

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

PRINTED: 03/20/2019
FORM APPROVED
OMB NO. 0938-0391

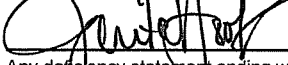
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G291	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2019
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NAME OF PROVIDER OR SUPPLIER VOCA-TODDVILLE ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1809 TODDVILLE ROAD CHARLOTTE, NC 28214
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(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
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W 249	<p>PROGRAM IMPLEMENTATION 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 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 1 of 3 sampled clients (#5) related to communication. For example:</p> <p>Observations in the group home during the 3/12-13/19 survey revealed client #5 to be non-verbal. The client was noted to make loud vocalizations at various times while staff stayed close to the client. Further observations revealed staff to direct client #5 verbally and with a communication board that revealed pictures that included medications, brush teeth, mailbox and go to van. Staff were observed multiple times to walk the client to a communication board, identify an activity with a communication card and support client #5 with transition to the identified activity leaving the communication card on the board. Client #5 was observed to transition to medication administration on 3/13/19 by taking the communication card off the board and taking the card to the medication room. At no time was client #5 ever observed to return the medication</p>	W 249	<p><i>See attachment</i></p> <p>RECEIVED</p> <p>APR - 5 2019</p> <p>DHSR NH L & C Black Mountain / WRO</p>	5/12/19
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Program Manager

(X6) DATE

4/3/19

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-TODDVILLE ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1809 TODDVILLE ROAD CHARLOTTE, NC 28214		
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W 249	<p>Continued From page 1 administration card to the communication board.</p> <p>Review of client #5's record on 3/13/19 revealed a diagnosis of autism, anxiety disorder and profound intellectual disability. Continued record review revealed an individual support plan (ISP) dated 3/15/18. Review of the 3/2018 ISP revealed a receptive communication objective implemented 7/1/18. Review of the communication objective revealed given two verbal, one gestural and one visual prompt per task, the client will follow a two step object schedule by taking the object to the designated location. Further review of the communication objective revealed the methodology for the objective to indicate staff will have the board set up with the two objects in the order client #5 will do the tasks. Additional review of the objective revealed a two task methodology that included client #5 was to take the object cue to the designated activity. When complete, lead client #5 back to have the client put the object away and begin task #2.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) verified client #5's communication objective remains current and should have been implemented as written. Further interview with the QIDP verified client #5 was to take the object cues from the communication board and return the object cue after completing the designated activity. The QIDP further verified client #5's communication program was not implemented as written during the time the client was in the group home during the survey.</p>	W 249			

Toddville Group Home
1809 Toddville Road
Charlotte, NC 28214

Plan of Correction

Date of Recertification Survey: 3/11/19-3/12/19

MHL# 060-126

W249 Program Implementation

Community Alternatives of NC, specifically the Toddville Group Home will ensure that all communication objectives contained in the individual support plan to be implemented as prescribed. QP will inservice staff on all communication goals. Specifically, for Client #5 QP will inservice staff to utilize object cues as indicated on communication goal.

To prevent further episodes: The RM and QP will monitor objective training weekly to ensure communication goals are being implemented as prescribed. Program Manager will monitor objective training during monthly site review to ensure communication goals are being implemented as prescribed.

To be completed by: 5/12/2019

Person(s) Responsible: Program Manager

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APR - 5 2019

**DHSR NH L & C
Black Mountain / WRO**