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

PRINTED: 02/09/2022 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  VOCA-FREEDOM GROUP HOME  SUMMANY STATEMENT OF DEPICIENCIES SATIFREEDOM DR CHARCOTTE, NC 28208  (EACH DEPICENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 369  DRUG ADMINISTRATION CFR(s): 483,460(k)(2)  The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 3 of 6 clients (#3, #5, and #6). The findings are:  A. Medications were not administered as prescribed for client #3. For example:  Observations in the group home on 2/1/22 at 6:57 AM revealed clients to participate in the breakfast meal and for client #3 to be in their bed. Continued observation revealed staff At to inform surveyors that all medications were given at 6:00 AM except for client #4.  Review of the record for client #3 revealed an individual support plan (ISP) dated 2/4/21. Review of medication administration record (MAR) dated 2/2022 revealed the medications (Clonidine tab 0.1MG, Lamotrigine lab 200MG ER, Loratadine tab 10MG, and Vimpat tab 200MG ER, Loratadine tab 10mG, and trimpine tab 20mG ER	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
STREET ADDRESS, CITY, STATE, ZIP CODE			34G194	B. WING			02/	01/2022
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  W 369  PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  W 369  PREFIX TAG  ROSS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)  W 369  W 369  PREFIX TAG  W 369  W 369  PREFIX TAG  ROSS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)  W 369  W 369  PREFIX TAG  W 369  W 369  W 369  W 369  PREFIX TAG  W 369  W 369			ME		59	911 FREEDOM DR	•	
CFR(s): 483.460(k)(2)  The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 3 of 6 clients (#3, #5, and #6). The findings are:  A. Medications were not administered as prescribed for client #3. For example:  Observations in the group home on 2/1/22 at 6:57 AM revealed clients to participate in the breakfast meal and for client #3 to be in their bed. Continued observation revealed staff A to inform surveyors that all medications were given at 6:00 AM except for client #4.  Review of the record for client #3 revealed an individual support plan (ISP) dated 2/4/21. Review of medication administration record (MAR) dated 2/2022 revealed the medications Clonidine tab 0.1MG, Lamotrigine tab 200MG ER, Loratadine tab 10MG, and Vimpat tab 200MG to be administered at 8:00 AM.  Interview with the director of nursing (DON) on 2/1/22 revealed medication can be administered up to one hour before and one hour after the time prescribed. Continued interview with the DON verified she was not contacted by the group home staff to indicate medications were administered prior to 7:00 AM on 2/1/22. Further interview with the DON confirmed that medications	PRÉFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLÉTION
administered prior to 7:00 AM was considered a medication error and staff will be in-serviced  LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE (X6) DATE		CFR(s): 483.460(k) The system for dru that all drugs, incluself-administered, a This STANDARD i Based on observarinterview, the facilit were administered (#3, #5, and #6). The AM described for client of the AM revealed clients and for client of the AM revealed clients of the AM revealed clients of the AM revealed clients of the AM except for client of the AM excep	g administration must assure ding those that are are administered without error. It is not met as evidenced by: tion, record review and y failed to assure all drugs without error for 3 of 6 clients the findings are:  e not administered as the findings are:  e not administered as the findings are:  e group home on 2/1/22 at 6:57 to participate in the breakfast the findings are given at 6:00 at the findings are g		869			(Ve) 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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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		34G194	B. WING		02	/01/2022	
	NAME OF PROVIDER OR SUPPLIER  VOCA-FREEDOM GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CC 5911 FREEDOM DR CHARLOTTE, NC 28208		<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 369	trained on the impormedication.  B. Medications werprescribed for client Observations in the AM revealed client meal. Continued or inform surveyors that 6:00 AM except.  Review of the recordated 2/19/21. Review and the revealed medication caps, Loratadine ta Powder 3350 NF, abe administered at Interview with the Emedication can be before and one how Continued interview was not contacted indicate medication 7:00 AM on 2/1/22. DON confirmed that prior to 7:00 AM was error and staff will be importance of time.	ertance of timely administering the not administered as at #5. For example: the group home on 2/1/22 at 6:57 #5 to participate in breakfast bservation revealed staff A to the at all medications were given for client #4.  The for client #5 revealed an ISP view of MAR dated 2/2022 Ins Docusate Sodium 100MG at 10MG, Polyethylene Glycol and Vitamin D cap 1000 unit to	W 3	,			
	Observations in the AM revealed client breakfast meal. Co staff A to inform sur	t #6. For example:  e group home on 2/1/22 at 6:57 #6 to participate in the ontinued observation revealed rveyors that all medications AM except for client #4.					

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		34G194	B. WING _		02	/01/2022	
NAME OF PROVIDER OR SUPPLIER  VOCA-FREEDOM GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 5911 FREEDOM DR CHARLOTTE, NC 28208			
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	N SHOULD BE COMPLÉTION		
W 369	Continued From pa	ge 2	W 36	9			
W 448	dated 1/7/22. Revierevealed medication Divalproex tab 500 10GM/15, Linzess of 500MG, Polyethyler Topiramate tab 100 unit to be administed. Interview with the Divalence of timelevacuation drills, in This STANDARD is Based on review of facility failed to invereason for extended evacuation and missing finding is:	administered up to one hour ar after the time prescribed. With the DON verified she by the group home staff to us were administered prior to Further interview with the at medications administered as considered a medication be in-serviced trained on the y administering medication. LLS (2)(iv)	W 44	8			

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	(X5) COMPLETION DATE		
W 448	fire drill reports from revealed that staff of times on 10/3/21, 1 review revealed the 2/8/21 through 1/18 2/8/21 - 4:00 - 2nd 3/11/21 - 45:00 - 3nd 4/1/21 - 35:00 - 1st 5/7/21 - 15:00 - 1st 6/23/21 - 3:00 - 1st 8/24/21 - 3:29 - 2nd 9/2/21 - 3:00 - 1st 5/1/2/21 - n/a - 1st 5/1/2/21 - n/a - 2nd 5/1/2/21 - n/a - 1st 5/1/2/21	did not document evacuation 1/2/21 and 1/18/22. Further of following drills during the 8/22 time period.  Shift - 2 Staff - 6 Clients of Shift - 3 Staff - 6 Clients of Shift - 1 Staff - 6 Clients of Shift - 2 Staff - 6 Clients of Shift - 1 Staff - 6 Clients of Shift - 1 Sh	W 44	48			