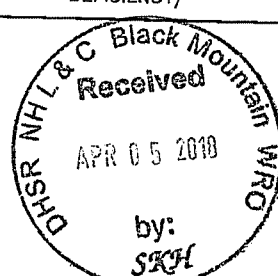


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Completed 4-27

PRINTED: 03/23/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G194	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/22/2018
NAME OF PROVIDER OR SUPPLIER VOCA-FREEDOM GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5911 FREEDOM DR CHARLOTTE, NC 28208	
(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)	(X6) COMPLETION DATE
W 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: The individual support plan (ISP) failed to include sufficient interventions to address identified needs for 1 of 3 sampled clients (#1) relative to dental care and weight gain., as evidenced by interview and review of records. The finding is:</p> <p>A. The 6/13/17 ISP for client #1 failed to included objective training to address identified needs of dental care.</p> <p>Review of the records for client #1 revealed a dental report dated 2/15/18. Review of this dental report revealed the client had "heavy plaque/food debris and a missing filling." Continued review of this report revealed the dentist also stated client's "home care needs improvement (brushing/flossing 2 times daily)."</p> <p>Review of client #1's 6/13/17 ISP, substantiated by interview with the qualified intellectual disabilities professional (QIDP), revealed in the past the client has had an objective to floss teeth that was discontinued in 11/17 as having met criteria. However, further review of the ISP, verified by continued interview with the QIDP, revealed the flossing teeth objective continues to be run as a maintenance program. The QIDP confirmed no formal objective training has been implemented to address the identified need of</p>	W 227	 <p>The individual program plan will state the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment.</p> <p>QP will implement formal objective training to address identified needs of dental care that includes brushing/flossing 2 times daily.</p> <p>QP will in-service all staff in the home on the new implementation of the formal goal.</p>	4/27/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Shane Foye *Program Manager* *3/25/18*

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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NAME OF PROVIDER OR SUPPLIER VOCA-FREEDOM GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5911 FREEDOM DR CHARLOTTE, NC 28208		
(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 227	<p>Continued From page 1 improving the client's dental care, as recommended at the 2/15/18 dental exam.</p> <p>B. The 6/13/17 ISP for client #1 failed to include sufficient interventions to address weight gain.</p> <p>Review of the records for client #1 revealed a nutritional assessment dated 1/10/18 stating the client's desired body weight is 160-175 lbs. Continued review of the record revealed a weight chart with the client's weight as of 3/17 at 206 lbs. Further review of the weight chart revealed the client to weigh 214.4 lbs. in 3/17, 209 lbs. in 5/17, 204 lbs. in 6/17, 213 lbs. in 7/17, 216.9 lbs. in 8/17, 212.4 in 9/17, 220 lbs. in 10/17, 218 lbs. in 11/17, 212.4 lbs. in 12/17, 212 lbs. in 1/18, 215.6 lbs. in 2/18 and 221/6 lbs. 3/18. This is a gain of 15.6 lbs. over the past 12 months putting the client at 46.6 lbs. over the desired body weight.</p> <p>Continued review of the records revealed an annual physical dated 12/7/17 stating the client has a diagnosis of Essential Hypertension and Hypercholesterolemia. Further review of the records revealed quarterly physician's orders dated 3/1/18 which included a regular diet with high fiber.</p> <p>Interview with the QIDP, substantiated by review of the 6/13/17 ISP, revealed the client to have an objective to participate in stretching exercises. Continued interview with the QIDP revealed the stretching exercise is to improve movement in his legs not to address weight gain. Additional interview with the QIDP, verified by review of the ISP, revealed no additional interventions are in place to address the client's weight gain.</p>	W 227	<p>The individual program plan will state the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment.</p> <p>QP will in-service staff on weighing consumer at the office and emptying the catheter before being weighed so that weight is accurate.</p> <p>QP will implement formal objective training program to address weight gain.</p> <p>QP will in-service all staff in the home on the new implementation of the formal goal.</p>	4/27/18	