

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

PRINTED: 01/21/2026  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  01/07/2026
NAME OF PROVIDER OR SUPPLIER  BURTONWOOD CIRCLE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1710 BURTONWOOD CIRCLE CHARLOTTE, NC 28212		
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W 159	<p>QIDP CFR(s): 483.430(a)</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- This STANDARD is not met as evidenced by: Based on record review and interview, the qualified intellectual disabilities professional (QIDP) failed to coordinate and document an interdisciplinary team (IDT) meeting or team collaboration relative to behavior changes and needs, coordinate annual behavior support plan (BSP) assessments, document monthly QIDP notes, and monitor data collection for all identified programs for client #5. This affected 1 of 4 audited clients. The findings is:</p> <p>Record review of incident reports on 1/7/26 for client #5 revealed from 6/25-1/26 revealed two incident reports documenting skin picking. Continued review revealed one incident report was dated 9/30/25 noting "client #5's right hand was swollen and red due to overnight picking. The facility nurse treated with tropical antibiotic ointment on the designated areas. Injury Type: abrasion on right hand and forehead".</p> <p>Further review revealed the other incident report dated 1/7/26 noting staff noticed blood running down client #5's legs when she was sitting on the couch. Staff asked her to pull her robe back and noticed she picked both her legs and opened up old wounds and they were bleeding. Injury type: bleeding on left and right leg.</p> <p>Record review on 1/7/26 revealed a BSP dated 11/1/24 with a goal that client #5 will exhibit 25 or less target behaviors per month for six consecutive calendar months. Continued review</p>	W 159	<p>W159, QP and Hab Spec will ensure monthly Core Team meetings are held to review needs of each person in the facility. The QP will ensure follow-up is complete to implement, train and communicate with nursing, DSPs and consultants to ensure all needs of person supported are addressed. This will be monitored through Core Team Minutes or Case Notes. Hab Spec will review behavior data monthly and document progressed.</p> <p>Nursing will complete assessment in the home when presented with an acute medical issue that can affect their safety or health. Nursing will In service staff on education the member of risk of infection from skin picking. Hab Spec will In service staff on documentation of sleep data documentation QP will update PCP to include skin</p>	2/24/26	

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.

*R. Hampton, Executive Director*

1/30/26

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W 159	<p>Continued From page 1</p> <p>of the BSP revealed target behaviors including aggression, oppositional behavior, taking belongings of others, hoarding objects, and skin picking. Further review of the BSP revealed strategies for handling client #5's skin picking as, "staff will monitor client #5 closely for any fresh wounds, sores, insect bites, etc. and be alert for scab picking or rubbing behavior so re-direction can occur quickly". If client #5 "breaks the skin, staff should report this to the nurse for medical interventions and staff should provide education to client #5 about the infection risk from skin picking".</p> <p>Record review on 1/7/26 revealed a person-centered plan (PCP) dated 11/30/25 with client #5's goals which includes applying deodorant, brush her teeth, wash her body daily, walk daily for 15 minutes, participate/engage in one activity daily, and close the bathroom door for privacy. Continued review revealed no skin picking training objectives identified.</p> <p>Record review on 1/7/26 revealed a medical consult dated 5/16/25 for client #5. Continued review of the medical consult dated 5/16/25 revealed client #5 reported having some sleep disturbances, being up at night. It was recommended that the IDT track client #5's sleep data closely. Additionally, no sleep data sheets or staff in-services could be located during the survey.</p> <p>Interview on 1/7/26 with the QIDP verified that she did not have any QIDP notes or IDT meeting notes addressing client #5's skin picking behavior, and no QIDP monthly notes were completed for the 2025 review. Continued interview with the QIDP revealed that no sleep</p>	W 159			

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W 159	Continued From page 2 data was tracked and documented for client #5 and no in-service addressing client #5's skin picking could be located.	W 159			
W 193	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(3)  Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients. This STANDARD is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to ensure 1 of 4 audited clients (#5) received needed interventions as identified in the behavior support plan (BSP) relative to prevention and proactive measures. The finding is:  Observations at the home on 1/7/26 at 6:30 AM revealed client #5 sitting in a recliner in the living room watching television. Continued observation revealed client #5 to have numerous old and new open sores that were bleeding on both legs from the top of her knees down to her ankles, along with two large bruises and some swelling. Further observations revealed the surveyor to notify the residential team lead (RTL) and she took a look at her legs and asked client #5 what happened. At no point did staff provide education to client #5 about the infection risk from skin picking.  Record review on 1/6/26 revealed a BSP for client #5 dated 11/1/24. Continued review of the BSP revealed target behaviors to include aggression, oppositional behavior, taking belongings of others, hoarding objects, and skin picking. Further review of the BSP revealed strategies for handling client #5's skin picking as, "staff will monitor [client #5] closely for any fresh wounds,	W 193	Behavior Specialist will train DSPs on BSP strategies and documentation. W193: Behavior Spec will in-service DSPs on the implementation of #5 BSP including proactive strategies, redirection techniques, injury prevention, education regard ing infection risk, and required documentation when skin-picking behaviors occurs.	2/21/26	

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W 193	Continued From page 3 sores, insect bites, etc. and be alert for scab picking or rubbing behavior so re-direction can occur quickly. If [client #5] breaks the skin, staff should report this to the nurse for medical interventions and staff should provide education to client #5 about the infection risk from skin picking".  Interview on 1/7/26 with the RTL revealed client #5 picks at her old sores and doesn't allow them to heal. Continued interview with the RTL revealed when client #5 breaks the skin, staff should notify the nurse, apply first aid, and complete an incident report. Further interview with the RTL revealed that client #5 does pick often (few times a week), mostly in her face, hands, and legs and that staff do not complete body check sheets to assess and document the injuries.  Interview on 1/7/26 with the Habilitation Specialist verified client #5's BSP is outdated but staff should continue to follow as written. Continued interview with the Habilitation Specialist revealed staff should redirect client #5 by saying "stop, stay safe and healthy".  Interview on 1/7/26 with the qualified intellectual disabilities professional (QIDP) verified client #5's BSP is the most current and that staff should continue to follow as written.	W 193			
W 195	ACTIVE TREATMENT SERVICES CFR(s): 483.440  The facility must ensure that specific active treatment services requirements are met.	W 195	Facility-wide retraining and monitoring of active treatment implementation. W 195: The QP will ensure all Direct Support Professionals staff are retrained and understand the definition of Active Treatment including the required of the BSP and targeted behaviors.	2/21/26	

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W 195	Continued From page 4  This CONDITION is not met as evidenced by: The facility failed to ensure the client received continuous services in the area of program implementation for the target behavior "skin picking" (W196); to assure the person-centered plan (PCP) received specific behavior objective training to meet clients' need (W227); ensure an active treatment plan consisting of needed interventions and services as identified in the person-centered plan (W249); to ensure that objectives specified in the behavior support plan (BSP) to ensure data relative to the accomplishment of objective criteria was documented in measurable terms (W252); document significant events, specifically accurately tracking the rates of target behaviors (W253); and ensure the BSPs were reviewed and revised as needed after completion of an objective (W255).	W 195	This will completed through In-Service Trainings, assessments and on going monitoring by the IDT team members. This will be monitored through monthly house Meetings, CORE Team Meeting to ensure active treatment is being completed in the facility daily.  Cross referenced with W196, W227, W249, W252, W253, W255		
W 196	ACTIVE TREATMENT CFR(s): 483.440(a)(1)  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: (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression	W 196	IIDT will monitor active treatment daily with documented reviews. W196: The QP and Habilitation Specialist(HS) will in-service all DSP staff on #5's PCP, current objectives, task analysis, BSP and how to provide ongoing treatment. This will be monitored by the IDT members completing observations through 2 Interactions per week for 1 month and then on an ongoing basis routine. The IDT team member review the results of the Interaction Assessment with the DSPs on shift providing immediate feedback and	2/21/26	

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W 196	Continued From page 5 or loss of current optimal functional status.  This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure for 1 of 4 audit clients (#5) received continuous services in the area of program implementation for the target behavior "skin picking". The findings are:  A. Cross reference W227. The facility failed to assure the person-centered plan (PCP) for 1 of 4 audited clients (#5) included specific behavior objective training to meet clients' need relative to skin picking.  B. Cross reference W249. The facility failed to ensure 1 of 4 audited clients (#5) received an active treatment plan consisting of needed interventions and services as identified in the PCP in the area of objective implementation.  C. Cross reference W252. The facility failed to ensure that 1 of 4 audited clients (#5) behavior support plan (BSP) is accurately documented in measurable terms for skin picking.  D. Cross reference W253. The facility failed to document significant events, specifically relative to the head/body checks and incident reporting for 1 of 4 audited clients (#5).	W 196	training as needed.  This process will be monitored during the monthly CORE team meetings. In the future the QP will ensure all DSP staff are in-service trained on Active Treatment when hired. Cross reference W227, W249, W252 W253 W227QP	
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)  The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.	W 227	PCP will be updated with measurable skin picking goals. W227 QP will update PCP objectives to include behaviors for #5 and training will be implemented to address to meet #5 needs. IDT team will complete 2 interactions per week for 1 month and ongoing basis Routine.	2/21/26

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W 227	<p>Continued From page 6</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to assure the person-centered plan (PCP) for 1 of 4 audited clients (#5) included specific behavior objective training to meet clients' need relative to skin picking. The findings is:</p> <p>Observation at the home on 1/7/26 at 6:30 AM revealed client #5 sitting in a recliner in the living room watching tv. Continued observation revealed client #5 to have numerous old and new open sores that were bleeding on both legs from the top of her knees down to her ankles, along with two large bruises and some swelling.</p> <p>Record review on 1/7/26 revealed a PCP dated 11/30/25 indicated client #5's goals are to applying deodorant, brush her teeth, wash her body daily, walk daily for 15 minutes, participate/engage in one activity daily, and close the bathroom door for privacy. Continued review revealed no skin picking training goal could be located.</p> <p>Interview on 1/7/26 with the residential team lead (RTL) confirmed client #5 to have skin picking as a target behavior on her behavior support plan (BSP). Continued interview with the RTL revealed client #5 picks at her old sores and doesn't allow them to heal. Further interview with the RTL revealed client #5 does pick often (few times a week), mostly in her face, hands, and legs and that she has no training goals addressing the skin picking.</p> <p>Interview on 1/7/26 with the qualified intellectual disabilities professional (QIDP) revealed client #5 did not have any formal skin picking goals and</p>	W 227			

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W 227	Continued From page 7	W 227			
W 249	<p>that the IDT has not met to address interventions for skin picking. Further interview with the QIDP revealed that client #5 could benefit from a program goal relative to skin picking.</p> <p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure 1 of 4 audited clients (#5) received an active treatment program consisting of needed interventions and services as identified in the person centered plan (PCP) in the area of objective implementation. The findings are:</p> <p>A. The facility failed to ensure client #5 was provided treatment objectives relative to skin picking. For example:</p> <p>Observations at the home on 1/7/26 at 6:30 AM revealed client #5 sitting in a recliner in the living room watching television. Continued observation revealed client #5 to have numerous old and new open sores that were bleeding on both legs from the top of her knees down to her ankles, along with two large bruises and some swelling. Further</p>	W 249	<p>Updated PCP/BSP with ongoing staff training and monitoring.</p> <p>W249: QP will update #5 PCP to include interventions and services. QP will in-service DSP staff on active treatment and the updated PCP and BSP goals/intervention This will be monitor by the IDT completing 2 interaction assessments per week for 1 month and then ongoing basis routine. These processes will monitored CORE team meeting.</p>	2/21/26	

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W 249	<p>Continued From page 8</p> <p>observation revealed the surveyor to notify the residential team lead (RTL) and she took a look at her legs and asked client #5 what happened.</p> <p>Subsequent observation at the day program on 1/7/26 at 10:50am revealed surveyors to ask nursing staff to complete a body assessment for client #5 in the medical clinic. Continued observation revealed numerous old and new sores on both legs from the top of her knees to her ankles, two large bruises on her lower legs with swelling, several old sores on both arms, and new sores/abrasions on upper right side of her back.</p> <p>Record review on 1/6/26 revealed a behavior support plan (BSP) for client #5 dated 11/1/24. Continued review of the BSP revealed target behaviors to include aggression, oppositional behavior, taking belongings of others, hoarding objects, and skin picking. Further review of the BSP revealed strategies for handling client #5's skin picking as written, "staff will monitor [client #5] closely for any fresh wounds, sores, insect bites, etc. and be alert for scab picking or rubbing behavior so re-direction can occur quickly. If [client #5] breaks the skin, staff should report this to the nurse for medical interventions and staff should provide education to [client #5] about the infection risk from skin picking". Additionally, no IDT meeting, Nursing, or QIDP notes documenting the team met to address needed interventions for client #5's skin picking were available for review.</p> <p>Interview on 1/7/26 with the RTL revealed client #5 picks at her old sores and doesn't allow them to heal. Continued interview with the RTL revealed when client #5 breaks the skin staff</p>	W 249	<p>249 Nursing will implement nursing service goal in reference to client #5. Nursing will in-service staff on the new task of collecting nightly sleeping data and staff will document in therap. Nursing will review data quarterly during quarterly nursing assessment and intervene with appropriate next steps.</p>	2/21/26	

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W 249	<p>Continued From page 9</p> <p>should notify the nurse, apply first aid, and complete an incident report. Further interview with the RTL revealed that client #5 does pick often (a few times a week), mostly in her face, hands, and legs. Additionally, only two incident reports were located regarding client #5 skin picking. The RTL revealed that she spoke with the nurse stating that the staff would be writing an incident report everyday and could be to much on them due to client #5's continuous picking.</p> <p>Interview on 1/7/26 with the Habilitation Specialist verified that staff should be documenting client #5's skin picking data daily. Continued interview with the Habilitation Specialist revealed that she visits the home once a week for mealtime observations, speak with residents, and complete staff and habilitation evaluations. Further interview with the Habilitation Specialist revealed that she has witnessed client #5 skin picking but did not document the events stating it was "not her job" and that she would tell staff to document it. Further interview revealed she did not notify the nurse to assess client #5.</p> <p>B. The facility failed to ensure sleep tracking data was collected and reviewed for client #5. For example:</p> <p>Review of the record on 1/7/26 for client #5 revealed a person-centered plan (PCP) dated 11/30/25. Review of a psychological consult dated 6/11/24 recommended sleep data to be collected for client #5 due to complaints of difficulty sleeping at night. Review of the record for client #5 did not reveal sleep data since the recommendation was received on 6/11/24.</p> <p>Review of records for client #5 revealed no</p>	W 249			

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W 249	Continued From page 10 nursing notes or medical consults relative to follow up for sleep difficulty and monitoring sleep data. Continued review of records for client #5 revealed (2) quarterly nursing assessments dated 3/12/25 and 10/6/25 that did not reveal evidence that sleep data was being collected and reviewed as prescribed.  Interview with the facility nurse on 1/7/26 revealed she was aware that client #5 had difficulty sleeping. Further interview with the facility nurse revealed she was not aware of staff collecting sleep data for client #5 as recommended.  Interview with the qualified intellectual disabilities professional (QIDP) on 1/7/26 revealed she was not aware that the 6/2024 psychological evaluation for client #5 recommended that sleep data should be collected as prescribed. Further interview with the QIDP verified that sleep data for client #5 could not be located during the survey.	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.  This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that 1 of 4 audited clients (#5) behavior support plan (BSP) is accurately documented in measurable terms for skin picking. The findings is:	W 252	Staff retraining on data collection and monthly data review. W252: The QP,HS and DSS will in service train all DSP staff on the requirement to document #5's BSP programs daily as programs and active treatments are completed in order to demonstrate #5's progress or regression task and goals. The HS will monitor #5's progress on her goals monthly and implement programming changes based on #5 progress or regress. The HS will in service the DSP staff each month when programming changes are required.	2/21/26	

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W 252	Continued From page 11  Record review on 1/7/26 for client #5 revealed a BSP dated 11/1/24. Continued review revealed, "client #5 will exhibit 25 or less target behaviors per month for six consecutive calendar months". Further review revealed the following target behaviors: aggression, oppositional behavior, taking belongings of others, hoarding objects, and skin picking.  Subsequent record review on 1/7/26 for client #5 revealed a Behavior Report sheet (data collected) dated 10/1/25-1/7/26. Additional review revealed the following data collected for the target behavior of skin picking: 10/25 (7), 11/25 (5), 12/25 (2), and 1/26 (0). Further review revealed a QuickMAR dated 10/1/25-1/7/26 that nursing was notified by staff for client #5's skin picking: 10/25 (7), 11/25 (9), and 12/25 (1), 1/26 (1).  Interview on 1/7/26 with the residential team lead (RTL) revealed client #5 picks at her old sores and doesn't allow them to heal. Continued interview with the RTL revealed that client #5 does pick often (a few times a week), mostly in her face, hands, legs; and that she had witness once before where client #5's skin picking was severe and required medical attention a few months ago.  Interview on 1/7/26 with the Habilitation Specialist verified that staff should be collecting data for client #5's skin picking daily. Continued interview with the Habilitation Specialist revealed that she visits the home once a week for mealtime observations, speaking with residents, staff and habilitation evaluations. Further interview with the Habilitation Specialist revealed that she has witnessed client #5 to skin pick but did not	W 252	This process will be monitored by the QP, HS and/or DSS checking daily documentation in therap a minimum of three(3) days per week. I f the required documentation is not present in therap. QP will address the DSP staff as appropriate up to and including Corrective Action. The future the QP will ensure all DSP staff are trained on required documentation Nursing will implement nursing service goal in reference to client #5. Nursing will in-service staff on the new task of collecting nightly sleeping data and staff will document in therap. Nursing will review data quarterly during quarterly nursing assessment and intervene with appropriate next steps.  Nursing orders for body checks and staff retraining implemented.		

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W 252	Continued From page 12 document the events stating it was "not her job" and that she would tell staff to document it.	W 252			
W 253	<p>Interview on 1/7/26 with the qualified intellectual disabilities professional (QIDP) verified client #5's BSP is the most current and that staff should be documenting the skin picking episodes accurately on the T-log notes.</p> <p><b>PROGRAM DOCUMENTATION</b> CFR(s): 483.440(e)(2)</p> <p>The facility must document significant events that are related to the client's individual program plan and assessments. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to document significant events, specifically relative to the head/body checks and incident reporting for 1 of 4 audited clients (#5). The finding is:</p> <p>Observation at the home on 1/7/26 at 6:30 AM revealed client #5 sitting in a recliner in the living room watching tv. Continued observation revealed client #5 to have numerous old and new open sores that were bleeding on both legs from the top of her knees down to her ankles, along with two large bruises and some swelling. Further observation revealed surveyor to notify the residential team lead (RTL) and she took a look at her legs and asked client #5 what happened.</p> <p>Subsequent observation at the day program on 1/7/26 at 10:50am revealed surveyors to ask nursing staff to complete a body assessment for client #5 in the medical clinic. Continued observation revealed numerous old and new sores on both legs from the top of her knees to</p>	W 253	<p>W253: QP will Inservice DSP staff on completing incident reporting. Nursing will obtain order from primary provider to conduct body checks. QP obtain consent for body checks from the guardian. Nursing will in-service DSP staff specified to the provides orders. Nursing will Inservice staff on documentation of body checks.</p> <p>253 Nursing will obtain physician order to complete body checks daily for client #5. Completion of body checks will be tracked in the Electronic Medication Administration system. Staff will be in-serviced of what abnormalities to monitor during body checks and notify nursing of findings. Nursing will in-service staff on when to do incident report in reference to skin picking .</p>	2/21/26	

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W 253	<p>Continued From page 13</p> <p>her ankles, two large bruises on her lower legs with swelling, several old sores on both arms, and new sores/abrasions on upper right side of her back.</p> <p>Record review on 1/7/26 revealed a Behavior Support Plan (BSP) for client #5 dated 11/1/24. Continued review of the BSP included a target behavior of skin picking. Further review of the BSP revealed strategies for handling client #5's skin picking as written, "staff will monitor client #5 closely for any fresh wounds, sores, insect bites, etc. and be alert for scab picking or rubbing behavior so re-direction can occur quickly. If client #5 breaks the skin, staff should report this to the nurse for medical interventions and staff should provide education to client #5 about the infection risk from skin picking".</p> <p>Subsequent record review on 1/7/26 from January 2025-January 2026 revealed no head and body check sheets were completed by staff for client #5. Continued review revealed only incident reports regarding skin picking were completed on 9/30/25 and 1/7/26 for client #5.</p> <p>Interview on 1/7/26 with the RTL revealed client #5 picks at her old sores and doesn't allow them to heal. Continued interview with the RTL revealed that client #5 does pick often( a few times a week), mostly in her face, hands, legs; and that she had witness once before where client #5's skin picking was severe and required medical attention a few months ago. Further interview with the RTL revealed that staff are not completing head and body check sheets and that staff should notify the nurse, apply first aid, and complete an incident report when client #5 skin picks. Additionally, the RTL revealed that she</p>	W 253	<p>253 Nursing will obtain physician order to complete body checks daily for client #5. Completions of body checks will be tracked in the Electronic Medication Administration system. Staff will be in-serviced of what abnormalities to monitor during body checks and notify nursing of findings. Nursing will in-service staff on when to do incident report in reference to skin picking .</p>		

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W 253	Continued From page 14 spoke with the nurse stating that the staff would be writing an incident report everyday and could be to much on them due to client #5's continuous picking.  Interview on 1/7/26 with the Habilitation Specialist revealed that she has witnessed client #5 to skin pick but did not document the events stating it was "not her job" and that she would tell staff to document it; nor did she notify the nurse to assess client #5. Continued interview with the Habilitation Specialist revealed that she did not assess client #5 when she witnessed the skin picking because it was not "her job" to do a body check. Further interview with the Habilitation Specialist revealed that staff told her that client #5 has had bloody sheets after skin picking overnight.  Interview on 1/7/26 with the facility nurse revealed that she was unaware of the severity of client #5's skin picking and that staff do not call her often about client #5's skin picking. Continued interview with the facility nurse revealed staff were not completing head and body check sheets on any of the residents and that client #5 could benefit from having body checks implemented more often.	W 253		
W 318	<b>HEALTH CARE SERVICES</b> CFR(s): 483.460  The facility must ensure that specific health care services requirements are met.  This CONDITION is not met as evidenced by: The facility failed to provide nursing services in	W 318	Systemic nursing retraining and monitoring. 318 Nursing will complete QNA (quarterly nursing assessments) quarterly (every three months). Nursing service goals will be implemented as needed and staff will be in-service to collect appropriate data and any related information that is required in reference to the nursing service goal for client #5. Nursing will ensure that collected data is reviewed in conjunction with completion of the QNA.	2/21/26

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W 318	Continued From page 15 accordance with client's medical needs (W331); failed to ensure quarterly nursing assessments were conducted in a timely manner (W336); and, failed to train direct care staff in collecting data and symptoms of illness (W342).	W 318	318 Nursing will complete QNA (quarterly nursing assessments) quarterly (every three months). Nursing service goals will be implemented as needed and staff will be in-service to collect appropriate data and any related information that is required in reference to the nursing service goal for client #5. Nursing will ensure that collected data is reviewed in conjunction with completion of the QNA.		
W 331	The cumulative effects of these systemic practices resulted in the facility's failure to provide statutory mandated services in health care. <b>NURSING SERVICES</b> CFR(s): 483.460(c)  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 reviews, and interviews, the facility failed to ensure client #5 was provided nursing services in accordance with her changing medical needs regarding monitoring and medical care due to skin picking. This affected 1 of 4 audited clients. The finding is:  Observations during the recertification survey from 1/6/26-1/7/26 revealed client #5 to participate in various activities with several bruises and cuts on her face and arms. Further observations on 1/7/26 at 6:30AM revealed client #5 to sit in the living room area with a robe on which exposed her legs. Continued observations revealed both client #5's legs to have numerous old and new open sores ranging from the top of her knees to her ankles bleeding down both legs, along with two large bruises and swelling around the ankles. Additional observations revealed staff to later prompt client #5 to her room to clean up her legs.  Subsequent observations on 1/7/26 at 10:30AM	W 331	331 Nursing will ensure proper in-services are done which will address any changes in the medical need for client #5. Nursing will complete this by timely QNA implementation and collection of service goal data, and coordinate any required treatment. Nursing protocols for skin checks and follow-up established.	2/21/26	

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W 331	<p>Continued From page 16</p> <p>revealed nursing staff to prompt client #5 to the nurse's station for a body check. Further observation revealed client #5 to have multiple open sores on her legs with several areas bruised and swollen around her ankles. Continued observations revealed client #5 to have several fresh and healed abrasions on the right side of her shoulder and below the shoulder blade on the right side.</p> <p>Review of the record for client #5 on 1/7/26 revealed a person-centered plan (PCP) dated 11/30/25. Review of the 11/2025 PCP revealed client #5 has the following diagnosis: I/DD severe, Osteoporosis, Hypertension, Obsessive Compulsive Disorder (OCD), and Impulse Control Disorder. Further review of the 11/2025 PCP and 11/2024 Behavior Support Plan (BSP) identified client #5 has skin picking as a target behavior.</p> <p>Review of the record for client #5 revealed the following documentation: medical consults from 1/2025-1/2026, nurses' notes, and quarterly nurses' assessments from 1/2025-1/2026. Further review of the record for client #5 did not reveal treatment objectives relative to skin integrity.</p> <p>Review of the record for client #5 on 1/7/26 revealed quarterly nurses' assessments dated 3/2025 and 10/2025 indicating the client has skin picking as a diagnosis. Further review of the quarterly nurses' assessment did not reveal evidence of treatment recommendations or formal interventions relative to skin picking. Continued review of the record for client #5 did not reveal evidence that staff and nursing were checking the client's skin regularly.</p>	W 331			

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W 331	<p>Continued From page 17</p> <p>Review of a medical consult dated 5/16/25 from the primary care physician indicated the client is skin picking and having difficulty sleeping. Review of a quarterly nurses' note dated 10/6/25 revealed evidence of scabs on client #5's skin and verifies the client picks her skin. Review of habilitation specialist note dated 12/1/25 indicated the client's skin picking decreased, however, agitation has increased. Review of records for client #5 does not reveal evidence of nursing monitoring, clinical oversight, or habilitation specialist monitoring relative to skin picking. Review of the record for client #5 did not reveal formal interventions or techniques in place to address skin integrity.</p> <p>Review of a facility incident report dated 1/7/26 indicated client #5 had multiple old and new open wounds on her legs. Further review of the incident report labeled the wounds as a minor incident.</p> <p>Interview with the residential team lead (RTL) verified client #5 is skin picking when no one is watching. Further interview with the RTL revealed client #5's skin picking have been worse in previous months. Continued interview with the RTL revealed she has communicated her concerns to nursing in the past.</p> <p>Interview with the habilitation specialist on 1/7/26 revealed she is currently not monitoring client #5's skin picking behaviors on a continuous basis. Further interview with the habilitation specialist verified client #5 is not receiving formal interventions or techniques to monitor the progression or regression of the skin picking behaviors.</p> <p>Interview with the facility nurse on 1/7/26 revealed</p>	W 331			

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W 331	Continued From page 18 she was aware of client #5's skin picking and there were no formal interventions or monitoring in place. Further interview with the facility nurse verified the staff were not completing body checks to determine if the skin picking was increasing or decreasing on the client #5's legs and ankles. Continued interview with the facility nurse revealed staff don't consistently call her about the client's skin picking. Subsequent interview with the facility nurse verified that client #3 is not receiving body checks for the client's skin integrity.  Interview with the qualified intellectual disabilities professional (QIDP) on 1/7/26 verified staff were not monitoring client #5's skin integrity on a regular basis. Further interview with the QIDP revealed she was not aware that the client's wounds had worsened. Continued interview with the QIDP verified there are currently no formal interventions in place to address client #5's skin integrity.	W 331			
W 336	<b>NURSING SERVICES</b> CFR(s): 483.460(c)(3)(iii)  Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. This STANDARD is not met as evidenced by: Based on record review and interview, nursing services failed to ensure quarterly nursing assessments were conducted in a timely manner for 1 of 4 audited clients (#5). The finding is:  Review of the record for client #5 on 1/7/26 revealed two quarterly nursing assessments	W 336	Nursing schedule tracking and QA audits implemented. W336Nursing will complete QNA (quarterly nursing assessments) quarterly (every three months) .Nursing service goals will be implemented as needed and staff will be in-service to collect appropriate data and any related information that is required in reference to the nursing service goal for client #5.Nursing will ensure that collected data is reviewed in conjunction with completion of the QNA.	2/21/26	

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W 336	Continued From page 19 dated 3/12/25 and 10/6/25. Further review of client #2's record revealed the client had an annual physical on 5/16/25. Subsequent record review revealed no other quarterly nursing assessments for client #5 for the review year.	W 336			
W 342	Interview with the facility nurse on 1/7/26 revealed she started with the company in 6/2025. Further interview with the facility nurse verified quarterly nursing assessments should be conducted quarterly. Continued interview with the facility nurse verified that she only completed a quarterly nursing assessment on 10/6/25.  NURSING SERVICES CFR(s): 483.460(c)(5)(iii)  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 direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff were sufficiently trained in clients' medical needs and changes for 1 of 4 audited clients (#5). The finding is:  Review of record for client #5 on 1/7/26 revealed a person-centered plan (PCP) dated 11/30/25 which indicated the client has the following diagnosis: I/DD severe, Osteoporosis, Hypertension, Obsessive Compulsive Disorder (OCD), and Impulse Control Disorder. Review of the 11/30/25 PCP and behavior support plan (BSP) dated 11/1/24 identified client	W 342	Nursing in-services and competency checks scheduled. 342 Nursing will ensure staff are in serviced in regards to appropriate health measures to include sleep data and skin picking in regards to client #5	2/2/26	

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W 342	Continued From page 20 #5 has skin picking as a target behavior.  Review of the record for client #5 on 1/7/26 revealed a medical consult dated 8/29/23 which indicated the client has skin picking concerns and difficulty sleeping. Review of a psychological evaluation dated 6/11/24 revealed recommendations for sleep data to be collected due to client #5 reporting difficulty sleeping at night.  Review of a quarterly nurses note dated 10/6/25 indicated client #5 has evidence of scabs on her legs and picks her skin. Review of the quarterly nurses' note did not reveal recommendations for treatment or formal interventions to address the skin picking.  Review of the record for client #5 on 1/7/26 did not reveal in-service training to staff for sleep data as recommended. Further review of staff in-services did not reveal training or interventions relative to client #5's difficulties with skin picking.  Interview with the facility nurse on 1/7/26 revealed that nursing has not provided in-service training relative to sleep data or skin picking behaviors for client #5. Further interview with the facility nurse could not verify if in-service training was completed for client #5's changing medical needs.	W 342			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2)  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:	W 369	Medication availability checks and MAR audits implemented. 369 Nursing will in service med tech proper medication techniques. Nursing will in service staff on when to notify nursing of low medication supply on hand .	2/21/26	

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:  <b>34G314</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/07/2026</b>
NAME OF PROVIDER OR SUPPLIER  <b>BURTONWOOD CIRCLE HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1710 BURTONWOOD CIRCLE CHARLOTTE, NC 28212</b>		
(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	<p>Continued From page 21</p> <p>Based on observation, record review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 1 of 4 audited clients (#4). The finding is:</p> <p>Observations on 1/7/26 at 6:48 AM revealed staff to prompt client #4 to go to her room to prepare for medication administration. Further observation revealed the medication technician to administer the following medications to client #4: Calcitonin spray in left nostril, Myrbetriq 2.5mg, Fexofenadine 180mg, Cranberry tab 200mg, Calcium-D3 315-250mg, and Vitamin D3 2000IU. Continued observations revealed the medication technician to not administer Hydrocortisone cream 1% as prescribed.</p> <p>Review of the record for client #4 on 1/7/26 revealed a physician's order dated 10/23/25. Further review of the physician's order indicated that client #4 should have Hydrocortisone cream 1% administered to external ears once every day for dry skin daily at 7:00AM. Continued review of the physician's order verified the topical medication was not a PRN medication.</p> <p>Subsequent review of the record for client #4 on 1/7/26 revealed a medication administration record for client #4. Further review of the medication administration record dated 11/2025-1/2026 indicated client #4 did not receive the topical medication (hydrocortisone cream 1%) on the following dates: 1/7/26, 12/14/25, 12/25/25, 12/26/25, 12/27/25, 12/30/25, 11/2/25, 11/27/25, and 11/28/25.</p> <p>Interview with the medication technician on 1/7/26 verified that the Hydrocortisone cream 1% was</p>	W 369	<p>369 Nursing will in service med tech proper medication techniques. Staff will document appropriately when client is on Therapeutic leave Nursing will in service staff on when to notify nursing of low medication supply on hand .</p>		

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W 369	Continued From page 22 currently out of stock in the facility so the topical medication could not be administered.  Interview with the facility nurse on 1/7/26 verified client #4's physician order is current. Further interview with the facility nurse verified that the topical medication (Hydrocortisone cream 1%) is not a PRN medication. Continued interview with the facility nurse verified that client #4's topical medication (Hydrocortisone cream 1%) was not currently available.	W 369			