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

PRINTED: 03/04/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NI IMBED		MULTIPLE CONSTRUCTION JILDING			(X3) DATE SURVEY COMPLETED	
		34G291	B. WING _				22/2022	
NAME OF PROVIDER OR SUPPLIER VOCA-TODDVILLE ROAD GROUP HOME				1809	ET ADDRESS, CITY, STATE, ZIP CODE TODDVILLE ROAD RLOTTE, NC 28214	•		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS	3	W	000				
W 218	Deficiencies were no		W:	218				
	include sensorimotor This STANDARD is Based on observation review, the individual 6 clients (#3, #4)faile therapy (OT) re-asse	not met as evidenced by: ns, interview and record support plans (ISPs) for 2 of d to include an occupational ssment. The findings are:						
	Afternoon observation revealed client #3 to meal. Continued obset to use the following at the dinner meal: high protector and built up consisted of seasone burgers, spinach, peat Continued observation hand over hand assist bite size pieces. Furticlient #3 to eat dinner spoon. Morning observations 2/22/22 at 8:00 AM reparticipate in the breameal consisted of oat high fiber bar, orange	ns on 2/21/22 at 5:40 PM participate in the dinner servation revealed client #3 daptive equipment during a side plate, clothing a spoon. The dinner meal ad ramen noodles, turkey ars and sugar free beverage. Ans revealed staff to use stance to cut his burger into atther observations revealed ar with a built-up handle se in the group home on evealed client #3 to akfast meal. The breakfast atthe group who wheat toast, at juice and 2% milk.						
		ons revealed staff to use			TITLE		(Y6) DATE	

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

TITLE (X6) DAT

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		
		34G291	B. WING		C 02/22/2022	
NAME OF PROVIDER OR SUPPLIER VOCA-TODDVILLE ROAD GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1809 TODDVILLE ROAD CHARLOTTE, NC 28214	, , , , , , , , , , , , , , , , , , , ,	
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION	
W 218	hand over hand assist toast. Further observed eat his oatmeal with Observations reveal protector and built up meal. Review of the record revealed an ISP date client #3 has a high handle utensils to us snacks. Continued an OT assessment of the record revealed assessment since 20 Interview with the processment since 20 with the PM revealed needed an updated evaluate adaptive edhave had an annual Interview with the querofessional (QIDP) updated OT assessment continued interview he would ensure that completed. B. The ISP failed to	stance to cut up client #3's vations revealed client #3 to a built-up spoon. ed client #3 to use a clothing p spoon during the breakfast of for client #3 on 2/22/22 ed 1/25/22 which identified sided plate and built up se during mealtimes and review of the record revealed dated 11/5/12. Further review ed no updated OT 2012. Longram manager (PM) on the she was not aware that review an updated OT 2012. Continued interview ed that client #3 would have OT assessment to further quipment needs and should re-assessment. Lalified intellectual disabilities on 2/22/22 revealed that an ment could not be located. with the QIDP revealed that tan OT re-assessment was	W 218			
	2/21/22 at 5:45 PM r participate in the din	ons in the group home on revealed client #4 to ner meal. The dinner meal owing: turkey burger, season				

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F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
	34G291	B. WING		02/22/2022
NAME OF PROVIDER OR SUPPLIER VOCA-TODDVILLE ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1809 TODDVILLE ROAD CHARLOTTE, NC 28214	02/22/2022
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 APPI DEFICIENCY)	OULD BE COMPLETION
ramen noodles, spinal beverage. Continued #4 to use the followin the dinner meal: a hig regular spoon and curevealed staff to use with client #4 to chop size pieces. Morning observations 2/22/22 at 7:45 AM reparticipate in the breameal was observed to oatmeal, whole wheamilk. Continued obseuse hand over hand a toast. Further observuse a clothing protect during the breakfast of the ISP revealed an ISP date of the ISP revealed of scoop guard and cloth mealtimes and snack record revealed an ISP date of the ISP revealed of scoop guard and cloth mealtimes and snack record revealed an ISP date of the ISP revealed of the ISP	ach, pears and sugar free observation revealed client and adaptive equipment during gh sided dish, shirt protector, up. Further observation hand over hand assistance of a turkey burger into bite as in the group home on evealed client #4 to akfast meal. The breakfast of consist of the following: at toast, orange juice and 2% ervations revealed staff to assistance to cut client #4's action revealed client #4 to tor and high sided dish meal. for client #4 on 2/22/22 and 4/1/21. Continued review dient #4 should use a metal hing protector during as. Further review of the protector during as. Further review of the protector during as and the protector during as an action of the record revealed are consistent #4 and not received as ment since 2019. Mon 2/22/22 revealed that the protector during an updated OT assessment adaptive equipment needs.	W 21	8	
	CONTIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENCE REGULATORY OR Continued From page ramen noodles, spinal beverage. Continued #4 to use the followin the dinner meal: a hig regular spoon and curevealed staff to use with client #4 to chop size pieces. Morning observations 2/22/22 at 7:45 AM re participate in the brea meal was observed to oatmeal, whole whea milk. Continued obse use hand over hand a toast. Further observ use a clothing protect during the breakfast of Review of the record revealed an ISP date of the ISP revealed of scoop guard and clot mealtimes and snack record revealed an C 2/25/19. Additional re no OT assessment s Interview with the PM she was not aware the an updated OT asses Continued interview of client #4 should have annually to evaluate Interview with the QII an updated OT asses	AG291 OVIDER OR SUPPLIER DDVILLE ROAD GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 ramen noodles, spinach, pears and sugar free beverage. Continued observation revealed client #4 to use the following adaptive equipment during the dinner meal: a high sided dish, shirt protector, regular spoon and cup. Further observation revealed staff to use hand over hand assistance with client #4 to chop a turkey burger into bite	OVIDER OR SUPPLIER DVILLE ROAD GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 ramen noodles, spinach, pears and sugar free beverage. Continued observation revealed client #4 to use the following adaptive equipment during the dinner meal: a high sided dish, shirt protector, regular spoon and cup. Further observation revealed staff to use hand over hand assistance with client #4 to chop a turkey burger into bite size pieces. Morning observations in the group home on 2/22/22 at 7:45 AM revealed client #4 to participate in the breakfast meal. The breakfast meal was observed to consist of the following: oatmeal, whole wheat toast, orange juice and 2% milk. Continued observations revealed staff to use hand over hand assistance to cut client #4's toast. Further observation revealed client #4 to use a alothing protector and high sided dish during the breakfast meal. Review of the record for client #4 on 2/22/22 revealed an ISP dated 4/1/21. Continued review of the ISP revealed client #4 should use a metal scoop guard and clothing protector during mealtimes and snacks. Further review of the record revealed an OT assessment dated 2/25/19. Additional review of the record revealed an OT assessment since 2019. Interview with the PM on 2/22/22 revealed that she was not aware that client #4 had not received an updated OT assessment since 2019. Continued interview with the PM revealed that client #4 should have an updated OT assessment annually to evaluate adaptive equipment needs. Interview with the QIDP on 2/22/22 verified that an updated OT assessment for client #4 could	OVILLE ROAD GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 ramen noodles, spinach, pears and sugar free beverage. Continued observation revealed client #4 to use the following adaptive equipment during the dinner meal: a high sided dish, shirt protector, regular spoon and cup. Further observation on revealed staff to use hand over hand assistance with client #4 to choop a turkey burger into bite size pieces. Morning observations in the group home on 2/22/22 at 7.45 AM revealed client #4 to participate in the breakfast meal. The breakfast meal was observed to consist of the following: oatmeal, whole wheat toast, orange juice and 2% milk. Continued observation revealed staff to use hand over hand assistance to cut client #4 to use hand over hand assistance to cut client #4 to use hand over hand assistance to cut client #4 to use hand over hand assistance to cut client #4 to use hand over hand assistance to cut client #4 to use hand over hand assistance to cut client #4 to use hand over hand assistance to cut client #4 to use hand over hand assistance to cut client #4 to use a clothing protector and high sided dish during the breakfast meal. Review of the record for client #4 on 2/22/22 revealed an ISP dated 4/1/21. Continued review of the ISP revealed client #4 should use a metal scoop guard and clothing protector during mealtimes and snacks. Further review of the record revealed on O T assessment since 2019. Interview with the PM on 2/22/22 revealed that she was not aware that client #4 should have an updated OT assessment since 2019. Continued interview with the PM revealed that client #4 should have an updated OT assessment for client #4 could