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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G291	B. WING _			C	
NAME OF PROVIDER OR SUPPLIER VOCA-TODDVILLE ROAD GROUP HOME (X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID	STREET ADDRESS, CITY, STATE, ZIP COD 1809 TODDVILLE ROAD CHARLOTTE, NC 28214 PROVIDER'S PLAN OF CO	E	02/22/2022		
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG		SHOULD BE	COMPLET DATE	
	Deficiencies were not complaint survey for in INDIVIDUAL PROGRACER(s): 483.440(c)(3). The comprehensive furinclude sensorimotor of This STANDARD is not Based on observation review, the individual s 6 clients (#3, #4)failed therapy (OT) re-assess A. The ISP failed to incomprehensive for client #3. For example, and the comprehensive for client state of the following additional the following addi	am PLAN (v) nctional assessment must levelopment. of met as evidenced by: s, interview and record upport plans (ISPs) for 2 of to include an occupational sment. The findings are: lude an OT re-assessment uple: s on 2/21/22 at 5:40 PM articipate in the dinner evation revealed client #3 aptive equipment during side plate, clothing boon. The dinner meal ramen noodles, turkey and sugar free beverage. Is revealed staff to use nce to cut his burger into ar observations revealed with a built-up handle	W 21	W218 The facility will ensure the functional assessment mus sensorimotor development by Program Manager inserinclude an annual OT re-as	st include within the ISP vicing QP to ssessment for quipment velopmentassessment is -assessment is 2 will review uding the need anually or as	4/22/2	
2 p m h	neal consisted of oatme igh fiber bar, orange jui continued observations	raled client #3 to ast meal. The breakfast eal, whole wheat toast, ice and 2% milk. revealed staff to use					

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other satisficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 10 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.

MAR 1 8 2022

3/14/2022

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CENTERS FOR MEDICARE & MED					OMB	OMB NO. 0938-039		
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G291	B. WING	B. WING		C 02/22/2022		
NAME OF F	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
VOCA-TO	DDVILLE ROAD GROUP	HOME			1809 TODDVILLE ROAD			
					CHARLOTTE, NC 28214			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
				_			4/22/2022	
W 218	hand over hand assistance to cut up client #3's toast. Further observations revealed client #3 to eat his oatmeal with a built-up spoon. Observations revealed client #3 to use a clothing protector and built up spoon during the breakfast meal. Review of the record for client #3 on 2/22/22 revealed an ISP dated 1/25/22 which identified client #3 has a high sided plate and built up		W	218				
	an OT assessment dat of the record revealed assessment since 2012 Interview with the progr 2/22/22 revealed that s client #3 had not receiv assessment since 2012 with the PM revealed th	riew of the record revealed ed 11/5/12. Further review no updated OT 2. ram manager (PM) on he was not aware that red an updated OT 2. Continued interview nat client #3 would have						
1	have had an annual re- Interview with the qualif professional (QIDP) on updated OT assessmer Continued interview with the would ensure that ar completed. B. The ISP failed to incre-assessment for client	oment needs and should assessment. fied intellectual disabilities 2/22/22 revealed that an at could not be located in the QIDP revealed that in OT re-assessment was lude an OT #44. For example:						
2 F	Afternoon observations 2/21/22 at 5:45 PM reverse participate in the dinner consisted of the followin	aled client #4 to						

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		34G291	B. WING	B. WING		C 02/22/2022	
NAME OF PROVIDER OR SUPPLIER VOCA-TODDVILLE ROAD GROUP HOME				18	REET ADDRESS, CITY, STATE, ZIP CODE 09 TODDVILLE ROAD HARLOTTE, NC 28214	1 0.	212212022
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)		3E	COMPLETION DATE
	ramen noodles, spinar beverage. Continued of #4 to use the following the dinner meal: a high regular spoon and cup revealed staff to use high with client #4 to chop a size pieces. Morning observations 2/22/22 at 7:45 AM revival participate in the break meal was observed to oatmeal, whole wheat milk. Continued observations at coast. Further observations use hand over hand as toast. Further observations at clothing protector during the breakfast meal was observed to oatmeal, whole wheat milk. Continued observations a clothing protector during the breakfast mean use a clothing protector of the ISP revealed clies scoop guard and clothing mealtimes and snacks. Review of the record for revealed an OT 2/25/19. Additional review of the PM of the was not aware that an updated OT assessment since the was not aware that an updated OT assessment since the protection of the revealed and the protection of the pr	ch, pears and sugar free observation revealed client adaptive equipment during a sided dish, shirt protector, b. Further observation and over hand assistance a turkey burger into bite in the group home on realed client #4 to a sistance and turkey burger into bite in the group home on realed client #4 to a sistance and 2% ovations revealed staff to a sistance to cut client #4's ion revealed client #4 to a rand high sided dish and high sided dish and high sided dish and protector during are further review of the assessment dated are wo fither ecord revealed that client #4 had not received ment since 2019. In 2/22/22 revealed that a client #4 had not received ment since 2019. In the PM revealed that a pupdated OT assessment aptive equipment needs. In 2/22/22 verified that ment for client #4 could	W	218			