

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

PRINTED: 08/17/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G194	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/11/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA-FREEDOM GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 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 331	<p>NURSING SERVICES CFR(s): 483.460(c)</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide nursing services in accordance with the needs of 1 of 3 sampled clients (#5) relative to nutrition and weight loss. The finding is:</p> <p>Review of records on 8/11/20 for client #5 revealed an individual support plan dated 1/7/20. Further record review of client #5 revealed quarterly nutritional assessments dated 1/29/20 and 4/13/20. Review of the 1/2020 and 4/2020 nutritional assessments for client #5 revealed a diet order of: 2200 kcal, high fiber, 1/2"chopped, whole milk with meals. Continued review of the 4/13/20 nutritional assessment revealed an ideal body weight range of 149-122 lbs. A review of client #5's weight chart revealed: 132 lbs. in 1/2020, 129 lbs in 2/2020, 126 lbs in 3/2020, 127 lbs in 4/2020, 122 lbs in 5/2020, 120 lbs in 6/2020 and 117 lbs in 7/2020. Further review of records for client #5 revealed no documented nursing assessment, intervention or follow-up related to client #5's consistent weight loss since 1/2020.</p> <p>A review of core team meetings from 1/2020 through 7/2020 noted no nutritional or medical concerns. A review of current physician orders for client #5 revealed psychotropic medications to include Seroquel and Abilify with identified side effects of increased appetite and weight gain. A review of client #5's individual support plan dated 1/7/20 revealed a behavior plan to include target</p>	W 331	<p>The facility will ensure nursing services are provided in accordance to the needs of all the clients at Freedom Group Home.</p> <p>Nursing will schedule a follow up appointment with primary physician for client # 5 due to weight loss. Program Manager will inservice nursing to review weights monthly or as prescribed and to review the monthly weights with team members during scheduled core team meeting and to review any dietary concerns with nutritionist. Program Manager will also inservice nursing to complete a quarterly nursing assessment which will include a visual body check of each client and any needed consultations i.e. dietary.</p> <p>To prevent further episodes: The QP of the residential home will review and document weight and any weight issues during monthly core meeting. Program Manager or designee will review monthly core team meeting during monthly site review to ensure weight has been documented and reviewed by team members including nurse.</p> <p>To be completed by: 10/10/2020 Person(s) Responsible: Nursing/QP/Program Manager</p> <p style="text-align: right; color: blue;">DiSR-Mental Health</p> <p style="text-align: center; color: red;">SEP 01 2020</p> <p style="text-align: right; color: blue;">Lic. & Cert. Section</p>	10/10/2020
-------	---	-------	---	------------

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Guiter Hood

TITLE

Program Manager

(X6) DATE

8/27/2020

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.

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

PRINTED: 08/17/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G194	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/11/2020
NAME OF PROVIDER OR SUPPLIER VOCA-FREEDOM GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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 331	<p>Continued From page 1 behaviors of food stealing.</p> <p>Interview with group home staff A on 8/11/20 revealed client #5 was currently hospitalized due to Covid-19 symptoms. Further interview with staff A verified client #5 is prescribed a nutritional supplement. (It should be noted an observation of the group home was conducted on 8/11/20 that revealed a stock of Ensure in a closet of the group home.) Additional interview with staff A revealed she was unaware of the last time the facility nurse had been to the facility to assess or monitor any client in the group home. Further interview with staff A revealed she was the person that would monthly weigh each client and then provide nursing with the documentation.</p> <p>Interview with the facility qualified intellectual disability professional on 8/11/20 verified the facility nurse is a part of the core team meetings for each client. Interview with the facility nurse on 8/11/20 revealed she did not physically visit clients in the group homes unless staff reported a health problem that she needed to evaluate. Further interview with the facility nurse revealed she was unsure of the last time she had seen client #5 to monitor or evaluate weight loss.</p>	W 331		10/10/2020	



818 Tyvola Road
Suite 104
Charlotte, NC 28217

704-519-0077
Fax: 704-558-4773

www.rescare.com

August 27, 2020

Stephanie DeGraffenreid, DNP, RN
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Dear Stephanie DeGraffenreid,

Please find the enclosed plan of correction for deficiencies cited during the recent complaint survey at the Freedom Group Home on August 11, 2020. Deficiency will be corrected as indicated in plan of correction.

We would like to request an invitation of return visit on or after October 10, 2020.

Thank you for all your assistance that you provide us in helping meet the needs of the people we serve.

Sincerely

Jenita Hooks
Program Manager

Respect and Care

Assisting People to Reach Highest Level of Independence