

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/06/2020
NAME OF PROVIDER OR SUPPLIER VOCA-ST. JOHN'S CHURCH ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2220 ST. JOHN'S CHURCH ROAD CHARLOTTE, NC 28215		
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review, and interview, the facility failed to ensure the individual support plan (ISP) included guidelines to address identified needs relative to behavior management and vehicle safety for 1 of 3 sampled clients (#1). The finding is:</p> <p>Observations in the group home on 11/6/20 from 8:30 AM to 8:45 AM revealed client #1 to load the van for an outing. Further observations revealed staff E to request that all clients put on their seatbelts. Subsequent observations revealed client #1 to put on his seatbelt and to immediately remove the shoulder strap placing it behind his back. Additional observations revealed staff E to complete a van check by walking around the van then to enter the van and secure the door. Observations revealed the van exited the driveway and client #1 to not have on his shoulder strap.</p> <p>Review of the record for client #1 on 11/6/20 revealed an ISP dated 1/28/20. Further review of the record revealed behavior management guidelines dated 1/2/20 which included the following target behaviors: intermittent verbal and physical aggression towards others and wearing clean clothing. Review of the record did not reveal guidelines or interventions relative to</p>	W 227			

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.

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

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W 227	Continued From page 1 non-compliance and vehicle safety. Interview with the qualified intellectual disabilities professional (QIDP) on 11/6/20 verified that she was not aware of client #1 having any target behaviors relative to non-compliance and vehicle safety. The QIDP also verified during the interview that all of client #1's goals are current. The QIDP confirmed during the interview that client #1 could benefit from guidelines and/or interventions relative to non-compliance and wearing his seatbelt appropriately to ensure vehicle safety.	W 227			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure objectives in the individual support plan (ISP) were implemented as prescribed for 1 of 3 sampled clients (#5) relative to behavior management. Observations in the group home on 11/6/20 from 7:45 AM to 8:00 AM revealed client #5 to transition to the medication room for medication administration. Further observations revealed	W 249			

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W 249	<p>Continued From page 2</p> <p>client #5 to refuse numerous times to take his medications. Observations revealed staff C to continue to prompt client #5 to take his medications and to offer leisure activities if the client would take his medication as requested. Continued observations revealed client #5 to become agitated, move his head to the side and to move the cup with his hand. Observations at 8:00 AM revealed client #5 to take his medications after 15 minutes of continuous prompting from staff.</p> <p>Review of records for client #5 on 11/6/20 revealed an ISP dated 10/5/20. Further review of the record revealed a behavior support plan (BSP) dated 10/15/20 which indicated client #5 has the following target behaviors: non-compliance, property damage or misuse, physical aggression, and agitation/tantrums. Further review of the BSP stated when client #5 exhibits non-compliance behaviors such as hygiene and taking medications, staff should gain his attention by standing within arm's length from him, stating his name, followed by 2 prompts and waiting 5 minutes between prompts.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 11/6/20 verified that client #5 often exhibits refusal and non-compliance behaviors during medication administration. The QIDP verified during the interview that all of the goals and objectives for client #5 are current. Continued interview with the QIDP confirmed that all staff should follow interventions and guidelines as prescribed in the BSP relative to client #5's non-compliance behaviors during medication administration.</p>	W 249			