

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

PRINTED: 10/19/2020
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 10/07/2020
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NAME OF PROVIDER OR SUPPLIER VOCA-FREEDOM GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 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	<i>see attached.</i>	12/7/2020
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	DHSR - Mental Health NOV 6 2020 Lic. & Cert. Section	

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

Janita Hooks (Janita Hooks)

TITLE

Program Manager

(X6) DATE

10/30/2020

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.

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W 137	<p>Continued From page 1 client #2.</p> <p>B. The facility failed to ensure client #5 had on pants that fit appropriately. For example:</p> <p>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.</p> <p>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.</p> <p>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.</p>	W 137		12/7/2020
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W 157	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4)</p> <p>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>Interview with the facility qualified intellectual</p>	W 157		12/7/2020
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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		1 12/7/2020
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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W 227	<p>Continued From page 4</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Interview with the facility qualified intellectual disabilities 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</p>	W 227		12/7/2020
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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	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>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:</p> <p>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.</p> <p>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</p>	W 288		12/7/2020

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W 288	<p>Continued From page 6</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Interview with the facility qualified intellectual</p>	W 288		12/7/2020
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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	<p>NURSING SERVICES CFR(s): 483.460(c)(3)(iii)</p> <p>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.</p> <p>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:</p> <p>A. Nursing services failed to conduct quarterly nursing assessments for client #2. For example:</p> <p>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.</p> <p>Interview with the facility program manager on 10/7/20 revealed the facility nurse resigned on</p>	W 336		12/7/2020

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W 336	<p>Continued From page 8</p> <p>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.</p> <p>B. Nursing services failed to conduct quarterly nursing assessments for client #5. For example:</p> <p>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.</p> <p>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.</p> <p>C. Nursing services failed to conduct quarterly nursing assessments for client #6. For example:</p> <p>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.</p> <p>Interview with the facility program manager on</p>	W 336		12/7/2020
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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	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(4)</p> <p>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.</p> <p>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:</p> <p>A. The system for drug administration failed to assure client #6 was provided the opportunity to participate in medication self-administration. The finding is:</p> <p>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</p>	W 371		12/7/2020

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W 371	<p>Continued From page 10</p> <p>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.</p> <p>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.</p> <p>B. The system for drug administration failed to assure client #1 was provided the opportunity to participate in medication self-administration. The finding is:</p> <p>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</p>	W 371		12/7/2020
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W 371	Continued From page 11 staff.	W 371		12/7/2020
W 440	<p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>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:</p> <p>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.</p> <p>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</p>	W 440		

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

PRINTED: 10/19/2020
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 10/07/2020
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NAME OF PROVIDER OR SUPPLIER VOCA-FREEDOM GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5911 FREEDOM DR CHARLOTTE, NC 28208
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(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
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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		12/7/2020
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Freedom Group Home
5911 Freedom Drive
Charlotte, NC 28214
MHL# 060-126

DHSR - Mental Health

NOV 6 2020

Lic. & Cert. Section

Plan of Correction

Date of Recertification Survey: 10/7-8/2020

W137

The facility will ensure clients have their own personal clothing and will ensure the clothing fit properly for all clients

Site supervisor will in-service staff to complete clothing inventories and to complete clothing inventories every six months or as needed to ensure clients have their own personal clothing and clothing fit properly. Site supervisor will in-service staff to ensure clients are wearing their own personal clothing and clothing fit properly on each shift.

A. Specifically for client #2 appropriately sized clothing will be purchased. Site supervisor will in-service staff to complete clothing inventory and to complete clothing inventory every six months or as needed for client #2 to have their own personal clothing and clothing fit properly. Site supervisor will in-service staff to ensure client #2 is wearing their own personal clothing and clothing fit properly on each shift.

B. Specifically for client #5 appropriately sized clothing will be purchased. Site supervisor will in-service staff to complete clothing inventory and to complete clothing inventory every six months or as needed for client #5 to have their own personal clothing and clothing fit properly. Site supervisor will in-service staff to ensure client #5 is wearing their own personal clothing and clothing fit properly on each shift.

To prevent further occurrence: Site Supervisor, Area Supervisor, Behaviorist, QP, Program Manager and QA Manager will complete monitoring tool weekly which includes the appearance of clothing. In addition, Program Manager or designee will monitor the appearance of clients during monthly site review.

To be completed by: 12/7/2020

Person(s) Responsible: Program Manager, QP, Area Supervisor, Site Supervisor

W157

The facility will ensure to show evidence of the completion of timely corrective action related to a verified allegation of neglect.

Program Manager will in-service all staff including QP, site supervisor, behaviorist, nursing and area supervisor to complete in-services for all FT and PT staff following investigation, safety concern or change in ISP within a one-week time period.

To prevent further occurrence: Program Manager will request copies of any in-services related to investigations following the one-week time period to complete. In addition, Program Manager or designee will review completion of any in-services within in-service notebook during monthly site review.

To be completed by: 12/7/2020

Person(s) Responsible: Program Manager

W227

The facility will ensure the ISP will have sufficient training objectives or interventions relative to behavior management.

Psychology will develop baseline data for client #2's behavior of feeling on others or invading the personal space of others. Upon completion of baseline data and observations guidelines or revision to Behavior Support Plan will be implemented for client #2's behavior of feeling on others or invading the personal space of others. Behaviorist will in-service all staff on baseline data and implementation of guidelines or revision to Behavior Support Plan.

To prevent further occurrences: QP will discuss with all team members including behaviorist during monthly core any observations or documentation of any inappropriate behaviors. Core team notes from QP will reflect a plan to address any inappropriate behaviors. Program Manager will review monthly core notes during weekly supervision with QP to ensure inappropriate behaviors have been addressed. Program Manager or designee will monitor inappropriate behaviors and documentation during monthly site review.

To be completed by: 12/7/2020

Person(s) Responsible: QP, Behaviorist, Program Manager

W288

The facility will ensure techniques used to manage inappropriate behavior are not used as a substitute for an active treatment program.

QP will in-service staff not to restrict clients from participating in activities of the home including meal prep unless indicated in BSP.

QP will in-service staff on current goals and strengths. QP will in-service staff to provide opportunities to all clients to increase/maintain skills as indicated in community/home/life assessment.

Behaviorist will in-service staff on Behavior Support Plans including any restrictions.

To prevent further occurrence: Site Supervisor, Area Supervisor, Behaviorist, QP, Program Manager and QA Manager will complete monitoring tool weekly which includes the monitoring of staff giving clients opportunities to participate in activities of the home including meal prep and monitoring for any restrictions. Program Manager or designee will monitor for any restrictions and staff providing opportunities to participate in activities of the home during monthly site review.

To be completed by: 12/7/2020

Person(s) Responsible: QP, Behaviorist, Program Manager

W336

The facility will ensure nursing will complete quarterly nursing assessments in a timely manner.

Quarterly nursing assessments were completed on 10/9/2020 for all clients. QA Manager will in-service nursing to complete nursing assessments quarterly for all clients.

To prevent further occurrence: Program Manager or designee will monitor quarterly nursing assessments during monthly site reviews. QA Manager or designee will conduct peer review annually to ensure quarterly nursing assessments are completed.

To be completed by: 12/7/2020

Person(s) Responsible: Nursing, Program Manager

W371

The facility will ensure the system for drug administration during medication administration will provide opportunities to participate in medication administration.

QP will in-service all staff to give opportunities to clients to participate in medication self-administration. QP will in-service all staff on the strengths in the area of medication self-administration for all clients including client #6 and client #1

To prevent further occurrence: Site Supervisor, Area Supervisor, Behaviorist, QP, Program Manager and QA Manager will complete monitoring tool weekly which includes the monitoring of client participation during medication administration. Program Manager or designee will monitor for client participation during medication administration during monthly site review.

To be completed by: 12/7/2020

Person(s) Responsible: QP, Site Supervisor, Area Supervisor, Program Manager

W440

The facility will ensure fire drills are ran quarterly for each shift.

Area Supervisor will in-service all staff including site supervisor to conduct fire drills per schedule including one per shift each quarter including third shift.

To prevent further occurrence: Site Supervisor will review weekly per life safety review to ensure fire drill has been conducted per schedule including one per shift each quarter. Program Manager or designee will monitor fire drills during monthly site review to ensure fire drill has been conducted per schedule including one per shift each quarter.

To be completed by: 12/7/2020

Person(s) Responsible: Site Supervisor, Area Supervisor, Program Manager



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Community Alternatives
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DHSR - Mental Health

NOV 6 2020

Lic. & Cert. Section

October 30, 2020

Kaila Mitchell
Facility Compliance Consultant II
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

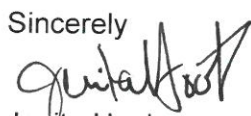
Dear Kaila Mitchell,

Please find the enclosed plan of correction for deficiencies cited during the recent recertification survey and complaint survey at the Freedom Group Home on October 7, 2020. Deficiencies will be corrected as indicated in the plan of correction.

We would like to request an invitation of return visit on or after December 7, 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