

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2022
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NAME OF PROVIDER OR SUPPLIER VOCA-WOODBRIDGE ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5901 WOODBRIDGE ROAD CHARLOTTE, NC 28227
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W 218	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include sensorimotor development. This STANDARD is not met as evidenced by: Based on observations, interview and record review, the individual support plans (ISPs) for 2 of 3 sampled clients (#2, #5) failed to include an occupational therapy (OT) re-assessment. The findings are:</p> <p>A. The ISP failed to include an OT re-assessment for client #2. For example:</p> <p>Observations in the group home from 6/7/22 - 6/8/22 revealed client #2 to participate in various activities including a group exercise activity, grooming, assisting with meal preparation, participating in mealtimes, medication administration and completing chores. Continued observations revealed client #2 to wear eyeglasses, a right foot brace and a hand splint.</p> <p>Review of the record for client #2 revealed an ISP dated 2/25/22 which identified client #2 has a foot brace, hand splint and eyeglasses. Continued review of the record did not reveal an OT assessment for review during the 6/7/22-6/8/22 survey period. Client #2's adaptive equipment and guidelines could not be verified as the OT assessment was not found.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 6/8/22 revealed the original OT assessment for client #2 had been completed but was not available during the survey period. Continued interview the QIDP revealed that client #2 would need an updated OT assessment to further evaluate adaptive</p>	W 218		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 218	<p>Continued From page 1</p> <p>equipment needs and should have had an annual re-assessment.</p> <p>B. The ISP failed to include an OT re-assessment for client #5. For example:</p> <p>Observations in the group home during the 6/7/22-6/8/22 survey revealed client #5 to ambulate in a mechanical wheelchair and participate in various activities. Continued observations revealed client #5 to participate in a group activity, assist with meal preparation, participate in medication administration, grooming and mealtimes. Further observations during both the dinner and breakfast meals revealed client #5 to use a scoop plate, lap tray, angled spoon, shirt protector and 2-handled cup. Additional observations during the survey period did not reveal client #5 to wear hand cushions.</p> <p>Review of the record for client #5 on 6/8/22 revealed an ISP dated 6/11/21 indicating the client has the following adaptive equipment: hand cushions, 2-handled cups, adult briefs, wheelchair and scoop plate. Review of the record did not reveal an OT assessment for review during the survey period. Adaptive equipment for client #5 could not be verified as the OT assessment was not found.</p> <p>Interview with the QIDP on 6/8/22 revealed that the OT assessment for client #5 could not be located during the survey. Continued interview with the QIDP verified that client #5 is in need of a re-assessment to further evaluate adaptive equipment needs. Further interview with the QIDP revealed that the original OT assessment for client #5 should have been available for review during the survey.</p>	W 218			

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W 331	<p>NURSING SERVICES CFR(s): 483.460(c)</p> <p>The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide nursing services to 1 sampled client (#5) relative to privacy during medication administration. The finding is:</p> <p>Observations in the group home on 6/8/22 at 7:00 AM revealed staff F to prompt client #5 to enter the medication room for medication administration. Continued observations revealed client #5's wheelchair to protrude out of the door and into the hallway. Further observation revealed staff F to resume medication administration to client #5 as the door remained open and several clients walked to the door looking inside. Observations at 7:06 AM revealed the home manager (HM) and staff B to enter the medication room and converse with staff F during the medication administration for client #5. At no point during the observation did staff ensure client #5's privacy during medication administration.</p> <p>Subsequent observations at 7:10 AM revealed staff F to interrupt the medication administration for client #5 and prompt client #2 to the medication door requesting a bottle of water from the kitchen. Observations revealed client #2 to return to the medication room with a bottle of water and handed it to staff F while remaining in the doorway during the medication administration. At no point during the observation period did staff ensure client #5's privacy during the medication administration.</p> <p>Interview with the qualified intellectual disabilities</p>	W 331			

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W 331	Continued From page 3 professional (QIDP) on 6/8/22 revealed that she attempted to keep all clients away from the medication door during medication administration. The QIDP also revealed during the interview that the medication door was left open due to client #5's wheelchair size. Continued interview with the QIDP verified all staff have been trained to respect the privacy of clients during medication administration. Interview with the facility nurse on 6/8/22 verified that staff should not have called clients into the medication room during medication administration. Continued interview with the nurse and QIDP confirmed all staff have been trained to ensure privacy during medication administration for all clients.	W 331			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation and interviews, the team failed to assure all medication and biologicals remained locked except when being prepared for medication administration for 1 sampled client (#4). The finding is: Observations in the group home on 6/7/22 at 4:35 PM revealed staff D to prompt client #4 to enter the medication room for medication administration. Continued observations at 4:40 PM revealed staff D to step out of the medication room, leaving client #4 unattended in the open, unlocked medication cabinet. Further observations revealed staff D to return to the medication room and resume medication	W 382			

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W 382	Continued From page 4 administration. Subsequent observations at 4:45 PM revealed staff D to exit the medication room, leaving client #4 sitting at the table with medications in front of her. Additional observations revealed staff D to return to the medication room and resume medication administration for client #4. Interview with the facility nurse and qualified intellectual disabilities professional (QIDP) on 6/8/22 revealed that clients should not be left unattended during medication administration. Continued interview with the nurse verified that all staff have received medication administration training. Interview with the QIDP and facility nurse verified that staff have been trained to not leave clients unattended in the medication administration room at any time.	W 382			
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 teach clients to use and make informed choices relative to adaptive equipment for 1 sampled client (#5). The finding is: Afternoon observations in the group home on 6/7/22 from 4:00 PM to 6:00 PM revealed client #5 to participate in various activities such as helping in the kitchen, a group activity and	W 436			

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W 436	<p>Continued From page 5</p> <p>preparing for the dinner meal. Observations did not reveal staff to offer hand cushions to wear throughout the day.</p> <p>Morning observations on 6/8/22 from 6:15 AM to 8:30 AM revealed client #5 to participate in various activities such as grooming, a group activity, helping in the kitchen, participating in medication administration and preparing for the breakfast meal. At no point during the observation period was client #5 prompted to wear hand cushions to wear throughout the morning.</p> <p>Review of the record for client #5 on 6/8/22 revealed an individual support plan (ISP) dated 2/25/22 indicated that the client has the following adaptive equipment: hand cushions, scoop plate, wheelchair, a two handled cup and adult briefs. Continued review of the ISP revealed that client #5 should wear the hand cushions throughout the day to prevent contractions. Hand cushions should not be worn during mealtimes and bathing. Further review of the record for client #5 did not reveal a current OT assessment to verify adaptive equipment and guidelines for use.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 6/8/22 revealed that the OT assessment for client #5 could not be located during the survey period. Interview with the QIDP also revealed staff should have located and assisted client #5 with wearing hand cushions as prescribed. Continued interview with the QIDP verified that all staff have received training on assisting client #5 with putting on hand cushions. The QIDP also verified during the interview that client #5 does not have formal guidelines for wearing hand cushions. Further interview with the</p>	W 436			

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W 436	Continued From page 6 QIDP confirmed that all of client #5 interventions are current. Additional interview the QIDP confirmed client #5 should wear hand cushions as prescribed throughout the day except for bathing and mealtimes.	W 436		