ended, except for a brief time when she went to her room, then returned to the living room chair.</p> <p>Review on 9/24/25 of client #4's PCP dated 9/12/25 revealed she has formal training objectives including preparing a beverage for the meal, taking out the trash, walking for 15 minutes 2 times per week, using the restroom every two hours when prompted by staff, participating in 1 activity per day at the vocational center and brushing her teeth daily.</p> <p>Interview with the HS and the QIDP confirmed</p>	W 249		
-------	---	-------	--	--

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

PRINTED: 10/03/2025
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 09/24/2025
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 249	<p>Continued From page 6 that client #4 should be prompted by staff to participate in formal and informal training objectives as required.</p> <p>E. Afternoon observations in the group home on 9/23/25 revealed client #3 to participate in the dinner meal. Further observation revealed client #3 to be furnished with the following adaptive equipment: wrist weights, large handle spoon, clothing protector, high sided divided dish and 2 cups with lids and straws, but no non-skid mat. Continued observation revealed client #3 to struggle to pick up food during dinner from her hands shaking.</p> <p>Morning observations in the group home on 9/24/25 revealed client #3 to participate in the breakfast meal. Further observation revealed client #3 to be furnished with the following adaptive equipment: large handle spoon, clothing protector, high sided divided dish and 2 cups with lids and straws, but no non-skid mat and no wrist weights. Continued observation revealed client #3 to struggle to pick up food and to get her spoon to her mouth during breakfast due to her hands shaking.</p> <p>Review of records on 9/24/25 revealed a PCP for client #3 dated 9/3/24 which lists client #3's adaptive equipment as a high sided divided dish, shirt protector, large handle spoon, non-skid mat, wrist weights, and a cup with lid and straw.</p> <p>Interview with the QIDP revealed that client #3's PCP is current and that the facility should have made a non-skid mat available for client #3 during both meals and made wrist weights available during the breakfast meal.</p>	W 249		

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

PRINTED: 10/03/2025
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 09/24/2025
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 252 W 252	<p>Continued From page 7</p> <p>PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 5 out of 5 audit clients (#1, #2, #3, #4 and #5). The findings are:</p> <p>A. Review on 9/24/25 of client #1's Person-Centered Plan (PCP) dated 4/9/25 revealed formal training programs as follows:</p> <ul style="list-style-type: none"> - Participate in an activity to redirect her from screaming: Data to be collected daily during first shift. - Wipe after using the toilet: Data to be collected daily on second shift. - Use the restroom when prompted every two hours: Data to be collected daily on first shift. <p>Review on 9/24/25 of client #1's computerized program data revealed that data was recorded on only 28 of 116 days between 6/1/25 and 9/24/25.</p> <p>Interview with the habilitation specialist (HS) and the qualified intellectual disabilities professional (QIDP) on 9/24/25 confirmed that the program data are accurate and that program data has not been recorded as required.</p>	W 252 W 252	<p>W252</p> <p>The QP, HS and Residential Team Leader (RTL) will in-service train all DSP staff on the requirement to document each person supported's programs daily as programs and active treatment are completed in order to demonstrate the person's progress or regress on tasks, activities and goals.</p> <p>The HS will monitor each person's progress on their goals monthly and implement programming changes based on the person's progress or regress. The HS will in-service the DSP staff each month when any programming changes are required. This process will be monitored by the QP, HS and/or RTL checking daily documentation in the EHR at minimum three (3) days per week. If the required documentation is not present in the EHR, the QP will address the DSP staff as appropriate up to and including Corrective Action. The FA will meet weekly with the QP to discuss any issues with documentation being completed and to address any ongoing job performance issues. In the future the QP will ensure all DSP staff are trained on required documentation for each person supported.</p> <p>Cross referenced with W195, W196 and W249.</p> <p style="text-align: right;">Continued pg 11</p>	11/23/2025

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

PRINTED: 10/03/2025
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 09/24/2025
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 252	<p>Continued From page 8</p> <p>B. Review on 9/24/25 of client #2's PCP dated 6/16/25 revealed formal training programs as follows:</p> <ul style="list-style-type: none"> - Brush her teeth twice per day: Data to be collected daily. - Set the table 3 times per week: Data to be collected daily on second shift. - Walk for 20 minutes 3 times per week: Data to be collected Monday, Wednesday and Friday on second shift. <p>Review on 9/24/25 of client #2's computerized program data revealed that data was recorded on only 45 of 116 days between 6/1/25 and 9/24/25.</p> <p>Interview with the HS and the QIDP on 9/24/25 confirmed that the program data are accurate and that program data has not been recorded as required.</p> <p>C. Review on 9/24/25 of client #3's PCP dated 9/13/24 revealed formal training programs as follows:</p> <ul style="list-style-type: none"> - Pull up pants: Data to be collected daily. - Wash hands after using the restroom: Data to be collected daily on first shift. <p>Review on 9/24/25 of client #3's computerized program data revealed that data was recorded on only 30 of 116 days between 6/1/25 and 9/24/25.</p> <p>Interview with the HS and the QIDP on 9/24/25 confirmed that the program data are accurate and that program data has not been recorded as required.</p> <p>D. Review on 9/24/25 of client #4's PCP dated 9/12/25 revealed formal training programs as follows:</p>	W 252		

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

PRINTED: 10/03/2025
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 09/24/2025
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 252	<p>Continued From page 9</p> <ul style="list-style-type: none"> - Prepare a beverage for the meal: Data to be collected daily. - Take trash bag out to the trash can: Data to be collected daily. - Walk for 15 minutes: Data to be collected daily. <p>Review on 9/24/25 of client #4's computerized program data revealed that data was recorded on only 29 of 116 days between 6/1/25 and 9/24/25.</p> <p>Interview with the HS and the QIDP on 9/24/25 confirmed that the program data are accurate and that program data has not been recorded as required.</p> <p>E. Review on 9/24/25 of client #5's PCP dated 1/10/25 revealed formal training programs as follows:</p> <ul style="list-style-type: none"> - Tolerate sitting in the living room, engaging in an activity with staff/peers: Data to be collected daily. - Use the restroom every two hours when prompted by staff: Data to be collected daily on first shift. - Put dirty clothes in the hamper after bath: Data to be collected daily on first shift. - Walk for 15 minutes: Data to be collected Monday, Wednesday and Friday on second shift. - Wash hands after toileting: Data to be collected daily on first shift. <p>Review on 9/24/25 of client #5's computerized program data revealed that data was recorded on only 35 of 116 days between 6/1/25 and 9/24/25.</p> <p>Further record review revealed in-service training records from 7/31/25, 8/21/25 and 9/18/25. However, interviews and data review revealed</p>	W 252			

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

PRINTED: 10/03/2025
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 09/24/2025
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 252 W 369	<p>Continued From page 10 staff are still failing to document data as described.</p> <p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 2 client (#2 and #4) observed during medication administration. The finding is:</p> <p>A. The facility failed to ensure that client #4's medications were administered at the correct time. For example:</p> <p>During observations in the home on 9/24/25, client #4 was observed to enter the medication room at 7:56 AM. Further observation revealed client #4 to exhibit behaviors including screaming and throwing items in the medications room. Staff responded by escorting client #4 to her bedroom at which time she calmed down. Continued observation revealed staff A to prepare and administer the following medications to client #4 Buspirone, CA CIT/Mit D, Senna-Time, Benztropine, Divalproex, Ferusol, Vit B3, Omega 3 Fish Oil, Levothyroxine, Meloxicam, Alendronate, Clonidine, Ingrezza, Lactulose. Continued observation revealed staff A to take the medications to client #4 in her bedroom and client #4 to take all medications at 8:05 AM.</p> <p>Review on 9/24/25 of client #4's physician's orders dated 9/24/25 revealed that the</p>	W 252 W 369	W369 The facility nurse will complete in-person Medication Administration training with all DSP staff in the facility by 11/23/2025 along with in-servicing all current medication orders for each person supported with the DSP staff. The facility nurse will ensure compliance with all Medication Administration procedures by completing one (1) Medication Observation with all DSP staff in the facility by 11/23/2025 and then on an ongoing and routine basis. This process will be monitored during the monthly CORE team and QAPI meetings. In the future the nursing staff will train all DSP staff administer medications as ordered by the physician and follow the six (6) rights at each medication pass.	11/23/2025	
			Continued pg 13		

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

PRINTED: 10/03/2025
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 09/24/2025
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 369	Continued From page 11 Levothyroxine is to be administered at 6:00 AM and the Lactulose is to be administered at 5:00 PM. Interview on 9/27/25 with the nursing supervisor confirmed that client #4's Levothyroxine and Lactulose were administered outside of the time prescribed for each and that all medications should be administered according to the physicians' orders. B. The facility failed to ensure that client #2's medications were administered at the correct time. For example: During observations in the home on 9/24/25, client #2 was observed to enter the medication room at 8:15 AM. Further observation revealed staff A to prepare and administer the following medications to client #2: Lorazepam, Omega 3 Fish Oil, Cetirizine, Duloxetine, Vit D3, Lo Loestrine, Ciclopirox. Continued observation revealed client #2 to take all medications at 8:20 AM. Review on 9/24/25 of client #2's physician's orders dated 7/15/25 revealed that all medications are to be administered at 7:00 AM. Interview on 9/27/25 with the nursing supervisor confirmed that all of client #2's medications should have been administered between 6:00 AM and 8:00 AM and that all medications should be administered according to the physicians' orders.	W 369			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals	W 382			

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

PRINTED: 10/03/2025
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 09/24/2025
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 382	<p>Continued From page 12</p> <p>locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all medications and biologicals remained locked except when being prepared for administration. The finding is:</p> <p>Morning observations in the home on 9/24/25 at 8:03 AM revealed staff A to leave the medication area and leave 14 medications, including 1 controlled medication, on a desk. Further observations revealed that there is no door on the medication room, just a privacy screen which is pulled across the door when clients are in the room. Continued observations revealed all staff to be away from the medication room for 5 minutes with the medications out on the desk.</p> <p>Interview on 9/24/25 with the nursing supervisor revealed that all medications should be locked inside the medication cart when staff are not directly supervising the medications.</p>	W 382	<p>W382</p> <p>The facility nurse will in-service train all DSP staff to ensure all medications and biologicals are remained locked except when being prepared for administration. This will be monitored by the nursing staff completing a Medication Storage Assessment each week for 1 month and Medication Observation with each DSP staff by 11/23/25 and then on an ongoing and routine basis. In the future the nursing staff will ensure all DSP staff are in-service trained to keep all medications locked unless being prepared for administration.</p>	11/23/25