

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

PRINTED: 03/29/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/27/2019
NAME OF PROVIDER OR SUPPLIER VOCA-ST. JOHN'S CHURCH ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2220 ST. JOHN'S CHURCH ROAD CHARLOTTE, NC 28215		
(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 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview the facility failed to assure specifically prescribed diets were followed for 1 of 4 sampled clients (#4). The finding is:</p> <p>Observations on 3/27/19 at 5:15 PM revealed staff assisting clients to serve themselves their dinner meal of rice, mixed vegetables along with chicken pieces served by staff. Continued observations revealed client #4 to use the large serving ladle to scoop 2 large scoops of approximately 3-4 cups of rice onto his plate. Review of the dinner menu for 03/26/19 revealed clients with a 1500 calorie diet were to receive 3/4 cup of rice with their meal. Client #4 was observed to serve himself significantly more than 3/4 cup of rice as a result.</p> <p>Review of the record for client #4 on 3/27/19 revealed an individual support plan (ISP) dated 7/2/18 for client #4. Review of the ISP revealed physician's orders dated 4/28/18 and 11/28/18 for a 1500 calorie chopped diet for client #4. Further review of the ISP revealed a nutritional evaluation dated 5/14/18 which indicated at that time client #4 was approximately 56 lbs. over his ideal body weight. Continued review of the 5/14/18 nutritional assessment revealed client #4 had gained 22 lbs. in the past 3 years, with a current weight of 224 lbs. in 2018, a weight of 216 lbs. in 2017, and a weight of 202 lbs. in 2016. Further</p>	W 460			

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/27/2019
NAME OF PROVIDER OR SUPPLIER VOCA-ST. JOHN'S CHURCH ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2220 ST. JOHN'S CHURCH ROAD CHARLOTTE, NC 28215		
(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 460	Continued From page 1 review of the nutritional assessment stated "current BMI for client #4 of 40.8 reveals class II obesity status." Subsequent review the nutritional assessment dated 5/14/18 revealed the following recommendations: "follow closely portion control of a 1500 calorie chopped diet daily, using Mainstay menu" and "monitor client's weight monthly, needs weight loss." Interview with the qualified intellectual disabilities professional (QIDP) and the group home manager on 3/27/19 confirmed a 1500 calorie specific diet for client #4 should be followed as ordered by the physician and as directed by the Mainstay menu for all meals and all snacks.	W 460			
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii) Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, The facility failed to assure food was served in a form consistent with the developmental level of 1 of 4 sampled clients (#4). The finding is: Observations conducted on 03/27/19 during the dinner meal at 5:20 PM revealed client #4 served himself rice, mixed vegetables and was served 2 chicken pieces approximately 3" long and 2" wide by staff. Continued observations of the dinner meal revealed client #4 to spear his chicken pieces with his fork and bite off pieces of various sizes. Further observations revealed staff was at the table with client #4 during his dinner meal,	W 474			

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

PRINTED: 03/29/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/27/2019
NAME OF PROVIDER OR SUPPLIER VOCA-ST. JOHN'S CHURCH ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2220 ST. JOHN'S CHURCH ROAD CHARLOTTE, NC 28215		
(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 474	<p>Continued From page 2</p> <p>however no staff was observed to cut his chicken into a chopped consistency at any time during the supper meal. A staff member asked client #4 if he wanted his chicken cut, however she did not proceed to chop his chicken during the dinner meal. Continued observations of the breakfast meal for client #4 on 03/28/19 revealed client #4 was served oatmeal, juice and a whole piece of toast. Further observations revealed client #4 to bite off large pieces of the toast until he had completed the entire piece of toast. At no time during the breakfast meal did staff offer to assist client #4 to cut his toast into a chopped consistency.</p> <p>Record review for client #4 on 3/28/19 revealed an Individual Support Plan (ISP) dated 7/02/18 which included physician orders dated 4/28/18 and 11/28/18 documenting that client #4 should receive a "1500 calorie chopped diet, thin liquids, limit portion sizes." Further review of the record revealed a hospital admission on 4/18 with results of this stay documented by the physician as "aspiration pneumonia of food".</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/28/19 confirmed client #4 should have had his dinner meal on 03/27/19 and his breakfast meal on 3/28/19 along with all other meals and snacks served in a chopped consistency as ordered by the physician.</p>	W 474			