STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G195	A. BUILDING _____ B. WING _____	06/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-HARRISBURG ROAD GROUP HOME	6620 HARRISBURG ROAD CHARLOTTE, NC 28277

(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 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to provide 6 out of 6 clients with the opportunity for choice and self-management relative to access to kitchen knives. The finding is: Observation in the group home on 6/8/22 at 7:09 AM revealed staff D to ask staff E to unlock the medication room closet to access a knife to slice oranges for the breakfast meal. Continued observation revealed staff E located the knives in an upper cabinet in the kitchen inaccessible to all clients but accessible to staff with the use of a small utility ladder. Staff D retrieved the knife and cut the oranges into slices for the breakfast meal. Interview with the qualified intellectual disabilities professional (QIDP) on 6/8/22 verified that the knives were locked due to a prior clients' behavior support plans (BSP) guidelines. The QIDP verified that the knives should not be locked due to the current clients not having guidelines restricting access to knives identified in any of their BSP's.	W 247		
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide nursing services in accordance with the needs of 2 of 3 sampled clients (#1 and	W 331		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G195	A. BUILDING _____ B. WING _____	06/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-HARRISBURG ROAD GROUP HOME	6620 HARRISBURG ROAD CHARLOTTE, NC 28277

(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 331	Continued From page 1 #6) and 1 unsampled client # 5 relative to offering privacy during medication administration. The finding is: Observation in the group home on 6/8/22 at 6:51 AM revealed staff E to administer medications to client # 5 with the medication room door open. Continued observation at 6:58 AM revealed staff E to administer medications to client #6 with the medication room door open. Further observation at 7:08 AM reveal staff D to stand at the open medication room door while client #5 was participating in medication administration requesting a kitchen knife from staff E that was locked in the closet area. Staff E was observed to stop medication administration with client #5 and obtain a step ladder to look for kitchen knives in closet area. Subsequent observation at 7:13 AM revealed staff E to administer medications to client #5 on a spoon dropping 4 pills to the floor. Staff E was observed to call out the open door for the site supervisor (SS) to assist her with calling nurse for medication replacements. Interview with staff E revealed that staff have not been told to close the medication room door. Continued interview with staff E revealed that the medication room door should remain open rather than closed during medication administration. Interview with the facility nurse on 6/8/21 confirmed that staff should be administering medications with the door closed for privacy. Continued interview with the facility nurse verified that further training will be provided for staff regarding privacy during medication administration.	W 331		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G195	A. BUILDING _____ B. WING _____	06/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-HARRISBURG ROAD GROUP HOME	6620 HARRISBURG ROAD CHARLOTTE, NC 28277

(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 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 1 of 3 clients sampled (#1) observed during medication administration. The finding is: Observation in the group home on 6/8/22 at 8:11 AM revealed staff E to prepare morning medications for client #1. Continued observation at 8:15 AM revealed staff E to punch all tablets or pills into medicine cup for client #1. Further observation revealed staff E to drop 2 pills and to call nurse for approval to administer replacement pills. Subsequent observation revealed client #1 to take all medications with water. During the survey observation staff E was observed to administer an additional dose of carbamazepin tab 200mg ER (3) tablets to client #1. Review of records for client #1 on 6/8/22 revealed physician orders dated 6/8/22. Review of the 6/8/22 physician orders revealed medications to administer at 8:00 AM to be amlodipine besylate 5 mg tabs, asa ec tablet delayed release 81 mg, calcium 500 +D3 500-600 mg-unit tabs, carbamazepin tab 200mg ER (3) tablets, clobazam tab 20 mg, glycopyrrolate 1 mg tabs, lisinopril 20 mg tabs, multivitamin tabs, pantoprazole sodium 40mg-tb, polyethylene glycol powder-3350 NF 17 GM/scoop powder, propranolol HCL 10 mg tabs, and sodium chloride 1 gm tabs (2) tablets.	W 369		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G195	A. BUILDING _____ B. WING _____	06/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-HARRISBURG ROAD GROUP HOME	6620 HARRISBURG ROAD CHARLOTTE, NC 28277

(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 369	Continued From page 3 Interview with qualified intellectual disabilities professional (QIDP) on 6/8/22 verified the physician orders dated 6/8/22 to be current. Interview with the facility nurse on 6/8/22 verified that the QIDP notified the nurse by phone that staff E had administered a wrong dose to client #1. Continued interview with the facility nurse confirmed that client #1 should not have received an additional dose of carbamazepine tab 200mg ER (3) tablets.	W 369		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure proper use of adaptive equipment for 1 non-sampled client (#5) relative to the prescribed use of helmet and gait belt. The finding is: Observation in the group home on 6/7/22 from 4:45 PM to 6:45 PM revealed client #5 to wear his seizure helmet on his head with the chin strap fastened/snapped but not adequately secured to his head to prevent excessive movement and to not wear gait belt. Continued observation at 5:20 PM revealed the client to ambulate to the living room, sit to watch tv and randomly lift his helmet on and off his head. Further observation at 5:30 PM revealed client #5 to follow a prompt given to wash hands, come to the dining room table for super and randomly lift helmet on and off his	W 436		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G195	A. BUILDING _____ B. WING _____	06/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-HARRISBURG ROAD GROUP HOME	6620 HARRISBURG ROAD CHARLOTTE, NC 28277

(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 436	Continued From page 4	W 436		

head. Subsequent observation did not reveal staff assisting client #5 in tightening his helmet. At no time during the observation did staff prompt client #5 to wear prescribed gait belt.

Observation in the group home on 6/8/22 from 6:30 AM - 7:25 AM revealed client #5 to wear his seizure helmet throughout the morning with the chin strap not fastened/snapped. Continued observation revealed staff C to provide a prompt at 7:26 AM for client #5 to snap his strap to secure the helmet.

Review of records for client #5 on 6/8/22 revealed an individual support plan (ISP) dated 4/22/22. Review of the ISP for client #5 revealed objectives to address cultural participation/involvement, range of motion exercise, bathing thoroughly, wash hands before meals, increase safety awareness and speaking full name & address. Continued review of records for client #5 revealed a behavior support plan (BSP) dated 5/28/21 to reflect the client has a visual monitor due to falls that will be used while the client is in his room during 3rd shift to alert staff when he gets out of his bed. Further review of records revealed a PT consult dated 12/20/21 stating client #5 must have helmet and gait belt on when he is walking.

Interview with qualified intellectual disabilities professional (QIDP) on 6/8/22 verified that the ISP and BSP are current for client #5. Continued interview with the QIDP verified that client #5 wears a helmet and a gait belt due to a history of seizures and multiple falls. Further interview with the QIDP confirms that client #5 should have on his gait belt and does not have guidelines for the helmet or gait belt.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G195	A. BUILDING _____ B. WING _____	06/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-HARRISBURG ROAD GROUP HOME	6620 HARRISBURG ROAD CHARLOTTE, NC 28277

(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 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to provide training to staff relative to eliminating opportunities for cross-contamination. The finding is: Observation in the group home on 6/7/22 from 4:45 PM to 5:30 PM revealed staff B to don on a pair of gloves to prepare the dinner meal. Continued observation revealed staff to wear the same pair of gloves continuously throughout the meal prep while handling a trash can lid to throw food items away, providing meal prep instructions to clients #2, #4 and #5 and while placing dinner meal on the dinner table. Further observation revealed clients #2, #4, and #5 to participate in setting the dining room table for dinner with prompts by staff B to do so without washing hands. Subsequent observation during the dinner meal at 5:50 PM revealed client #1 to drop his bread on the floor and to pick it up placing it back on his plate and staff B to remove the soiled bread off client #1's plate and replace it with a new piece of bread to the exact location. Observation in the group home on 6/8/22 revealed client #6 to complete the medication administration and sit at the table without washing his hands nor did client #6 receive a hand washing prompt from staff prior to his 6:50 AM medication pass. Continued observation at 7:13 AM revealed clients #1, #2, #3, #4, and #5 to receive a prompt from staff D to sit down at the table to participate in the breakfast meal without	W 455		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G195	A. BUILDING _____ B. WING _____	06/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-HARRISBURG ROAD GROUP HOME	6620 HARRISBURG ROAD CHARLOTTE, NC 28277

(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 455	Continued From page 6 washing their hands. Interview with the qualified intellectual disabilities professional (QIDP) and facility nurse on 6/8/22 verified that staff have had training on hand washing. Continued intervew with QIDP and facility nurse verified that staff should have prompted all clients to wash their hands prior to medication administration and mealtimes.	W 455		