

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

PRINTED: 02/23/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G197</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/22/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-ST. JOHN'S CHURCH ROAD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2220 ST. JOHN'S CHURCH ROAD CHARLOTTE, NC 28215</b>		
(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 129	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy. This STANDARD is not met as evidenced by: The facility failed to ensure the personal privacy of 1 of 5 clients in the group home (#3) as evidenced by observations and interviews. The finding is:</p> <p>Observations in the group home on 2/21/22 and 2/22/23 revealed an audio/visual room monitor located in the living room area for client #3. Further observations during the survey revealed the audio/visual monitor was directed toward client #3's bed.</p> <p>Review of the client's individual program plan (IPP) dated 10/24/22 indicates the audio/visual monitor is in place for the client's safety due to a diagnosed seizure disorder and risk of injury due to seizures.</p> <p>Interview with qualified intellectual disabilities professional (QIDP) confirmed the audio/visual monitor for this client is used to help monitor the client during 3rd shift due to client's seizure activity. Further interviews revealed the monitors should only be used at night during 3rd shift and should be turned off during the day to assure client personal privacy as required, and that the receiver should be placed in a location where it is not audible/visible to other residents and visitors to the home.</p>	W 129			
W 369	<p><b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure</p>	W 369			

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

TITLE

(X6) DATE

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 369	Continued From page 1 that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure all medications were administered without error. This affected 1 of 2 clients (#6) observed receiving medications. The finding is:  During observations of medication administration in the home on 2/22/23 at 7:12am, client #6 was observed to ingest one Aspirin 81mg, one Omeprazole 20mg, and one Vitamin D3 50mcg. In addition, client #6 was observed to self administer Clindamycin 1% solution to his upper right and left arm, followed by Staff A applying Nystatin Powder 100000 units between the toes on both feet.  Review on 2/22/23 of client #6's physician's orders dated 2/23 revealed an order for Clindamycin 1% solution, "Apply twice daily to body areas where bumps occur for folliculitis (stomach)."	W 369			
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii)  Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to serve food in a form consistent with the developmental level of 3 of 5 audit clients (#3, #4 and #5). The findings	W 474			

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W 474	<p>Continued From page 2 are:</p> <p>A. The facility failed to follow client #4's diet as prescribed. For example:</p> <p>During observations in the home on 2/21/23 at 4:46pm, client #4 was observed eating dinner which consisted of a chicken leg and steamed vegetables. The area supervisor was observed to assist client #4 with removing his chicken from the bone, with pieces of chicken being larger than 1" in size.</p> <p>During observations in the home on 2/22/23 at 6:45am, client #4 was observed eating breakfast, which consisted of waffles, bacon and toast. Client #4's bacon was served whole.</p> <p>Review on 2/21/23 of client #4's individual program plan (IPP) dated 12/18/21 revealed a diet order consisting of regular heart healthy, chopped foods.</p> <p>Review on 2/22/23 of client #4's nutritional assessment dated 2/13/23 revealed a diet order consisting of regular, chopped meats.</p> <p>Interview on 2/22/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed a chopped diet should consist of pieces cut into 1/2" to 1" in size. The QIDP confirmed client #4's chicken and bacon should have been served in a chopped consistency.</p> <p>B. The facility failed to follow client #5's diet as prescribed. For example:</p> <p>During observations in the home on 2/21/23, client #5 was observed eating dinner which</p>	W 474			

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W 474	<p>Continued From page 3</p> <p>consisted of a chicken leg and steamed vegetables. Client #5's chicken was removed from the bone, with pieces of chicken being larger than 1/2" to 1" in size. The vegetables were served whole, with pieces being larger than 1/2" to 1" in size.</p> <p>During observations in the home on 2/22/23, client #5 was observed eating breakfast which consisted of waffles, bacon and toast. Client #5's waffles, bacon and toast were cut, but were larger than 1/2" to 1" in size.</p> <p>Review on 2/22/23 of client #5's IPP dated 7/20/22 revealed a diet consisting of 1500 calories, sugar free beverages.</p> <p>Review on 2/22/23 of client #5's nutritional assessment dated 2/13/23 revealed a diet order consisting of ADA, chopped, thin liquids.</p> <p>Interview on 2/22/23 with the QIDP confirmed client #5's foods should have been chopped to 1/2" to 1" pieces.</p> <p>C. The facility failed to follow client #3's diet as prescribed. For example:</p> <p>During observations in the home on 2/21/23, client #3 was observed eating dinner which consisted of a chicken leg and steamed vegetables. Client #3's chicken was removed from the bone, with pieces of chicken being larger than 1/2" to 1" in size.</p> <p>Review on 2/22/23 of client #3's IPP dated 10/12/2022 revealed a diet consisting of regular heart healthy with chopped meats.</p>	W 474			

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W 474	Continued From page 4  Review on 2/22/23 of client #3's nutritional assessment dated 2/13/23 revealed a diet order consisting of regular, chopped meats..  Interview on 2/22/23 with the QIDP confirmed client #3's chicken should have been chopped to 1/2" to 1" pieces.	W 474			