

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

PRINTED: 02/17/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G139	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/06/2020
NAME OF PROVIDER OR SUPPLIER VOCA-NORWICH ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1006 NORWICH ROAD CHARLOTTE, NC 28227		
(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 247	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure 1 of 3 sampled clients (#2) was provided opportunities for choice and self management relative to dinner prayer participation. The finding is:</p> <p>Afternoon observations on 2/5/2020 in the group home at 4:56 PM revealed client (#2) seated at the dinner table with her dinner meal in her divided dish. Continued observations revealed at 5:04 PM staff B informed client #2 to wait before beginning to eat so dinner prayer could be said. Further observations revealed seconds later, client #2 began attempting to eat her dinner meal. Subsequent observations at 5:06 PM revealed staff B returning to client #2 and whispering into her ear. Client #2 was observed to sit and wait before eating any more. In addition, at 5:31 PM, the home manager (HM) came over to the dinner table and asked staff B if they had said prayer yet. Soon afterwards, dinner prayer was led by client #5. Afterwards, client #2 was observed eating her dinner meal. At no time, was staff observed to provide client #2 the option or the choice to participate in the dinner prayer before eating her dinner meal.</p> <p>Interview on 2/6/2020 with the qualified intellectual disabilities professional (QIDP) confirmed client #2 should have been offered the opportunity of choice and self management in dinner prayer participation. The QIDP confirmed client #2 should be encouraged to eat her meals.</p>	W 247			

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 369	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 1 of 3 sampled clients observed during drug administration (#2). The finding is:</p> <p>Morning observation on 2/6/2020 of medication administration in the group home at 6:40 AM revealed client #2 received the following crushed medications: Naproxen, One-Daily Multi-Vitamin, Calcium/D3, Vitamin D3 and Amoxicillin/Clavulanate. During this time, client #2 was observed to swallow all crushed medications of which one was a flattened gel capsule.</p> <p>Immediate interview on 2/6/2020 with the medication technician at 7:00 AM revealed she is familiar with client #2's aspiration precautions and Honey Thickened liquids order. Further interview revealed the medication technician crushes all of client #2's by mouth tablets and gel capsule medications.</p> <p>Review on 2/6/2020 of client #2's signed physician's orders (dated 2/2020) revealed the One-Daily Multi-Vitamin is ordered crushed. Further review revealed Naproxen, Calcium/D3, Vitamin D3 and Amoxicillin/Clavulanate are not ordered crushed. Further review of client #2's physician's order revealed her diet is pureed with Honey Thickened liquids, she is on aspiration</p>	W 369			

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W 369	Continued From page 2 precautions and is supervised for all by mouth intake. Telephone interview on 2/6/2020 with the facility nurse confirmed all of client #2's by mouth medications should indicate to crush. Further interview revealed the nurse will obtain physician's orders to replace client #2's gel capsule medications with a liquid by mouth medication.	W 369			
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure 1 of 3 sampled clients (#4) and 1 non-sampled client (#5) were provided with appropriate utensils to enable them to eat as independently as possible in accordance with their highest functioning level. The findings are: A. Client #4 was not provided all utensils during his dinner meal. Dinner observations on 2/6/2020 in the group home at 5:35 PM revealed client #4 consuming his meal consisting of shredded chicken with barbecue sauce, rice/pasta casserole, mixed vegetables and a bowl of diced pears in fruit juice. Further observations revealed client #4 only had a regular fork during this meal. At no time did staff offer or provide client #4 with a spoon and knife. Interview on 2/6/2020 with the qualified	W 475			

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W 475	<p>Continued From page 3</p> <p>intellectual disabilities professional (QIDP) confirmed client #4 requires no adaptive equipment or a modified diet to eat his meals. Further interview confirmed client #4 can appropriately use all utensils. Continued interview confirmed client #4 should be provided with a place setting consisting of a knife, fork and spoon during all meals.</p> <p>B. Client #5 was not provided all utensils during her dinner meal.</p> <p>Dinner observations on 2/6/2020 in the group home at 5:30 PM revealed client #5 consuming her meal consisting of shredded chicken, mixed vegetables and diced pears in fruit juice. Further observations revealed client #5 only had a regular fork during this meal. At no time did staff offer or provide client #5 with a spoon and knife.</p> <p>Interview on 2/6/2020 with the QIDP confirmed client #5 can appropriately use all utensils. Further interview confirmed client #5 should be provided with a place setting consisting of a knife, fork and spoon during all meals.</p>	W 475			