

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: 34G291	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2022
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NAME OF PROVIDER OR SUPPLIER VOCA-TODDVILLE ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1809 TODDVILLE ROAD CHARLOTTE, NC 28214
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(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
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W 000	INITIAL COMMENTS	W 000	W218 The facility will ensure the comprehensive functional assessment must include sensorimotor development within the ISP by Program Manager inservicing QP to include an annual OT re-assessment for those who have adaptive equipment needs for sensorimotor development.	
W 218	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)	W 218	A. QP will ensure an OT re-assessment is completed for client #3. B. QP will ensure an OT re-assessment is completed for client #4. To prevent reoccurrence QP will review clients' needs quarterly including the need for an OT re-assessment annually or as needed for adaptive equipment utilized for sensorimotor development.	4/22/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Handwritten Signature]

Program Manager

3/11/2022

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.

MAR 18 2022

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W 218	<p>Continued From page 1</p> <p>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.</p> <p>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 handle utensils to use during mealtimes and snacks. Continued review of the record revealed an OT assessment dated 11/5/12. Further review of the record revealed no updated OT assessment since 2012.</p> <p>Interview with the program manager (PM) on 2/22/22 revealed that she was not aware that client #3 had not received an updated OT assessment since 2012. Continued interview with the PM revealed that client #3 would have needed an updated OT assessment to further evaluate adaptive equipment needs and should have had an annual re-assessment.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 2/22/22 revealed that an updated OT assessment could not be located. Continued interview with the QIDP revealed that he would ensure that an OT re-assessment was completed.</p> <p>B. The ISP failed to include an OT re-assessment for client #4. For example:</p> <p>Afternoon observations in the group home on 2/21/22 at 5:45 PM revealed client #4 to participate in the dinner meal. The dinner meal consisted of the following: turkey burger, season</p>	W 218		4/22/2022
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W 218	<p>Continued From page 2</p> <p>ramen noodles, spinach, pears and sugar free beverage. Continued observation revealed client #4 to use the following adaptive equipment during the dinner meal: a high sided dish, shirt protector, regular spoon and cup. Further observation revealed staff to use hand over hand assistance with client #4 to chop a turkey burger into bite size pieces.</p> <p>Morning observations in the group home on 2/22/22 at 7:45 AM revealed client #4 to participate in the breakfast meal. The breakfast meal was observed to consist of the following: oatmeal, whole wheat toast, orange juice and 2% milk. Continued observations revealed staff to use hand over hand assistance to cut client #4's toast. Further observation revealed client #4 to use a clothing protector and high sided dish during the breakfast meal.</p> <p>Review of the record for client #4 on 2/22/22 revealed an ISP dated 4/1/21. Continued review of the ISP revealed client #4 should use a metal scoop guard and clothing protector during mealtimes and snacks. Further review of the record revealed an OT assessment dated 2/25/19. Additional review of the record revealed no OT assessment since 2019.</p> <p>Interview with the PM on 2/22/22 revealed that she was not aware that client #4 had not received an updated OT assessment since 2019. Continued interview with the PM revealed that client #4 should have an updated OT assessment annually to evaluate adaptive equipment needs. Interview with the QIDP on 2/22/22 verified that an updated OT assessment for client #4 could not be located during the survey period.</p>	W 218		4/22/2022
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