STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G194	A. BUILDING _____ B. WING _____	03/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-FREEDOM GROUP HOME	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 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 observation, record review and interview, the facility failed to ensure a communication objective contained in the individual support plan (ISP) was implemented as prescribed for 2 of 3 sampled clients (#2 and #3). The findings are: A. The team failed to implement a communication objective relative to transitions for client #2. Observation in the group home throughout the 3/26-27/19 survey revealed client #2 to transition to various activities with staff physical assistance and verbal prompts. The client was observed to hold onto staff and walk to the directed area with staff verbally guiding the client. Observations of client #2 during the survey revealed the client to transition various times such as to go on an outing, participate in medication administration, lay on a couch in the common area of the group home and to get on the van for transportation with the morning transport to vocational programming. At no time during observation was it observed for physical cues to be used with transitions of client	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 249	Continued From page 1 #2. Review of records for client #2 on 3/26/19 revealed an ISP dated 5/15/18. Review of the 5/15/2018 ISP revealed a receptive communication objective implemented 7/15/18. Review of the communication objective revealed when presented with a object cue, client #2 will move to the location indicated given two or fewer touch cues, 80% of trials for two consecutive months. Further review of the methodology for the communication objective revealed: Staff will give an object to the client and allow client #2 to feel it. Client #2 should hold the object until she reaches the location unless it prevents her from movement or finding her way. Staff will help the client in the direction of the location. The communication further revealed verbal prompts do not count in this program since the client's hearing is limited. Interview with the qualified intellectual disabilities professional (QIDP) verified client #2 has a box of physical cues for transitions such as going to the van, medication administration and meals. Further interview with the QIDP revealed he used an assigned physical cue to transition the client to the van on the current morning although he did not see any other cues used by staff for appropriate transitions. The QIDP further verified staff should have used a physical cue when appropriate in transitioning client #2. B. The team failed to implement a communication objective relative to transitions for client #3. Observation in the group home throughout the	W 249		

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W 249	Continued From page 2	W 249		

3/26-27/19 survey revealed client #3 to transition to various activities with staff physical assistance, verbal prompts and a physical cue at the dinner meal on 3/26/19. The client was observed to walk with staff during transitions to the directed area with staff verbally guiding the client. Observation on 3/26/19 at 5:23 PM revealed staff to verbally prompt and physically direct client #3 to the dinner table. Client #3 was observed to clean his place setting without eating while staff brought a picture to the client to support communication with client #3 to sit down for dinner. Further observation revealed the client to refuse dinner and to go to the staff office to engage in a computer game.

Observations of client #3 during the survey revealed the client to transition various times such as to set the table, wash hands, wipe off the table, and to get on the van for transportation to school due to missing the bus. At no time during observations was it observed for staff to walk the client to the communication board by the client's bedroom to support transitions. Observation of the communication board on 3/26-27/19 revealed pictures to address: eat, go to school, brush teeth, time for meds and clean.

Review of records for client #3 on 3/26/19 revealed an ISP dated 2/7/19. Review of the 2/2019 ISP revealed a receptive communication objective. Review of the communication objective revealed given pictures representing three events, client #3 will follow a picture schedule during typical activities of his day given two verbal and two gestural prompts in 80% of trials over three consecutive sessions.

Interview with the QIDP verified client #3 should

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W 249	Continued From page 3 have been taken to the communication board near his room to support transitions in the client's routine. Further interview with the QIDP verified the staff at the dinner meal did not utilize the client's communication cues as prescribed by bringing the picture cue to the client.	W 249		
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 and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure 1 non-sampled client (#6) was taught to use a rolling walker as prescribed. The finding is: Observation in the group home throughout the 3/26-27/19 survey revealed client #6 to use a rolling walker at times while also leaving the walker throughout the group home and ambulating without it. For example, observation in the group home on 3/26/19 at 5:15 PM revealed client #6 to ambulate from the kitchen to the dining table with staff prompting the client to use a walker the client had left in the kitchen. Additional observation at 5:17 PM revealed the client to walk to the kitchen from the dining room table with staff supervision without a walker. Continued observation revealed client #6 to walk to the bathroom to wash her hands with staff	W 436		

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W 436	Continued From page 4	W 436		

support without a walker. Client #6 was then observed to walk outside without a walker while staff was in the kitchen. Observation at 5:49 PM revealed client #6 to make multiple trips to the kitchen while cleaning her place setting from the evening meal, with no use of a walker or staff direction to use a walker.

Observation on 3/27/19 at 6:30 AM revealed client #6 to be dressed and sitting at the kitchen table eating breakfast. Further observation revealed the walker for client #6 to be folded and laid against a wall in the dining area at the opposite end of the room the client was sitting at. Observation at 7:10 AM revealed client #6 to utilize a walker to go to the medication room. Continued observation revealed client #6 to exit the medication room, walk to her bedroom then to the kitchen table without a walker. Observation at 7:40 AM revealed staff to bring the client her walker at the kitchen table from the medication room.

Review of records for client #6 on 3/27/19 revealed a physician order for a rolling walker with rear glides dated 2/19/19. Further review of records for client #6 revealed physical therapy (PT) guidelines relative to rolling walker use dated 2/2019. Review of the PT guidelines revealed client #6 should always ambulate with a walker, client is to use a rolling walker when ambulating around the house and community. Additional PT guidelines revealed staff should give verbal prompts for the client to go slow, keep walker in front of her and pay attention to what she is doing while monitoring for posture and knee pain.

Interview with the facility qualified intellectual

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W 436	Continued From page 5 disabilities professional (QIDP) verified client #6 began using a walker in 2/2019. Further interview with the QIDP verified client #6 should be using a rolling walker at all times during ambulation. The QIDP confirmed client #6 does need prompts to remember to use the prescribed rolling walker and staff should have redirected the client to utilize her walker when the client was ambulating without it.	W 436		