PRINTED: 11/15/2021 FORM APPROVED OMB NO. 0938-0391

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	T.	<u> </u>	OMB	NO. 0938-039
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		CONSTRUCTION		NTE SURVEY PMPLETED
•	PROVIDER OR SUPPLIER ORWICH ROAD GROUP H	34G139	1.	TREET ADDRESS, CITY, STATE, ZIP CODE 006 NORWICH ROAD		11/02/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPER DEFICIENCY)	SC.	(X5) COMPLETION DATE
W 369	CFR(s): 483,460(c)(5) Nursing services mustother members of the appropriate protective measures that include training clients and state health and hygiene measures failed to ensuration services failed to ensuration to perform appropriate to a state of the finding is: Observation in the grows 20 AM to 8:30 AM redishes, load and unload away trash, and wipe the wearing a single pair of observation at 8:31 AM client #1 if they needed breakfast. Continued of to stop cleaning, wipe the towel, and spoon feed their oatmeal white compair of vinyl gloves. Interview with the facility revealed staff should clied wash their hands before or chore related task, Facility nurse confirmed proper hygiene method DRUG ADMINISTRATICER(s): 483,460(k)(2) The system for drug ad that all drugs, Including	t include implementing with interdisciplinary team, and preventive health to aff as needed in appropriate ethods. of met as evidenced by: and interview, nursing are staff were adequately repriate health and hygiene ints (#1) related to glove up home on 11/2/21 from evealed staff C to wash different able while fively gloves. Further if revealed staff C to ask different assistance finishing their biservation revealed staff C their hands with a paper client #1 the remainder of eximuing to wear the same and after any client care further interview with the staff #3 did not follow is. ON	- W 369	Nursing will in-service and complete Hand Hygiene training with all Norwich Group Home DSF staff to ensure appropriate Protecti & preventative health measures are utilized as required. Completed By: Nurse on 12/2/21		
	abola	ALL A NEW TORK	1 Lan	ATTLE COOR		(XII) DATE

Any deficiency statement ending with an asterick (") 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 reculisities to continued

program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XX) MULTIPI A. BUILDING	(X3) DATE SURVEY COMPLETED	
		34G139	B. WING		COMPLETED
NAME OF PROVIDER OR SUPPLIER VOCA-NORWICH ROAD GROUP HOME		B, Waves	11/02/2021		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
	self-administered, at This STANDARD is Based on observati interview, the facility were administered wobserved (#2 and #3 A. The facility failed administered without example: Observation in the gradient of the servaled staff B to created staff B to administered calcium vitamin D 1000IU drops, and or created staff b to administered without example: Observation in the gray observation in the gray administered without example: Observation in the gray and created staff B to administered staf	re administered without error. Inot met as evidenced by: On, record review and Ifailed to assure all drugs without error for 2 of 3 clients If the findings are: Ito assure all drugs were It error for client #2. For roup home on 11/2/21 at 6:59 Ito prepare morning It #2. Continued observation rush calcium w/vit D3 Our into apple sauce. In revealed client #2 to be In w/vit D3 600MG-200IU and Itop by mouth. In client #2 on 11/2/21 Irders dated 11/2/21. Review Italian orders revealed Inister at 7:00 AM to be Image: MG-200IU, Vitamin D Ine-daily tab multi-vitamin. Italian staff B was not Italian are one-daily tab O assure all drugs were Italian are one-daily tab O assure all drugs were Italian are one-daily tab O assure all drugs were Italian are one-daily tab O assure all drugs were Italian are one-daily tab	W 369	Nursing will in-service and Re-train all Norwich Group Home Distaff to ensure the appropriate medical Administration procedures are follow as required. Nursing will review all clispecific medications, MAR's and prowith all Norwich Group Home DSP Staff. Nursing will complete medication Review monthly to ensure all meds are As prescribed. Completed By: Nurse on 12/2/21	ation ved fient cedures

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
NAME OF P	ROVIDER OR SUPPLIER	34G139	B. WING		11/02/2021	
	PRWICH ROAD GROUP H	OME		STREET ADDRESS, CITY, STATE, ZIP CODE 1996 NORWICH ROAD CHARLOTTE, NC 28227	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	COMPLETION	
	#3 to be administered tab 50 MG. Review of records for revealed physician or of the 11/2/21 physicia medications to admini Fluticasone spray 50M tab 50MG, polyeth gly chlorhexidine gluc-0.1 observation staff B wa administer polyeth gly chlorhexidine gluc-0.1 Interview with facility in physician orders dated Continued Interview with staff B did not admedications. Further inurse confirmed staff in DRUG ADMINISTRAT CFR(s): 483.460(k)(4) The system for drug at that clients are taught medications if the interdetermines that self-action an appropriate object does not specify other This STANDARD is not appropriate object does not specify other This STANDARD	client #3 on 11/2/21 ders dated 11/2/21. Review an orders revealed ister at 7:00 AM to be ACG, multivitamin, sertraline to powder 3350 NF, 2%-soln. During as not observed to to powder 3350 NF and 2%-soln. During as not observed to to powder 3350 NF and 2%-soln. During as not observed to to powder 3350 NF and 2%-soln. During as not observed to to powder 3350 NF and 2%-soln. During as not observed to to powder 3350 NF and 2%-soln. During as not observed to to powder 3350 NF and 2%-soln. During as not observed to to powder 3350 NF and 2%-soln. During as not observed to to powder 3350 NF and all 11/2/21 verified the to 11/2/21 to be current. With the facility nurse verified initiater prescribed interview with the facility will receive training. TON definition must assure to administration of medications office, and if the physician wise. Dot met as evidenced by: to record review and for drug administration clients (#1, #2, and #3) cation administration were ty to participate in stration or provided the, purpose and side	- W 37		nd ced and edication	
	effects of medication a	dministered. The findings			.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		ONSTRUCTION		E SURVEY IPLETED
		34G139	B. WING		App. 1	11	/02/2021
	ROVIDER OR SUPPLIER DRWICH ROAD GROUP I			1006	EET ADDRESS, CITY, STATE, ZIP CODE NORWICH ROAD ARLOTTE, NC 28227		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 371	Continued From page are:	∍3	w:	371			
	assure client #1 was	ug administration falled to provided the opportunity to tion self-administration. For					
	AM revealed staff B to bedroom door of clien medication by crushin sauce. Continued ob enter the bedroom of medication in appless observation revealed bedroom to obtain vitimedication closet. Surevealed staff B to play tongue. Client #1 was any training during medication door during medication door during medication door door door door door door door do	auce to client #1. Further staff B to exit client #1's amin D-3 drops from ubsequent observation k client #1 to sit up in her ce vitamin D-3 drop on s not observed to receive					
	Review of community, revealed client #1 can administration with the medication basket and	assessment dated 9/10/21. /home life assessment n participate in medication e ability to identify current					
	assure client #2 was t	ug administration falled to provided the opportunity to ion self-administration. For				AL 24	
	Observation in the arc	oup home 11/2/21 at 7:16					

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		T DETENDED				OMB N	<u>0. 0938-0391</u>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G139	B. WING		- American Control of the Control of	11	/02/2021
NAME OF F	ROVIDER OR SUPPLIER			8	TREET ADDRESS, CITY, STATE, ZIP CODE		
VOCA-NO	RWICH ROAD GROUP H	inwe		-10	906 NORWICH ROAD		
m den erstelle in die	orestances of solution exist control to	*OME		CHARLOTTE, NC 28227			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	di.	<u>. </u>	PROVIDER'S PLAN OF CORRECTION		T exer
PREFIX TAG	(EACH DEFICIENC REGULATORY OR I	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 371	Continued From page	à.∡	30/	074			
, , , , , ,	· · · · · · · · · · · · · · · · · · ·	o roll medication cart to the	**	371			
	hadroom door of clier	o roll medication cart to the ht #2 and staff B to prepare					
	medications by on rea	ing pills and pouring into					
		ued observation revealed					
		edroom of client #2 and give					
	medications in apole	sauce to client #2 while she		ļ			
		ther observation revealed					
		om of client #2. Client #2					
	was not observed to						
	medication pass or to participate beyond taking			- 1			1
	medications from staf	ff B.					
	- Paraconne						
	Review of records for			İ			
	community/home life	assessment dated 2/26/21.					
		/home life assessment		. 1			
		participate in medication		ŀ			Ï
		e ability to identify current					
		d punch medications into					
	medicine cup with ges	stural.					1
	C The avertone for de	ug administration failed to					
		provided the opportunity to					
	participate in medication self-administration. For example:						
					3		
	Observation in the gro	oup home 11/2/21 at 7:26					
		o roll medication cart to the					
	bedroom door of clien	it #3 and staff B to enter the					
	bedroom of client #3 t	to spray Fluticasone 50					
	MCG, 2 times in each nostril. Continued						
		staff to exit bedroom and					
	return to medication o	art and prepare					
		ing his medications into a			•		
		er observation revealed staff					
		alk to medication closet to					
	obtain water for client	•					
	t	staff B to enter the bedroom					
	1	nister medications whole]
	with water. Client #3	was not observed to receive					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SURVEY	
MAD FEMALE E	FOORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	16	COMPLETED	
34G139		34G139	B. WING_		11/02/2021	
VOCA-NORWICH ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1006 NORWICH ROAD CHARLOTTE, NC 28227	11/02/2021		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUIL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
W 371	Review of records for community/home life: Review of community, revealed client #3 car administration with the medication basket an medicine cup with ver revealed client #3 can water independently. Interview with staff B administered morning in their bedrooms. Co B revealed she prepared education and the opparticipation with adm DRUG STORAGE AN CFR(s): 483.460(I)(2) The facility must keep locked except when be administration. This STANDARD is in Based on observation. This STANDARD is in Based on observation of 11/2/2 AM revealed staff B to client #1 from the medication the medication in the medication and the oppared for administration.	edication pass or to ding medications from staff eter. client #3 revealed a assessment dated 2/14/21. //home life assessment participate in medication ability to identify correct doto punch medications into ball cue. Continued review take medications with the medications to each client ontinued interview with staff red and administered and administered dilent. Interview with the staff should provide portunity for client inlistering medications. D RECORDKEEPING all drugs and biologicals eing prepared for out met as evidenced by: a, interview and record ed to assure all drugs and lock except when being ation. The finding is: 1 in the group home at 6:59 access medications for licine cart. Continued	_ W 38	Nursing will in-service and train all Norwich Group Home DSP staff to ensure medication administra Policy and procedures are understood followed as required. All staff will be re-trained to ensure that medications kept locked except when being prepar For administration.	d and	
	Based on observation review, the facility falls biologicals were kept to prepared for administration on 11/2/2 AM revealed staff B to client #1 from the mediant.	n, interview and record ed to assure all drugs and lock except when being ation. The finding is: 1 in the group home at 6:59 access medications for		followed as required. All staff will be re-trained to ensure that medications kept locked except when being prepar	are	

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STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		IPLE CONSTRUCTION VG	(X3) DATE SURVEY COMPLETED	<u> </u>	
		34G139	B. WING _	1	11/02/2021		
	NAME OF PROVIDER OR SUPPLIER VOCA-NORWICH ROAD GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1006 NORWICH ROAD CHARLOTTE, NC 28227				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDERSON TO THE APPROPRIES OF	ILD BE COMPLET		
W 382	of client #1 leaving the corner of the medication remedication bin on the cart during various tim medications and staff medication cart. Vario observations the quali professional (QIDP) in the medication cart.	e medication bin on the ion cart. Evealed staff B to leave corner of the medication nes while administering B to walk away from the pus times during ified intellectual disability adicated to staff B to take ner as she walked away	W 3	82			
W 474	always be kept locked administered. Continum revealed she was nero had not locked the me indicated to her to take	ged interview with staff B vous and was aware she dications when the QIDP the medications and not dication cart. Interview with nedications should be being prepared.	- W 47	74			
	developmental level of This STANDARD is no Based on observation interview, the facility fa (#5 and #6) received for developmental level. T A. The facility failed to consistency was provid example:	ot met as evidenced by: as, record review and alled to ensure 2 of 6 clients bood consistent with their ine findings are; ensure client #5's diet		The QP will in-service and re-train a Norwich Group Home DSP staff to ensure proper knowledge of Specific diet orders. QP will observe Weekly to ensure food consistency is And as prescribed. Completed By: Qualified Professions	client meal-time accurate		

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/15/2021 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING_ COMPLETED 34G139 B, WING_ 11/02/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1006 NORWICH ROAD VOCA-NORWICH ROAD GROUP HOME CHARLOTTE, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID Ð PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X8) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 474 Continued From page 7 W 474 PM revealed the dinner menu to be two Salisbury steak patties, mashed potatoes, mixed vegetables, and milk/juice. Further observation revealed client #5 to be provided with a regular plate and a full place setting. Continued observation revealed client #5 to serve themselves two whole Salisbury steak patties and cut the patties with a fork as they ate. Review of client #5's record revealed an individual support plan (ISP) dated 2/18/21. Review of client #5's ISP revealed a nutritional assessment dated 5/10/21. Review of the nutritional assessment indicated "current diet order: ADA, mechanical soft; adaptive devices: plate guard." Continued review of client #5's record revealed a nursing note dated October 2021. Review of the nursing note indicated "current diet ADA, mech soft." Interview with the qualified intellectual disabilities professional (QIDP) and facility nurse on 11/2/21 verified that "mechanical soft" means food grounded in a blender or food processor that is soft enough to eat for clients with no teeth. Further interview with the QIDP and the facility

example:

nurse confirmed staff should use the food processor at all times when mechanical soft is

B. The facility failed to ensure client #6's diet consistency was provided as prescribed. For

Observation in the group home on 11/1/21 at 5:15 PM revealed the dinner menu to be two Salisbury

vegetables, and milk/juice. Further observation revealed client #6 to serve themselves two whole

indicated in a client's diet program.

steak patties, mashed potatoes, mixed

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	34G139 B. WING			11/02/2021			
NAME OF PROVIDER OR SUPPLIER VOCA-NORWICH ROAD GROUP HOME				10	TREET ADDRESS, CITY, STATE, ZIP CODE DOG NORWICH ROAD HARLOTTE, NC 28227		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(XIII) COMPLETION DATE
W 474	revealed the client to and then rely on staff into pleces. Review of client #6's individual support plan Further review of clien nutritional assessment the nutritional assessionder: mechanical sof juice 4 oz bid." Interview with the quaprofessional (QIDP) a verified that "mechanic grounded in a blender soft enough to eat for Further interview with nurse confirmed staff	s. Continued observation cut the first patty with a fork D to cut the second patty record revealed an (ISP) dated 8/20/21. Int #6's record revealed a st dated 5/10/21. Review of ment indicated "current diet it, chopped (1/4"), prune stiffed intellectual disabilities and facility nurse on 11/2/21 loal soft" means food or or food processor that is clients with no teeth. The QIDP and the facility should use the food when mechanical soft is	W.	474			