

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

PRINTED: 10/13/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G201	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2021
NAME OF PROVIDER OR SUPPLIER VOCA-OAK DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5416 OAK DRIVE CHARLOTTE, NC 28216	
(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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interview, the facility failed to ensure 4 of 6 clients (#1, #2, #3 and #4) received a continuous active treatment program consisting of needed interventions as identified in the person-centered plan (PCP) relative to adaptive equipment. The finding is:</p> <p>Observations in the group home throughout the 10/5-6/21 survey revealed clients #1, #2, #3 and #4 were engaged in various activities including watching television, drawing, playing games, hygiene, meal preparation, meal participation and clean up. At no time throughout the observations did staff prompt or request any of the clients to access or wear their eyeglasses.</p> <p>Review of client #1's record revealed an Individual Support Plan (ISP) dated 6/3/21. Review of the ISP indicated training objectives to include "eyeglasses wear" and "cleaning eyeglasses." Further review of client #1's record revealed a vision consultation and an eyeglasses prescription both dated 10/13/20.</p>	W 249		
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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W 249	<p>Continued From page 1</p> <p>Review of client #2's record revealed an ISP dated 3/4/21. Review of the ISP indicated training objectives to include "eyeglasses wearing and cleaning." Further review of client #2's record revealed a vision consultation and an eyeglasses prescription both dated 11/12/20.</p> <p>Review of client #3's record revealed an ISP dated 12/20/20. Review of the ISP indicated training objectives to include "eye glass wear" and "eye glass cleaning." Further review of client #3's record revealed a vision consultation and an eyeglasses prescription both dated 12/7/20.</p> <p>Review of client #4's record revealed an ISP dated 2/4/21. Review of the ISP indicated training objectives to include "eyeglasses wear" and "eyeglasses cleaning." Further review of client #4's record revealed a vision consultation and an eyeglasses prescription both dated 5/6/21.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) on 10/6/21 verified client's #1, #2, #3 and #4 are prescribed eyeglasses and their ISP objectives relative to eyeglasses are current. Continued interview with the QIDP revealed each client maintains their eyeglasses in personal bins in their bedrooms. Further interview with the QIDP revealed that the staff prompt each client to wear their eyeglasses in the morning, however, they will sometimes refuse. Additional interview with the QIDP confirmed the facility should provide additional prompting throughout the day in order to teach clients to use and care for their eyeglasses as prescribed in their ISP.</p>	W 249			