STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G290	A. BUILDING _____ B. WING _____	01/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-OAKHAVEN DRIVE GROUP HOME	12516 OAKHAVEN DRIVE CHARLOTTE, NC 28273

(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 A complaint survey in addition to the recertification survey was completed on 1/14/2021. Deficiencies were not cited as a result of the complaint survey for Intake #NC00163958, NC00164450 and NC00164458.	W 000		
W 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure privacy was maintained for 1 of 3 sampled clients (#1) during medication administration. The finding is: Observation in the group home on 1/13/21 at 4:20 PM revealed client #1 to enter the medication room for medication administration. Observation of the medication administration for client #1 revealed staff A to close the medication room door and to begin preparing client #1's medications for administration when the facility qualified intellectual disabilities professional (QIDP) knocked and opened the door to the medication room. Continued observation revealed the QIDP to observe medications were in process of administration and immediately close the medication room door. Further observation revealed staff A to continue the medication administration for client #1 when the facility home manager (HM) opened the med room door, acknowledged medications being administered and closed the door. Subsequent	W 130		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 130	Continued From page 1 observation revealed the HM to again open the medication room door and enter briefly before exiting and closing the medication room door. Interview with the QIDP and program manager on 1/14/21 verified medication administration should not be interrupted and should be conducted with privacy. Continued interview with the QIDP verified the HM should not have entered the medication room, after a previous interruption, while staff was administering medications to client #1.	W 130		
W 133	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(9) The facility must ensure the rights of all clients. Therefore, the facility must ensure clients have the opportunity to communicate, associate and meet privately with individuals of their choice. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure privacy for 1 of 3 sampled clients (#4) relative to a phone call. The finding is: Observation in the group home on 1/13/21 at 5:17 PM revealed staff A to assist client #4 with calling the guardian of the client from staff A's mobile phone. Continued observation revealed client #4 to talk with his guardian via speaker phone in the living room of the facility with other staff and clients walking through the common area. Further observation revealed staff A and client #4 to walk through various common areas of the group home (kitchen and living room) with staff A holding the mobile phone and encouraging client #4 to talk with his mother via speaker phone.	W 133		

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W 133	Continued From page 2 Subsequent observation revealed client #4 to continue to wander through common areas of the group home, to occasionally look at the mobile phone to acknowledge his guardian while giving his attention to multiple other distractions in the group home such as the presence of state surveyors, other clients' behaviors, staff prompts for other clients to assist with the trash and the television. At no time during the observation was it observed for staff A to offer or prompt client #4 to a private area of the group home to speak with his guardian. Interview with the qualified intellectual disabilities professional (QIDP) and program manager (PM) on 1/14/21 verified all clients should be afforded privacy during phone calls. Continued interview with the QIDP and PM verified staff should have directed the client to a private location of the group home to speak with his guardian during the observation on 1/13/21.	W 133		
W 323	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(i) The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. This STANDARD is not met as evidenced by: Based on record review and verified by interview, the facility failed to obtain vision services as recommended by the physician for 1 of 3 sampled clients (#3). The finding is: Observation in the group home on 1/13-1/14/21 throughout survey observations revealed client #3	W 323		

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W 323	Continued From page 3 to engage in various leisure activities to include music and activities on an electronic tablet. Continued observation revealed client #3 at times to pull the electronic tablet close to his eyes, stare at the tablet and then push the tablet away. Review of records for client #3 on 1/14/21 revealed a individual support plan (ISP) dated 9/20/20. Continued record review for client #3 revealed a vision consult dated 9/17/17 that reflected the client is legally blind after extensive retinal ablation with high myopia to the right eye and high hyperopia to the left eye. Continued review of the 9/2017 vision consult revealed client #3 is unable to wear glasses due to behaviors. A review of recommendations of the 9/2017 vision consult revealed the need for a exam under anesthesia in one year. Additional review of medical records for client #3 revealed an appointment reminder for a vision exam scheduled 9/25/18 with no documentation that the exam was completed. Review of client #3's behavior support plan (BSP) dated 9/17/18 revealed target behaviors of tantrums, non-compliance and physical aggression. Continued review of client #3 ISP and BSP revealed no history of program objectives or training to support client #3 with wearing glasses. Interview with the facility program manager (PM) on 1/14/21 revealed client #3 to have no known history of training relative to wearing glasses. Interview with the facility PM and qualified intellectual disabilities professional (QIDP) verified it was unknown if client #3 had attended the vision appointment on 9/25/18. Subsequent interview with the PM revealed the facility nurse	W 323		

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W 323	Continued From page 4 was unavailable to confirm the history of vision services for client #3 although if the client had received vision services since 9/2017 there should be documentation in the client's record. Additional interview with the PM and QIDP verified they were unaware of any vision care of client #3 since the documented 9/2017 appointment.	W 323		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observation and staff interview, the interdisciplinary team failed to provide staff training of appropriate hygiene practices relative to meal preparation and client care. The finding is: Observations in the group home on 1/13/2021 from 3:50 PM to 5:05 PM revealed staff A to assist in the kitchen with preparing the dinner meal with gloves and a mask. Observation at 4:35 PM revealed staff A to assist in the dining room area with client care by rubbing the client's head with his gloves on and return to the kitchen to continue cooking without changing gloves. Subsequent observation at 4:42 PM revealed staff A to provide client care to a second client by giving him a high five with gloves on and return to the kitchen without changing gloves. Additional	W 340		

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W 340	Continued From page 5 observation at 5:05 PM revealed staff A to take off the gloves used during meal preparation and client care and return to the kitchen to complete the dinner meal for the clients. Interview with the qualified intellectual disabilities professional (QIDP) on 1/14/21 verified that staff should change gloves as they transition to various environments from providing client care to preparing food in the kitchen. Continued interview with the QIDP also verified that it is not the facility's policy to wear gloves at all times, however, staff are welcomed to do so as long as they follow the agency's hand washing protocol. Further interview with the QIDP confirmed that each time staff provided client care they should have taken off their gloves, discarded them and provided client care after they washed their hands. Additional interview with the QIDP verified that using the same pair of gloves to provide client care and prepare food can cause cross-contamination and is not acceptable in the facility.	W 340		
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, record review and interview, the facility failed to assure that 1 sampled client (#5) and 1 non-sampled client (#3) were provided with appropriate utensils to allow each client to eat as independently as possible in accordance with their highest functioning level. The findings are:	W 475		

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W 475	Continued From page 6 A. The facility failed to provide client #5 with appropriate utensils during the dinner meal. For example: Observations in the group home on 1/13/2021 at 5:05 PM revealed client #5 to sit at the dining room table and prepare for the dinner meal that consisted of the following: slow cook chicken and spinach pasta, nutmeg bananas, biscuit, and choice of beverage. Continued observations revealed staff to provide client #5 with a spoon as he participated in the dinner meal. At no point duirng the observation period was client #5 offered a full place setting of a fork, knife, and spoon during the dinner meal. Review of the record for client #5 on 1/14/2021 revealed an individual support plan dated 12/2/20. Further review of the record revealed a community home life assessment dated 11/25/20 that indicated client #5 can use a spoon, fork, and knife with independence. Interview with the qualified intellectual disabilities professional (QIDP) on 1/14/21 verified that client #5 should have been offered a full place setting including a fork, knife, and spoon in order to promote independence during all meals. B. The facility failed to provide client #3 with appropriate utensils during the dinner meal. For example: Observations in the group home on 1/13/2021 at 4:57 PM revealed client #3 to sit at the dining room table and to prepare for the dinner meal that consisted of the following: slow cook chicken and spinach pasta, nutmeg bananas, biscuit, and choice of beverage. Continued observations	W 475		

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W 475	Continued From page 7 revealed staff to provide client #3 with a spoon to participate in the dinner meal. At no point duirng the observation period was client #3 offered a full place setting of a fork, knife, and spoon during the dinner meal. Review of the record for client #3 on 1/14/2021 revealed an individual support plan dated 5/20/20. Further review of the record revealed a community home life assessment dated 9/20/20 that indicated client #3 can use a spoon and fork with independence and a knife with partial independence. Interview with the qualified intellectual disabilities professional (QIDP) on 1/14/21 verified that client #3 uses a spoon during meals. Continued interview the QIDP verified that client #3 should have been offered a full place setting including a fork, knife, and spoon in order to promote independence during all meals.	W 475		