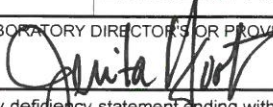


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/16/2022
NAME OF PROVIDER OR SUPPLIER VOCA-ST. JOHN'S CHURCH ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2220 ST. JOHN'S CHURCH ROAD CHARLOTTE, NC 28215	
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, review of records and interviews, the individual support plan (ISP) failed to have sufficient training to meet identified client needs for 1 of 3 sampled clients (#5). The finding is:</p> <p>Observations in the group home on 2/16/22 at 7:00 AM revealed client #5 to participate in the breakfast meal. Continued observation revealed the breakfast meal to consist of cereal, toast with jelly and fruit (banana and oranges). Further observation at 7:02 AM revealed staff to serve client #5 seconds of cereal.</p> <p>Review of records for client #5 on 2/16/22 revealed an ISP dated 7/19/21 with training objectives to address safe swallow, dental flossing, personal hygiene, to cook a simple meal, to wash hair, dental hygiene and community integration. Continued review of records for client #5 revealed a nutritional assessment dated 2/7/22 with an ADA diet, chopped consistency and thin liquids. Further review of the nutritional assessment revealed the recommendation for client #5 to remain on a diet to promote weight management with the need to encourage activity and monitor portion size at mealtimes.</p> <p>Subsequent review of records revealed client #5 to have the following weights: 10/21-240 lbs, 11/21-250 lbs, 12/21-249 lbs, 1/22-260 lbs and 2/22-262 lbs. Additional review of records for</p>	W 227	<p>W227 The facility will ensure the individual support plan (ISP) will have sufficient training to meet identified client needs. The Program Manager will in-service QP to address recommendations made by all disciplines including dietary recommendations. Specifically for client#5 QP will formulate a goal to encourage activity to promote weight management and in-service staff to monitor portion size at mealtimes.</p> <p>To prevent further occurrence QP will review recommendations from all disciplines including recommendations from dietician's nutritional assessment each quarter during core team meeting.</p>	4/16/2022

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



TITLE

Program Manager

(X6) DATE

3/10/2022

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 45 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.

DHSR Mental Health

MAR 18 2022

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/16/2022
NAME OF PROVIDER OR SUPPLIER VOCA-ST. JOHN'S CHURCH ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2220 ST. JOHN'S CHURCH ROAD CHARLOTTE, NC 28215		
(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 227	Continued From page 1 client #5 revealed an exercise goal implemented in 2019 to be discontinued with no current weight management goal.	W 227			
W 249	<p>Interview with the qualified intellectual disabilities professional (QIDP) verified the 7/21/21 ISP for client #5 was current. Continued interview with the QIDP confirmed that client #5 did not have a current weight management goal. Further interview with the QIDP revealed that client #5 would benefit from an exercise goal and a new goal should be implemented.</p> <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 3 sampled client's (#1) received a continuous active treatment program as identified in their behavior support plan (BSP). The finding is:</p> <p>Observation in the group home on 2/16/22 at 7:43 AM revealed client #1 to be sitting in the living room after breakfast and for the house manager to verbally prompt the client to take the trash out. Continued observation revealed client #1 to</p>	W 249	<p>W249 The facility will ensure clients receive a continuous active treatment program as identified in their behavior support plan. Behaviorist will in-service all staff on clients' BSP including the BSP for client #1. Behaviorist will in-service staff to follow intervention strategies outlined in the client's BSP relative to non compliance.</p> <p>To prevent further occurrences QP and/or behaviorist will monitor group home weekly for a one month period to ensure continuous active treatment is occurring as identified in behavior support plans.</p>	4/16/2022	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/16/2022
NAME OF PROVIDER OR SUPPLIER VOCA-ST. JOHN'S CHURCH ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2220 ST. JOHN'S CHURCH ROAD CHARLOTTE, NC 28215		
(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 249	Continued From page 2 ignore the prompt and to continue to sit in the living room. Further observation revealed the house manager to give client #1 a second prompt to take out the trash and for staff F to state "give him some chips and he will do it." Subsequent observation revealed staff G to offer client #1 a leisure activity which the client accepted. Additional observation revealed the house manager to show client #1 a bag of chips and to eat a chip in front of the client without offering client #1 any food item. Review of client #1's record on 2/16/22 revealed an individual support plan (ISP) dated 4/6/21 and a BSP dated 3/5/21. Review of the BSP revealed target behaviors of elopement, self-injurious behaviors and disruptive behaviors, to include "not wanting to do what is asked." Continued review of client #1's BSP indicated interventions for disruptive behaviors are "monitor, be firm and direct, limit communication, ignore behaviors if they continue, allow client time to calm down, be consistent, use picture cues and keep on task." Interview with the qualified intellectual disabilities professional (QIDP) and the facility behaviorist on 2/16/22 verified client #1's BSP was current. Continued interview confirmed it was inappropriate for staff to suggest offering client #1 a bribe to complete a chore, and further confirmed staff should have followed the intervention strategies outlined in the client's BSP relative to non-compliance.	W 249		4/16/2022	
W 448	EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv) The facility must investigate all problems with evacuation drills, including accidents.	W 448	W 448 The facility will ensure all problems with evacuation drills are investigated specific to the analysis of the timeliness of evacuations. The Program Manager will in-service QP to review fire drills monthly to ensure all problems are investigated specific to the analysis of the timeliness of the evacuations. To prevent further occurrences a monthly site review will be completed by Program Manager or designee to ensure fire drills have been investigated specific to the analysis of the timeliness of the evacuations.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/16/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA-ST. JOHN'S CHURCH ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2220 ST. JOHN'S CHURCH ROAD CHARLOTTE, NC 28215
---	---

(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 448	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on review of records and interview, the facility failed to investigate all problems with evacuation drills specific to the analysis of the timeliness of the evacuation: The finding is:</p> <p>Review of the facility fire drills reports from 2/11/21 through 1/12/22 revealed staff had documented extended times to complete the evacuations on various shifts with no identified reasons or issues with the evacuation. Extended evacuation times were documented on the following drills:</p> <p>3/1/21 - 3rd shift - 15.02 minutes 5/3/21 - 2nd shift - 10.20 minutes 6/30/21 - 2nd shift - 15.25 minutes 12/31/21 - 3rd shift - 8.25 minutes 1/12/22 - 1st shift - 15.00 minutes</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 2/16/22 revealed the extended evacuation times on multiple drills throughout the review year had not been noticed. Continued interview with the QIDP confirmed no inquiry or investigation had been conducted regarding the extended evacuation times. Further interview with the QIDP verified all fire drills should be conducted in five minutes or less per policy and confirmed there should always be documentation to support any extended time required.</p>	W 448		4/16/2022
W 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p>	W 460	<p>W460 The facility will ensure clients receive prescribed diet. Nursing will re-service all staff including QP and site supervisor on all prescribed diets including client #6.</p> <p>To prevent further occurrences Nursing will review any diet changes with QP and site supervisor during quarterly core team meeting. Nursing, QP and/or site Supervisor will monitor diets weekly for one month to ensure prescribed diets are given during meal time.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/16/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA-ST. JOHN'S CHURCH ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2220 ST. JOHN'S CHURCH ROAD CHARLOTTE, NC 28215
---	---

(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 460	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review, and interview, the facility failed to ensure 1 of 3 sampled clients (#6) received a diet as prescribed. The finding is:</p> <p>Observation in the group home on 2/15/22 at 5:07 PM revealed client #6 to participate in the dinner meal. Continued observation revealed the dinner meal to consist of chicken breast, brown rice and spinach. Further observation revealed client #6 to be served the dinner meal in regular consistency.</p> <p>Morning observations in the group home on 2/16/22 revealed client #6 to participate in the breakfast meal. Continued observation revealed the breakfast meal to consist of cereal, toast with jelly and fruit (banana and oranges). Further observation revealed client #6 to be served the breakfast meal in regular consistency. Subsequent observation at 7:22 AM revealed staff to prompt the client to slow down with regard to rate of eating.</p> <p>Subsequent observations in the home 2/15-2/16/22 revealed the site supervisor to be present for the dinner meal and the qualified intellectual disabilities professional (QIDP) to be present for the dinner meal and breakfast meal.</p> <p>Review of in-service guidelines posted in the home (dated 2/14/22) revealed a diet order for client #6 of a minced consistency diet. Review of records on 2/16/22 revealed an ISP dated 2/9/22. Continued review of the ISP revealed a nutritional assessment update dated 2/7/22 for client #6's</p>	W 460		4/16/2022
-------	---	-------	--	-----------

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/16/2022
NAME OF PROVIDER OR SUPPLIER VOCA-ST. JOHN'S CHURCH ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2220 ST. JOHN'S CHURCH ROAD CHARLOTTE, NC 28215		
(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 460	<p>Continued From page 5</p> <p>diet to be changed due to several teeth extractions: diet order - ADA, chopped 1/2" with nurse practitioner changing diet to minced. Further review revealed a medical note dated 1/20/22 for 10 teeth extractions for client #6 to include #3, #5, #6, #10, #11, #12, #23, #25, #26, and #30. Additionally, the medical note included a meal plan to be soft mechanical diet with no chips, crackers or toasted items.</p> <p>Interview with the QIDP on 2/16/22 confirmed that client #6's prescribed diet was changed to minced consistency. Continued interview with the QIDP revealed she was not aware of the diet change until seeing the in-service posted in the group home on 2/15/22. Further interview with the QIDP confirmed the process for a diet change implementation to include: the facility nurse notifying area supervisor and QIDP, staff to receive in-service training and the client would then follow-up with PT/OT.</p> <p>Interview with the facility nurse on 2/16/22 confirmed that client #6's prescribed diet was changed to minced consistency. Continued interview with the facility nurse confirmed she had completed an in-service guideline and posted the new diet change in the group home. Further interview with the facility nurse verified that staff should be trained on client #6's prescribed diet to ensure proper consistency is provided to the client.</p>	W 460		4/16/2022	