

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

PRINTED: 10/03/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/01/2019
NAME OF PROVIDER OR SUPPLIER VOCA-HARRISBURG ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 6620 HARRISBURG ROAD CHARLOTTE, NC 28277		
(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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations and staff interviews, the facility failed to ensure client privacy during medication administration for 2 non-sampled clients (#2 and #3). The finding is:</p> <p>Observations in the group home on 9/30/19 at 4:35 PM revealed staff B to administer medications to client #3 with the door open to the medication administration room which was clearly visible from the common area of the group home. Further observations revealed clients in the living room and hallway areas within clear view of the medication administration room. Continued observation revealed staff B providing client #3 with medication dosage and instructions which could be clearly heard from the hallway.</p> <p>Observation at 4:50 PM revealed client #2 sitting in a chair in the medication administration room with the door open facing the common area of the group home. Further observation revealed staff B completing the medication pass for client #2 while the door remained open. Subsequent observation revealed the house manager to intervene with verbal direction to staff B to close the door, while simultaneously pulling the medication room door closed.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) and the facility nurse on 10/1/19 confirmed that the medication</p>	W 130			

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.

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W 130	Continued From page 1 administration room door should be kept closed during a medication pass to respect and ensure client privacy. Further interview with the QIDP confirmed that staff should ensure the privacy of all clients during medication administration.	W 130			
W 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the individual support plan (ISP) included objective training to address self-feeding needs for 1 of 4 sampled clients (#1). The finding is: Observations in the group home on 9/30/19 at 6:15 PM during the dinner meal revealed client #1 seated at the dining table preparing to eat turkey sloppy joe sandwiches, baked beans and fruit. Further observations during the meal revealed the client to rapidly eat one sloppy joe sandwich, and then prepare a second sandwich and also eat it rapidly. Client #1 was observed to eat each sandwich in approximately one minute without taking a drink until finished with the sandwiches. Continued observation on 10/1/19 at 7:10 AM during the breakfast meal, revealed client #1 to	W 242			

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W 242	Continued From page 2 choose a Hot Pocket sandwich and prepare in the microwave. Further observations at 7:15 AM revealed the client to rapidly eat the sandwich, and not take a drink until finished with the sandwich. Review of the record for client #1 on 10/1/19 revealed an ISP dated 3/25/19. The ISP included current program objectives for the client including: sweeping the floor, ironing clothes, laundry, bathing, not interrupting others and washing hands. Further review of the ISP did not contain any current or past programs related to rate of eating. Interview with the home manager on 10/1/19 confirmed that she noticed the client eating rapidly during the dinner meal on 9/30/19. Interview with the qualified intellectual disabilities professional (QIDP) on 10/1/19 confirmed client #1 does not have a training program to address rate of eating.	W 242			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record review, and staff interviews, the facility failed to ensure a specifically prescribed diet was followed for 1 of 4 sampled clients (#4). The finding is: Observation in the group home on the afternoon of 9/30/19 at 4:30 PM revealed client #4 to sit at	W 460			

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W 460	<p>Continued From page 3</p> <p>the kitchen table eating a snack. Further observation revealed client #4 to eat three cookies and drink a cup of grape juice. Continued observation revealed client #4 to ask for more cookies and staff to provide an additional three cookies. Subsequent observation at 6:15 PM revealed client #4 to sit at the dining table and to participate in the dinner meal. Further review revealed client #4 to eat a turkey sloppy joe sandwich, baked beans, and two bowls of canned fruit.</p> <p>Review of records for client #4 on 10/1/19 revealed an individual service plan (ISP) dated 7/25/19. Review of the ISP revealed client #4 to need an Atkins modified diet to aid in weight management and portion control. Further review of records for client #4 revealed a physician's order dated for 3/12/19 for a modified Atkins diet. Continued record review revealed a nutritional assessment dated 6/20/19 with a recommendation for client #4 to be closely monitored for portion control. Subsequent review of nutritional assessments (from 9/14/18 to 6/20/19) revealed client #4 to need monitoring for portion control and weight fluctuations from 178 lbs. (9/14/18) to 206 lbs. (6/20/19), with an ideal body weight of 166 lbs. Review of weight monitoring for client #4 revealed a weight of 225 lbs. in September 2019, which was an increase of 19 lbs. since the nutritional assessment completed on 6/20/19.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) confirmed client #4 has a specifically prescribed Atkins modified diet. The QIDP further confirmed client #4's prescribed diet should be followed at all meals and snacks to assist with reaching and maintaining a healthy</p>	W 460			

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W 460	Continued From page 4 weight.	W 460			