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 _____	C 08/22/2019

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 000	INITIAL COMMENTS Complaint Intake #s NC00154713 and NC00154720.	W 000	W156 Staff Treatment of Clients Community Alternatives of NC will ensure the results of all investigations must be reported to the administrator or designated represenative or to other officials in accordance with State law within five working days of the incident including the submission of the 5 day report. Facility administrator will inservice all trained investigators to complete investigations within 5 working days unless a request for an extension has been granted.. Facility administrator will inservice Progam Managers for all areas including the Program Manager for Freedom Group Home to submit 5 day report wiithin 5 working days or call officials for an exception if needed. To prevent further episodes the Program Manager will review the investigation process with the assigned investigator within 24hours of assignment including the need of investigation results within 5 working days or request for exception if needed.	10/21/19
W 156	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4) The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. This STANDARD is not met as evidenced by: Based on review of facility records and interviews, the facility failed to ensure 1 of 1 investigation reviewed was concluded and results were reported to the administrator or to other officials in accordance with state law within 5 working days of an allegation of neglect. The finding is: Review of facility abuse/neglect investigations, conducted on 8/22/19, revealed a facility investigation was initiated on 8/11/19 with the documented purpose of determining if there was a delay in medical treatment and/or failure to report a change in medical status for client #2. Further review of the 8/11/19 facility investigation revealed on 8/10/19 the on-call nurse reported that on the night of 8/9/19 staff had stated client #2 had been vomiting and not eating over the past three days. On 8/10/19 client #2 was weak and needed support to walk at which time client #2 was taken to the emergency room and admitted to the hospital with a significantly elevated blood glucose level. Client #2 remained hospitalized from 8/10/19 until 8/16/19 on which date client #2 returned to the group home.	W 156		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Program Manager | TITLE | (X6) DATE: 9/18/19

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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W 156	Continued From page 1 Continued review of the 8/11/19 facility investigation revealed a 24 our Health Care Personnel Registry (HCPR) report was filed on 8/11/19 and notifications to DSS, guardian, administrator and the LME/MCO were completed on 8/11/19, however, no documentation was included in the investigation to indicate any findings, conclusions or recommendations were completed relative to this investigation and no 5-day report had been submitted to HCPR as of the survey date of 8/22/19. Interview conducted with the program manager on 8/22/19 verified no documentation was available to indicate the facility investigation initiated on 8/11/19 for client #2 was completed as of the survey date of 8/22/19, and further verified no 5-day report had been submitted to HCPR relative to this investigation.	W 156	W331 Nursing Services Community Alternatives of NC will ensure nursing services will be provided to the individuals in accordance with their needs. Director of Nursing will inservice nursing to report and document lab values including abnormal lab values to doctor for review. To prevent further episodes Nursing will review and document any medical results including labs monthly.	10/21/19
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on review of records and interviews, the facility failed to provide 1 of 6 clients (#2) residing in the group home with nursing services according to their needs. The finding is: Review of facility abuse/neglect investigations, conducted on 8/22/19, revealed an investigation initiated on 8/11/19 with the documented purpose of determining if there was a delay in care for client #2 related to symptoms of illness leading to hospitalization on 8/10/19 - 8/16/19. Continued	W 331		

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W 331	Continued From page 2 review of the 8/11/19 investigation revealed client #2 was admitted to the hospital on 8/10/19 with symptoms of vomiting and lethargy, and not eating for a period of approximately three days. Review of hospital discharge reports dated 8/16/19 revealed client #2 was discharged with diagnoses including diabetic ketoacidosis without coma associated with Type 2 Diabetes Mellitus, among others. Further review of client #2's 8/16/19 hospital discharge records revealed a glycated hemoglobin (HbA1c) level of 11.7% (4 -5.6% normal range) upon admission to the hospital on 8/10/19 as well as a blood glucose level greater than 600 mg/dl (70-99 mg/dl normal fasting range). Review of client #2's record, conducted on 8/22/19, revealed client #2 was previously diagnosed with Type 2 Diabetes Mellitus based on elevated HbA1c levels of 6.5% on 1/31/18; 6.4% on 4/27/18; 6.7% on 7/13/18; 6.4% on 10/26/18; and 6.1% on 2/6/19. Continued review of the record for client #2 revealed a physician's order dated 8/3/17 prescribing Metformin 1000 mg. by mouth twice daily. On-going review of the record for client #2 revealed client #2 was seen at the hospital emergency department on 2/11/19 related to cardiac issues and discharged with a physician's order to discontinue Metformin due to a HbA1c level of 5.5% on that date. Review of current physician's standing orders for client #2 revealed lab values including HbA1c and blood glucose levels among others should be obtained every three months. Further review of lab values included in client #2's record revealed following the level of 5.5% obtained during the hospital visit on 2/11/19, the next documented level was obtained on 6/21/19 and resulted in an elevated HbA1c level of 11.7%. No documentation	W 331		10/21/19

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W 331	Continued From page 3 indicating this elevated HbA1c level was reported to the physician or further monitored/followed up by nursing was available in client #2's record prior to client #2's hospitalization on 8/10/19. Interviews conducted on 8/22/19 with the qualified intellectual disabilities professional, program manager and facility nurse verified no further documentation was available related to the monitoring of client #2's lab values and medical symptoms related to her diagnosis of Type 2 Diabetes Mellitus prior to the hospitalization of 8/10/19 - 8/16/19.	W 331		10/21/19