

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

PRINTED: 03/16/2022
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 C 03/03/2022
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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS	W 000			
W 249	<p>#NC00185174</p> <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 review and interviews the facility failed to ensure 2 of 6 clients received a continuous active treatment program relative to their behavior support plan (BSP). The findings are:</p> <p>A. The facility failed to follow client #2's BSP as prescribed. For example:</p> <p>Observations in the group home on 3/3/22 at 10:59 AM revealed client #2 to walk in the hallway closing the bathroom door. Continued observation in the group home at 11:00 AM revealed client #2 to walk into the kitchen standing next to the stove with a pot of boiling spaghetti and touching the oven handle almost reaching the boiling pot. Further observation revealed staff A to walk from living room into dining room and surveyor to tell staff A that client #2 was reaching for the hot pot on the stove. Subsequent observation at 11:03 AM revealed</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>staff A to prevent client #2 from touching the pot and called staff C to take client #2 to the living room.</p> <p>Further observation at 11:19 AM revealed client #2 to enter the kitchen and to walk close to the stove with hot pot of spaghetti while staff A had back turned preparing meal and staff C was walking out of the office. Continued observation revealed Staff C to prevent client #2 from touching the hot pot and walk with client #2 out of the kitchen area.</p> <p>Review of the records for client #2 on 3/3/22 revealed an individual support plan (ISP) dated 5/6/21. Review of client #2's ISP revealed a diagnosis of autism, severe intellectual developmental disability, sensorineural and bone conduction hearing loss, left eye cataract, left eye retinal detachment repair. Further review of client #2's ISP revealed a BSP dated 5/6/21 that revealed target behaviors to be non-compliance, physical aggression, inappropriate social behavior, and unsafe behaviors defined as touching hot or dangerous surfaces, such as the stove top, or around the stove or any action that has potential harm. Continued review of the BSP for client #2 revealed strategies for safety for client #2 to have 1:1 staff working with client when meals are being cooked to ensure the clients safety, that includes redirecting client out of the kitchen when the stove is in use and staff engaging with the client with something in the client's sensory box or hand washing, setting the table, van ride, or something to take focus off the kitchen.</p> <p>Interview on 3/3/22 with the program manager verified the 5/6/21 ISP for client #2 was current.</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>Continued interview with the program manager confirmed that client #2's BSP was current and should be followed as prescribed.</p> <p>B. The facility failed to follow client #6's BSP as prescribed. For example:</p> <p>Observations in the group home on 3/3/22 at 10:15 AM revealed client #6 to walk around hitting the walls showing his fist. Continued observation at 10:42 AM revealed staff B to assist client #6 to change clothes in the bedroom. Further observation at 10:45 AM revealed client #6 to sit on the couch in the living room with the television on wrestling. Subsequent observation at 10:55 AM revealed client #6 to continuously hit the walls in the kitchen while showing his fist. Additional observation revealed staff B to show client #6 a key and client to shake his head "no" and to continue to hit the kitchen wall.</p> <p>Further observation at 11:00 AM revealed client #6 to walk around hitting the walls and showing his fist. Continued observation at 11:10 AM revealed client #6 to be asked by staff to go outside with other clients and the client walked outside and back inside. Additional observation at 11:17 AM revealed staff A to continuously prompt client #6 to leave the kitchen and to go into the living room; however, the client kept returning to the kitchen. At no point during the observation was staff observed to offer client #6 choices of preferred activities.</p> <p>Review of the records for client #6 on 3/3/22 revealed an individual support plan (ISP) dated 1/7/22. Review of client #6's ISP revealed a diagnosis of autism, profound intellectual disability and profound sensorial hearing loss.</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>Further review of client #6's ISP revealed a BSP dated 1/7/21 that revealed target behaviors to be non-compliance, physical aggression, social aggression, food seeking/binging and stealing clothing. Continued review of the BSP revealed client #6's proactive prevention procedures to include providing a structured daily routine and provide with picture or object cues when giving verbal prompts to help prepare the client for the next step in the daily routine. The client should be actively engaged in meaningful activities and disruptive behaviors are less likely to occur. Further review of BSP revealed interventions for non-compliance to give client time and space to calm down, at times physical activity (walks, jumping jacks, lifting and moving heavy objects) can reduce negative physical activity. Find something that would feel like client is helping within the office area or quiet area.</p> <p>Interview on 3/3/22 with the program manager verified the 1/7/22 ISP for client #6 was current. Continued interview with the program manager confirmed that client #6's BSP was current and should be followed as prescribed.</p>	W 249			