

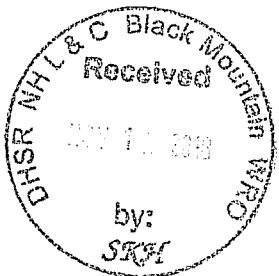
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA-WOODBRIDGE ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5901 WOODBRIDGE ROAD CHARLOTTE, NC 28227
--	--

(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>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: Based on observation, review of records and interview the individual support plans (ISPs) failed to have sufficient interventions to address identified needs in communication skills for 1 non-sampled client (#6). The finding is:</p> <p>Observations during the 10/15-10/16/18 survey revealed client #6 to be mostly non-verbal and to have hearing deficits identified by use of hearing aids. Client #6 was observed to use gestures and facial expressions to communicate with staff. Continued observations revealed staff to use verbal prompts and physical assistance to transition the client to various activities such as leisure activities, time in room, meal participation, hygiene, medication administration and exercise. Further observations revealed the client to be cooperative with transitioning to different activities. At no time was it observed for staff to use manual signs or pictures to communicate with client #6. An observation of the wall inside the bedroom area of client #6 revealed a communication board with object cue pictures of various tasks to include household chores, hygiene and leisure choices.</p> <p>Review of records for client #6 on 10/16/18 revealed the client's ISP dated 4/10/18 to include objective training relative to exercise, oral</p>	W 227	<p><i>Please see attached</i></p> 	10/16/18
-------	--	-------	---	----------

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Tracey Lozito* TITLE: *Program Manager* (X6) DATE: *11/6/18*

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.

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

PRINTED: 10/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/16/2018
NAME OF PROVIDER OR SUPPLIER VOCA-WOODBRIDGE ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5901 WOODBRIDGE ROAD CHARLOTTE, NC 28227		
(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</p> <p>hygiene, hearing device care, identifying shapes, cooking, privacy and communication with giving her phone number. Further review of records on 10/16/18 revealed undated informal communication guidelines identifying the speaker communicating with client #6 should be sure to use facial expression, signs and gestures in addition to verbal speech. Additional review of records revealed a communication assessment dated 7/17/18 identifying client #6 is able to communicate desires in addition to verbal and gestural responses with using facial expressions, acceptance and rejection and pictures if available while answers often include signs.</p> <p>Subsequent review of the 2018 communication assessment revealed a limiting factor at client #6's day placement has been communication because many of the staff do not understand what she is signing. Further review of the 2018 communication assessment revealed recommendations identifying possible future programs could include following step-wise directions using pictures, commenting on objects and people in her environment or learning safety signs. A review of previous communication assessments since 2015 revealed continuity in recommendations identified in the 2018 assessment.</p> <p>Interview with administration staff and the facility qualified intellectual disabilities professional (QIDP) verified client #6 did not have a current communication objective relative to utilizing pictures. Further interview verified the communication board in client #6's bedroom should have been utilized by staff at various times in communicating with client #6, although the board is not tied to a current formal</p>	W 227			

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

PRINTED: 10/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/16/2018
NAME OF PROVIDER OR SUPPLIER VOCA-WOODBRIDGE ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5901 WOODBRIDGE ROAD CHARLOTTE, NC 28227		
(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	Continued From page 2 communication objective. Subsequent interview verified training with staff had not been conducted specific to the communication needs of client #6 regarding manual signs at the group home or at the day program.	W 227			
W 240	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>This STANDARD is not met as evidenced by: The individual support plan (ISP) failed to describe interventions to support independence in educational training for 1 of 3 sampled clients (#4). The finding is:</p> <p>Observations during the 10/15-10/16/18 survey revealed client #4 to attend a prevocational program during the week at an off campus site from the group home.</p> <p>Interview with client #4 on 10/16/18 revealed that the client is "so bored with her program at QCQC." Further interview with client #4 revealed that she wants to attend the local community college to complete her high school education and obtain a General Equivalency Degree (GED) through the college's GED program. Continued interview with client #4 revealed that she began the GED process at the community college over a year ago by attending orientation and obtaining paperwork to attend the GED program. Subsequent interview with client #4 revealed she is unsure of why she is not attending the program currently, as she requested support for this on</p>	W 240		12/16/18	

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

PRINTED: 10/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2018
NAME OF PROVIDER OR SUPPLIER VOCA-WOODBRIDGE ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5901 WOODBRIDGE ROAD CHARLOTTE, NC 28227	
(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 240	<p>Continued From page 3 several occasions recently.</p> <p>Interview with group home staff confirmed client #4 has asked on many occasions about attending the GED program at the community college, however staff is unsure of the reason client #4 is not attending the program currently.</p> <p>Record review on 10/16/18 for client #4 revealed an ISP dated 6/27/18. Further record review revealed Core Team meetings from 3/14/17 - to 5/14/17 stating a 1.1 staff is required in the community for client #4, however "the community college will not allow a 1.1 staff to accompany the client to her GED class." Continued record review on 10/16/18 for client #4 revealed qualified professional (QP) notes from 3/18- 9/18 stating "client #4 no longer requires 1.1 staff support in the home or in the community." Subsequent record review for client #4 revealed a behavioral support plan (BSP) dated 9/14/18 for client #4 stating "client is able to read and write and maintain mainstream classes in school."</p> <p>Interview with the qualified intellectual disabilities professional was unable to confirm information regarding client #4's request for attending the GED program, as she has only been employed for one week as the QIDP for the facility. An acting QIDP revealed that because of staff changes and the change in status of client #4's need for a 1.1, the GED program has not been pursued for client #4 recently. The acting QIDP confirmed that client #4 is capable of attending the GED program at this time, and working toward greater independence.</p> <p>Therefore the facility has not put in place interventions to support client #4 in attendance in</p>	W 240		

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

PRINTED: 10/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/16/2018
NAME OF PROVIDER OR SUPPLIER VOCA-WOODBRIDGE ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5901 WOODBRIDGE ROAD CHARLOTTE, NC 28227		
(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 240	Continued From page 4	W 240			
W 436	<p>the GED program to assist with greater independence and functioning.</p> <p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interviews, the facility failed to maintain wheelchairs in good repair for 1 of 3 sampled clients (#3). The finding is:</p> <p>Observations at the vocational program for client #3 on 10/15/18 revealed the client to utilize a manual wheelchair as she participated in a group activity. Continued observations at the vocational center revealed client #3 to require staff assistance with ambulation due to the client's inability to propel herself in the manual wheelchair. Further observations at the vocational program at 1:35 PM on 10/15/18 revealed the wheelchair for client #3 was lacking a headrest. Subsequent observations revealed this wheelchair had damage to the upholstery measuring approximately 2" X 2" inches on the left arm rest of the chair, and damage approximately 1' X 1" on the left shoulder area of the wheelchair.</p> <p>Interview with staff at the vocational program on 10/15/18 at approximately 1:40 PM revealed</p>	W 436		<i>12/16/18</i>	

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

PRINTED: 10/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/16/2018
NAME OF PROVIDER OR SUPPLIER VOCA-WOODBRIDGE ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5901 WOODBRIDGE ROAD CHARLOTTE, NC 28227		
(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 436	<p>Continued From page 5</p> <p>client #3 has been using a manual wheelchair at the day program for several months with damage present. Additional interview with staff revealed the group home has serviced, repaired, and is currently having the client's electric wheel chair evaluated for safe transport in the home's new van.</p> <p>Observations in the group home on 10/15/18 from approximately 4:30 PM -6:15 PM revealed client #3 to utilize an electric wheelchair to move about the group home. Further observations revealed client #3 was able to drive this electric wheel chair with more increased independence than the manual wheelchair. Continued observations of this electric wheelchair revealed damage measuring approximately 1" X 5" to the foot rest area of the wheelchair. Subsequent observations revealed a pillow covering most of the damaged area on the chair.</p> <p>Interview with the facility qualified disabilities professional (QIDP) revealed client #3 utilizes the electric wheelchair in the group home, and the standard manual chair at the vocational center presently while the facility is having the new van assessed for proper fitting for the electric chair. Continued interview with the QIDP confirmed that the electric wheelchair will be again utilized at the day program when proper fitting with the van is accomplished. Subsequent interview with the QIDP confirmed both the electric wheel chair and the manual wheelchair are in need of repairs to the upholstery, and a head rest is needed for the manual chair for client #3's comfort and safety.</p>	W 436			

Woodbridge Group Home
5901 Woodbridge Rd
Charlotte NC 28227
Plan of Correction
Date of recertification Survey
Provider # 34G289
Page 1 of 2



W227 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.

Community alternatives of NC, Specifically Woodbridge Group Home, will ensure Individual Program plan states the specific Objectives necessary to meet the client's needs.

The speech Therapist will assess Client #6 communication needs and develop a program to address those needs. The QIDP will train staff on the program and oversee it's implementation. The Residential Manager will ensure the program is being run and progress is documented. The Program Manager during monthly site reviews will monitor progress on the program.

W 240 Individual Program Plan
CFR (s): 483.440(c)(5)(i)

The individual program plan must describe relevant interactions to support the individual toward independence.

Community Alternatives of NC, specifically the Woodbridge Group Home, will ensure the individual program plan must describe relevant interactions to support the individual toward independence.

The QIDP will enroll client #4 in the GED program at the local Community College. The Residential Manager will ensure transportation and staff as need are provided to client #4. The Program Manager will during monthly site reviews monitor progress that client #4 is making toward her goal of obtaining her GED.

W 436 Space and Equipment
CFR(s): 483.470(g)(2)

The facility must furnish, maintain in good repair and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing aids and other communications aids, braces and other devices identified by the client.

Community Alternatives of NC, specifically the Woodbridge Group Home, will ensure Client #3's wheel chair is in good working order and can be used at the day placement.

The Physical therapist will make recommendations for repairs to the wheel chair and for the tie downs for the van. The QIDP will ensure repairs are completed and monitor the condition of the chair. The RM will ensure ties downs for new van are installed. The PM will during monthly site reviews monitor the condition of the chair and the tie downs.