

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

PRINTED: 03/16/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G194	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/03/2022
NAME OF PROVIDER OR SUPPLIER VOCA-FREEDOM GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5911 FREEDOM DR CHARLOTTE, NC 28208		
(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 000	INITIAL COMMENTS	W 000	The facility will ensure all clients receive a continuous active treatment program relative to their Behavior Support Plan.	5/03/2022	
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record review and interviews the facility failed to ensure 2 of 6 clients received a continuous active treatment program relative to their behavior support plan (BSP). The findings are: A. The facility failed to follow client #2's BSP as prescribed. For example: Observations in the group home on 3/3/22 at 10:59 AM revealed client #2 to walk in the hallway closing the bathroom door. Continued observation in the group home at 11:00 AM revealed client #2 to walk into the kitchen standing next to the stove with a pot of boiling spaghetti and touching the oven handle almost reaching the boiling pot. Further observation revealed staff A to walk from living room into dining room and surveyor to tell staff A that client #2 was reaching for the hot pot on the stove. Subsequent observation at 11:03 AM revealed	W 249	Behaviorist will rein-service all staff on all Behavior Support Plans. A. Specific to client #2 Behaviorist rein-served client #2's Behavior Support Plan on 03/03/2022 which includes 1:1 for client #2 when food is being cooked. Behaviorist also in-served staff on 03/03/2022 to provide supervision to all clients when in kitchen cooking or stove is hot to prevent harm. B. Specific to client #6 Behaviorist rein-served client #6's Behavior Support on 03/03/2022. In addition Behaviorist completed an additional in-service on 03/03/2022 stating per client #6's Behavior Support Plan to offer client #6 activities/engagement throughout the day. Team including Behaviorist will review client #6's Behavior Support Plan to determine if additional supports are needed for client #6 during wake hours. To prevent further occurrence: Behaviorist and QP will monitor activities in home weekly for the next month to ensure continuous active treatment is occurring relative to behavior support plans. In addition Behavior Support Plans will be reviewed quarterly at core team meeting.		

DHSR - Mental Health

APR 6 2022

Lic. & Cert. Section

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

TITLE

Program Manager

(X6) DATE

5/30/2022

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.

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W 249	<p>Continued From page 1</p> <p>staff A to prevent client #2 from touching the pot and called staff C to take client #2 to the living room.</p> <p>Further observation at 11:19 AM revealed client #2 to enter the kitchen and to walk close to the stove with hot pot of spaghetti while staff A had back turned preparing meal and staff C was walking out of the office. Continued observation revealed Staff C to prevent client #2 from touching the hot pot and walk with client #2 out of the kitchen area.</p> <p>Review of the records for client #2 on 3/3/22 revealed an individual support plan (ISP) dated 5/6/21. Review of client #2's ISP revealed a diagnosis of autism, severe intellectual developmental disability, sensorineural and bone conduction hearing loss, left eye cataract, left eye retinal detachment repair. Further review of client #2's ISP revealed a BSP dated 5/6/21 that revealed target behaviors to be non-compliance, physical aggression, inappropriate social behavior, and unsafe behaviors defined as touching hot or dangerous surfaces, such as the stove top, or around the stove or any action that has potential harm. Continued review of the BSP for client #2 revealed strategies for safety for client #2 to have 1:1 staff working with client when meals are being cooked to ensure the clients safety, that includes redirecting client out of the kitchen when the stove is in use and staff engaging with the client with something in the client's sensory box or hand washing, setting the table, van ride, or something to take focus off the kitchen.</p> <p>Interview on 3/3/22 with the program manager verified the 5/6/21 ISP for client #2 was current.</p>	W 249		05/03/2022



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March 30, 2022

DHSR - Mental Health

APR 6 2022

Lisa Jones
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Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
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Lic. & Cert. Section

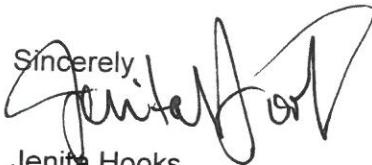
Dear Lisa Jones,

Please find the enclosed plan of correction for deficiencies cited during the recent complaint survey at the Freedom Group Home on March 3, 2022. Deficiencies will be corrected as indicated in the plan of correction.

We would like to request an invitation of return visit on or after May 3, 2022.

Thank you for all your assistance that you provide us in helping meet the needs of the people we serve.

Sincerely,



Jenita Hooks
Program Manager

Respect and Care

Assisting People to Reach Highest Level of Independence