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	34G194	A. BUILDING _____ B. WING _____	10/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-FREEDOM GROUP HOME	5911 FREEDOM DR CHARLOTTE, NC 28208

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W 000	INITIAL COMMENTS A complaint survey was completed on 10/7/2020. Deficiencies were not cited as a result of the complaint survey for Intake #NC00169397, NC00169400 and NC00169713.	W 000		
W 137	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12) The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure clients had on their own personal clothing and clothing fit properly for 2 of 4 sampled clients (#2 and #5). The finding is: A. The facility failed to ensure client #2 had on her own personal clothing. For example: Observation in the group home on 10/6/20 at 7:35 PM revealed client #2 to exit from the bathroom after a shower wearing a shirt with the initials: BH and CN. Continued observation revealed client #2 to walk around the group home engaged with various staff. Subsequent observation revealed no staff to observe other client initials on the shirt client #2 was wearing. Interview with the qualified intellectual disabilities professional (QIDP) on 10/6/20 revealed client #2 should not be wearing a shirt with other client initials in it. Subsequent interview with the QIDP confirmed client #2 requires staff assistance with getting dressed and staff put the wrong shirt on	W 137		

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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client #2.

B. The facility failed to ensure client #5 had on pants that fit appropriately. For example:

Observation on 10/6/20 and 10/7/20 revealed client #5 to wear pants that the client consistently had to pull up on his waist. Observation on 10/6/20 during survey observations revealed client #5 to wear a pair of blue jean pants with a belt that continued to fall low on the clients waist and the client was observed multiple times to pull up. Observation at 4:30 PM revealed client #5 to go on a van outing and to wear the blue jeans that appeared too big. Continued observation of client #5, after returning from an outing, revealed staff on multiple occasions to also verbally prompt client #5 to pull his pants up as his pants fell lower on his waist.

Observation on 10/7/20 revealed client #5 to wear a pair of black athletic pants with an elastic waistline. Continued observation of client #5 throughout the morning observations revealed client #5 to repeatedly pull up his pants as the waistline fell lower on his waist. Observation at 7:48 AM revealed client #5 to ambulate around the medication room during his med pass and as the client prepared to leave the med room, his pants were observed to fall down exposing the client's underclothing. Client #5 was observed to catch his pants as they fell and to pull them up on his waist.

Interview with the QIDP on 10/7/20 verified client #5 had pants on during survey observations that were too big. Further interview with the QIDP confirmed client #5's blue jeans were still too big on 10/6/20, even with a belt.

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W 157	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4) If the alleged violation is verified, appropriate corrective action must be taken. This STANDARD is not met as evidenced by: Based on record review and verified by interviews, the facility failed to show evidence of the completion of timely corrective action related to a verified allegation of neglect. The finding is: Review of internal records on 10/6/20 revealed an internal investigation dated 9/8-9/15/20. Review of the internal investigation revealed on 9/8/20 client #5 grabbed and ate chicken nuggets left on the counter by staff A and began to choke. Continued review revealed the Heimlich maneuver was used and food was dislodged from the client. Subsequent review revealed client #5 was taken to the hospital for assessment; Staff A suspended pending investigation of incident. A review of conclusions relative to the 9/8/20 internal investigation revealed a substantiated finding of neglect for staff A. Continued review revealed neglect was substantiated as client #5 choked on food left unattended in the kitchen by staff A. A review of recommendations relative to investigation findings revealed job termination for staff A. Continued review of recommendations revealed in-service trainings were to be conducted with staff relative to meal time guidelines and diets, supervision of individuals during meals, client #5's individual support plan and behavior plan, client assignments and the reporting of abuse/neglect. Interview with the facility qualified intellectual	W 157		

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W 157	Continued From page 3 disabilities professional (QIDP) on 10/6/20 revealed in-service trainings with staff relative to consumer mealtime guidelines, diets and supervision during meals was conducted on 9/11/20. Continued interview with the QIDP revealed he was unaware of any additional in-services that were developed from findings of the 9/8/20 investigation. Interview with the facility program manager on 10/7/20 revealed the facility behaviorist had completed an in-service on 10/6/20 relative to client #5's individual support plan and behavior plan. Further interview revealed additional in-service trainings were conducted on 10/6/20 relative to client assignments and the reporting of abuse/neglect. Additional interview with the facility program manager verified the recommended actions had not been conducted timely after an internal investigation that resulted in a substantiated finding of neglect.	W 157		
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, review of records and interview the individual support plan (ISP) failed to have sufficient training objectives or interventions relative to behavior management for 1 of 4 sampled clients (#2). The finding is: Observations in the group home throughout the	W 227		

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10/6-7/2020 survey revealed client #2 to utilize her hands to feel on staff to identify staff in the group home. Continued observation revealed client #2 to walk up to various staff at various times and to use her hands to feel around on the staff while staff verbally talked to client #2 with no redirection of personal space or other guidance.

Observation in the group home on 10/7/20 at 7:55 AM revealed client #2 to walk up to client #6 outside the kitchen. Client #2 was observed to stand in the personal space of client #6, to feel on the client and then grab hold of client #6's arm. Continued observation revealed staff to monitor the interaction between client #2 and #6 and direct client #2 away from client #6 after client #2 let go of client #6's arm.

Review of records for client #2 on 10/7/20 revealed an individual service plan (ISP) dated 5/7/20. Review of the ISP for client #2 revealed a behavior plan for target behavior of non-compliance and physical aggression. Further record review for client #2 revealed visual deficits related to left eye cataract, left eye retinal detachment repair, bilateral myopia and glaucoma. Subsequent review of client #2's current training programs revealed no guidelines or interventions related to supporting client #2 with vision deficits resulting in client #2 invading others personal space or feeling on others for identification.

Interview with the facility qualified intellectual disabilites professional (QIDP) verified client #2 has a common behavior of feeling on people to identify who they are and standing in others personal space. Continued interview with the QIDP verified client #2's behaviors are related to

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W 227	Continued From page 5 vision deficits. The QIDP further confirmed client #2 had no guidelines relative to the behavior of feeling on others or invading the personal space of others.	W 227		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure techniques used to manage inappropriate behavior for 3 of 4 sampled clients (#2, #5 and #6), were not used as a substitute for an active treatment program. The finding is: Observation in the group home on 10/6/20 at 4:20 PM revealed staff B and the facility home manager (HM) to prepare the dinner meal in the kitchen of the group home. Continued observation revealed client #6 to sit at the dining table and client #2 and #5 to wander into the kitchen at various times and be redirected by the HM out of the kitchen. Subsequent observation at 4:30 PM revealed clients #2 and #5 to leave the group home for a van outing. Review of records for client #6 on 10/7/20 revealed an individual service plan (ISP) dated 12/12/19. Review of the 12/12/19 ISP for client #6 revealed a meal preparation objective for the client to prepare vegetables for dinner with 3 verbal prompts and 3 gestures at 75% of the time	W 288		

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for three consecutive months. Further review of records for client #6 revealed a community/home life assessment dated 11/12/19 that reflected client #6 can make food with cooking/mixing with staff assistance.

Review of records for client #2 on 10/7/20 revealed an ISP dated 5/7/20. Review of client #2's ISP revealed a behavior plan for target behaviors of non-compliance and physical aggression. Further review of client #2's record revealed no intervention relative to restricting client #2 from the kitchen.

Review of records for client #5 on 10/7/20 revealed an ISP dated 1/7/20. Review of client #2's ISP revealed a behavior plan for target behaviors of non-compliance, physical aggression, food seeking/stealing and stealing clothing. A review of intervention strategies relative to client #5's target behavior of food seeking/stealing revealed no intervention relative to restricting client #5 from the kitchen.

Interview with the facility HM on 10/6/20 revealed during meal preparation clients #2, #5 and #6 are restricted from the kitchen due to behaviors, to support safety and due to the recent health pandemic. Continued interview with the facility HM revealed client #2 is restricted from the kitchen during meal prep so she doesn't get hurt (burned) due to vision deficits and client #5 is restricted from the kitchen due to behaviors of stealing food and hiding it in his room. Additional interview with the HM revealed client #6 is restricted from the kitchen during meal preparation due to the current health pandemic.

Interview with the facility qualified intellectual

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W 288	Continued From page 7 disabilities professional (QIDP) revealed no client should not be restricted from the kitchen. Continued interview with the QIDP revealed meal preparation programs had not been suspended due to the health pandemic. Further interview with the QIDP verified restricting clients #2 or #5 from the kitchen is not part of the behavior plan for either client.	W 288		
W 336	NURSING SERVICES CFR(s): 483.460(c)(3)(iii) Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. This STANDARD is not met as evidenced by: Based on review of records and interview, nursing services failed to ensure quarterly nursing assessments were conducted in a timely manner for 3 of 4 sampled clients (#2, #5 and #6). The findings are: A. Nursing services failed to conduct quarterly nursing assessments for client #2. For example: Review of client #2's record on 10/7/20 revealed a quarterly nursing assessment dated 11/1/19. Further review of client #2's record revealed the client had an annual physical 2/6/20. Subsequent record review revealed no quarterly nursing assessment for client #2 for the review year other than 11/1/19. Interview with the facility program manager on 10/7/20 revealed the facility nurse resigned on	W 336		

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10/6/20. Further interview with the facility program manager verified quarterly nursing assessments had not been conducted regularly. Subsequent interview revealed a nurse would be going to the group home to conduct nursing assessments during the current week.

B. Nursing services failed to conduct quarterly nursing assessments for client #5. For example:

Review of client #5's record on 10/7/20 revealed a quarterly nursing assessment dated 11/1/19. Further review of client #5's record revealed the client had an annual physical 2/6/20. Subsequent record review revealed no quarterly nursing assessment for client #5 for the review year other than 11/2019.

Interview with the facility program manager on 10/7/20 revealed the facility nurse resigned on 10/6/20. Further interview with the facility program manager verified quarterly nursing assessments had not been conducted regularly. Subsequent interview revealed a nurse would be going to the group home to conduct nursing assessments during the current week.

C. Nursing services failed to conduct quarterly nursing assessments for client #6. For example:

Review of client #6's record on 10/7/20 revealed a quarterly nursing assessment dated 11/15/19. Further review of client #6's record revealed the client had an annual physical 8/27/19. Subsequent record review revealed no quarterly nursing assessment for client #6 for the review year other than 11/15/19.

Interview with the facility program manager on

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W 336	Continued From page 9 10/7/20 revealed the facility nurse resigned on 10/6/20. Further interview with the facility program manager verified quarterly nursing assessments had not been conducted regularly. Subsequent interview revealed a nurse would be going to the group home to conduct nursing assessments during the current week.	W 336		
W 371	DRUG ADMINISTRATION CFR(s): 483.460(k)(4) The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the system for drug administration failed to assure 2 of 3 clients (#1 and #6) observed during medication administration were provided the opportunity to participate in medication self-administration. The findings are: A. The system for drug administration failed to assure client #6 was provided the opportunity to participate in medication self-administration. The finding is: Observations conducted on 10/6/20 at 7:42 PM revealed client #6 entered the medication administration area and received medications as ordered per the current administration record and physician orders. Continued observation conducted during the medication administration for client #6 revealed staff B to retrieve client #6's	W 371		

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W 371	Continued From page 10 medications from a closet, punch out medications individually from a bubble pack while verbally providing the name, purpose and side effects of medication to the client. Staff B was then observed to hand medications to the client in a med cup. Client #6 was observed to take all medications followed by water poured by staff. Review of records for client #6 on 10/7/20 revealed a community/home life assessment dated 11/12/19. Review of the 11/2019 assessment revealed client #6 is able to identify the correct medication basket with a verbal or gestural cue and punch pills into a med cup with assistance. Interview with the facility qualified intellectual disabilities professional (QIDP) on 10/7/20 verified client #6 should have been offered and encouraged to punch medications from the medication card with staff assistance. B. The system for drug administration failed to assure client #1 was provided the opportunity to participate in medication self-administration. The finding is: Observation conducted on 10/7/20 at 7:16 AM revealed client #1 entered the medication administration area and received medications relative to the client's morning medication orders . Continued observation conducted during the medication administration for client #1 revealed the staff administering medication (staff C) to retrieve client #1's medications from a closet, punch out medications individually from a bubble pack while verbally providing the name, purpose and side effects of medication to the client. Staff C was then observed to hand medications to the client in a med cup. Client #1 was observed to take all medications followed by water poured by	W 371		

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W 371	Continued From page 11 staff. Review of records for client #1 on 10/7/20 revealed a daily living skills assessment dated 5/4/20. Review of the 5/2020 assessment revealed client #1 is able to identify the correct medication basket with a verbal or gestural cue and dispense pills with assistance. Interview with the facility qualified intellectual disabilities professional on 10/7/20 verified client #1 should have been encouraged to punch medications from the medication card with staff assistance.	W 371		
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on review of records and interview, the facility failed to show evidence quarterly fire drills were conducted with each shift of personnel relative to third shift. The finding is: Review of the facility fire drill reports from 10/2019 through 9/2020 revealed three 3rd shift fire drills conducted on 4/15/20, 4/23/20 and 7/9/20. Further review of the facility fire drills revealed no 3rd shift fire drill from 9/2019 through 3/2020. There was no additional evidence to show a 3rd shift drill was conducted during the 1st or 2nd quarter of the review year. Interview with the facility program manager verified 3rd shift fire drills should have been conducted quarterly over the review year. Further interview with the program manager verified there	W 440		

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

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W 440	Continued From page 12 was no additional documentation to reflect a 3rd shift fire drill occured during the 1st or 2nd quarter of the review year.	W 440		