PRINTED: 10/06/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			
		34G208			09	/29/2022
NAME OF PROVIDER OR SUPPLIER VOCA-PURSER GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODI 1615 PURSER DRIVE CHARLOTTE, NC 28215			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
	each client must rece treatment program co interventions and ser and frequency to sup objectives identified in plan. This STANDARD is r Based on observation interview, the facility f individual support plan relative to using preso Observation in the gro AM revealed client #2 the activity room and to prescribed AFOs. Co AM revealed client #2 the dining room table to into a chair. Further of #2 to exit the dining ro walker to the kitchen a Subsequent observation staff A to assist client a return to activity room shoes and prescribed Review of record on 9 an ISP dated 8/9/22. I client #2 to have a diag disabilities, cerebral pa stage cataract. Contin	isciplinary team has individual program plan, ive a continuous active ensisting of needed vices in sufficient number port the achievement of the inthe individual program. The individual program of th	W 2	The facility will assure the ISP is im the consumers relative to needed a including Client #2 to utilize AFOs a QP will inservice staff on when to ut adaptive for all consumers including. To prevent further occurences: QP will complete monitoring tool weekly use of adaptive equipment as presc Program Manager or designee will radaptive equipment during monthly. DHSR = Menta OCT 18 2 Lic. & Cert. S	daptive equipment is prescribed. The prescribed AFOs for Client#2 and site supervisor which include the ribed. In addition monitor the use of site review.	
BORATORY DI	RECTOR'S OR PROVIDER/S	IPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X	(6) 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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: T63V11

Facility ID: 922798

NAME OF PROVIDER OR SUPPLIER VOCA-PURSER GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE 1615 PURSER DRIVE 1615 PURSE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
STREET ADDRESS. CITY, STATE_ZIP CODE 1615 PURSER DRIVE CHARLOTTE, NC. 28215 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES TAG TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY MOST INFORMATION) PREFIX PROVIDER'S PLAN OF CORRECTION SHOULD BE DEFICIENCY TAG CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY W 249 Continued From page 1 and a walker to assist with ambulation whenever ambulating. Further review of ISP revealed a physical therapy evaluation dated 9/16/22 that states client should continue to wear AFOs with shoes. Interview with the qualified intellectual disabilities professional (QIDP) verified the PCP dated 8/9/22 for client #2 was current. Continued interview with the QIDP confirmed that staff should be using client #2's adaptive equipment as prescribed. W 371 DRUG ADMINISTRATION CFR(s): 483.460(k)(4) The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration for medications is an appropriate objective, and if the physician does not specify otherwise. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the system for drug administration affects of medication and give side effects of medication into cup with physical assistance and take medication with water with a verbal cue. Nursing will also inservice staff to give opportunities to Client #2 Open Illinsanvice staff to give opportunities to Client #2 open purpose of medication and give side effects of medication and interview, the system for drug administration and provided the opportunities to Client #1 to participate in medications and provided the medication with water with a verbal cue. Nursing will		34G208		B. WING		05	09/29/2022	
### REGULATORY OR LSC IDENTIFYING INFORMATION W 249 Continued From page 1 and a walker to assist with ambulation whenever ambulating. Further review of ISP revealed a physical therapy evaluation dated 9/16/22 that states client should continue to wear AFOs with shoes. Interview with the qualified intellectual disabilities professional (QIDP) verified the PCP dated 8/9/22 for client #2 was current. Continued interview with the QIDP confirmed that staff should be using client #2's adaptive equipment as prescribed. W 371 DRUG ADMINISTRATION CFR(s): 483.460(k)(4) The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the system for drug administration were provided the opportunity to participate in medication self-administration based on the consumers' strengths indicated in the Community Plome Life Assessment. Nursing will also inservice staff to identify medication, give purpose of medication and give side effects of medication with water with a verbal cue. Nursing will also inservice staff to identify medication, give purpose of medication and give side effects of medication with water with a verbal cue. Nursing will also inservice staff to identify medication, give purpose of medication self-administration based on the consumer's through the community plant to interview, the system for drug administration medication and give side effects of medication with water with a verbal cue. Nursing will also inservice staff to identify medication, give purpose of medication self-administration based on the consumer's through a proportunities to the community plant to interview. The participate in medication self-administration based on the consumer's through the consumer's through the consumer's through the consum				1615 PURSER DRIVE CHARLOTTE, NC 28215	· ·			
and a walker to assist with ambulation whenever ambulating. Further review of ISP revealed a physical therapy evaluation dated 9/16/22 that states client should continue to wear AFOs with shoes. Interview with the qualified intellectual disabilities professional (QIDP) verified the PCP dated 8/9/22 for client #2 was current. Continued interview with the QIDP confirmed that staff should be using client #2's adaptive equipment as prescribed. W 371 DRUG ADMINISTRATION CFR(s): 483.460(k)(4) The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the system for drug administration failed to ensure 2 of 2 clients (#1 and #4) observed during medication administration were provided the opportunity to participate in medication self-administration based on the consumers' strengths indicated in the Community Home /Life Assessment including punching medication into view provided the opportunity to participate in medication self-administration based on the consumers' strengths indicated in the Community Home /Life Assessment including punching medication into view provided the opportunities to Client.#1 to participate in medication self-administration based on the consumers' strengths indicated in the Community Home /Life Assessment including punching medication into view provided the opportunities to Client.#1 to participate in medication self-administration based on the consumers' strengths indicated in the Community Home /Life Assessment including punching medication into view provided the opportunities to Client.#1 to participate in medication self-administration based on the consumers' strengths indicated in the Community Home /Life Assessment including punching medication into view provided the opportunities to Cli	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	X (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION	
A. The system for drug administration failed to assure client #1 was provided the opportunity to participate in medication self-administration. For example: Observation in the group home on 9/29/22 at 6:35 AM revealed client #1 to enter the medication room and to sit in a chair while staff E prepared and administered medications to the client. To prevent further occurences: Nursing, QP and/or site supervisor will complete monitoring tool weekly which include the opportunity to participate in self-administration. In addition Program Manager or designee will monitor the opportunity to participate in medication self-administration during monthly site review.	W 371	and a walker to assist ambulating. Further in physical therapy evaluates client should conshoes. Interview with the qual professional (QIDP) via 8/9/22 for client #2 was interview with the QID should be using client prescribed. DRUG ADMINISTRAT CFR(s): 483.460(k)(4) The system for drug at that clients are taught medications if the interdetermines that self-act is an appropriate object does not specify other. This STANDARD is not assert to a system of alled to ensure 2 of 2 observed during medication self-adminimedication self-adminimedication self-adminimedication self-adminimedication in the group assure client #1 was proparticipate in medication example: Observation in the group AM revealed client #1 troom and to sit in a characteristic self-adminimation of the construction of the group assure client #1 troom and to sit in a characteristic self-adminimation of the group and to sit in a characteristic self-adminimation of the group and to sit in a characteristic self-adminimation of the group and to sit in a characteristic self-adminimation of the group and to sit in a characteristic self-adminimation of the group and to sit in a characteristic self-adminimation of the group and to sit in a characteristic self-adminimation of the group and to sit in a characteristic self-adminimation of the group and to sit in a characteristic self-adminimation of the group and	with ambulation whenever eview of ISP revealed a pation dated 9/16/22 that portinue to wear AFOs with softinue to ending the PCP dated is current. Continued P confirmed that staff #2's adaptive equipment as softinue to administration must assure to administration of medications of the physician wise. The physician wise with the physician wise with the physician wise with the physician wise. The physician were the physician administration were the participate in stration. The findings are: If administration failed to rovided the opportunity to an self-administration. For the phome on 9/29/22 at 6:35 to enter the medication air while staff E prepared		W371 The facility will assure the consumers are opportunity to participate in medication s administration. QP will inservice staff to copportunities to the conusmers to particip medication self-administration based on consumers' strengths indicated in the Co Home /Life Assessment. Nursing will also service staff to identify medication, give p medication and give side effects of medication and give side effects of medication self-administration based on tonsumers' strengths indicated in the Co Home /Life Assessment including punching into cup with physical assistance and take with water with a verbal cue. Nursing will service staff to identify medication, give p medication and give side effects of medication self-administration based on tonsumers' strengths indicated in the Cores opportunities to Client: #1 to participate in medication self-administration based on tonsumers' strengths indicated in the Cores opportunities to Client: #1 to participate in medication self-administration based on tonsumers' strengths indicated in the Cores opportunities to Client: #1 to participate in medication and give side effects of medication cup with physical assistance and take with water with a verbal cue. Nursing will service staff to identify medication, give p medication and give side effects of medication and give s	elf- give or attemption of the content of the conte		

PRINTED: 10/06/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
34G208		B. WING		09/29/2022		
NAME OF PROVIDER OR SUPPLIER VOCA-PURSER GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1615 PURSER DRIVE CHARLOTTE, NC 28215			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	the medication record for client #1 into a me observation revealed medications whole foll poured by the staff. Si to provide no identificated education regarding polient. Review of records for revealed an individual 7/19/22. Continued revealed a community dated 7/15/22. Review revealed client #1 to homedications into cup with the medication with with the facilist staff should provide exparticipation to all client. B. The system for drug assure client #4 was poparticipate in medication with the facilist and administered medications in the grown and to sit in a chall administered medication reconcile medications the medication record apunching their medicate Further observation revealed client #4 Further observation revealed continued observation record in the medication record in the medication record in the redication record in the	from a bubble pack with and punch all medications dication cup. Further client #1 to then take all lowed by water that was taff E was further observed ation of any medication or urpose or side effects to the client #1 on 9/29/22 support plan (ISP) dated view of records for client #1 home/life assessment ave the ability to punch with physical assistance and vater with verbal cue. The provided the opportunity to be a self-administration. For a support the medication are with estaff E prepared to enter the medication are with estaff E prepared to enter the medication are with assist client #4 with and assist client #4 with ions into a medication cup.	W	371		

Facility ID: 922798

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
	34G208		B. WING			09/29/2022	
NAME OF PROVIDER OR SUPPLIER VOCA-PURSER GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1615 PURSER DRIVE CHARLOTTE, NC 28215				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		BE .	(X5) COMPLETION DATE			
	was poured by the starevealed staff to admiclient #4. Staff E was no identification of any regarding purpose or a Review of records for revealed an ISP dated of records for client #4 home/life assessment the assessment reveal ability to punch medical assistance and take moverbal cue. Interview with the facilistaff should provide exparticipation to all client MEAL SERVICES CFR(s): 483.480(b)(2) Food must be served if developmental level of This STANDARD is not Based on observation interview, the facility facil	aff. Subsequent observation nister Fluticasone 50mcg to further observed to provide y medication or education side effects to the client. client #4 on 9/29/22 1 10/8/21. Continued review revealed a community dated 9/19/20. Review of led client #4 to have the ations into cup with physical hedication with water with ity nurse on 9/29/22 verified ducation and allow hats capable of participation. (iii) In a form consistent with the if the client. The time tas evidenced by: In record review and hilled to ensure 2 of 6 clients is specially prescribed diet. In ensure client #2 received diet diet consistent with Invel. For example: 2 at 5:11 PM revealed staff ack "Cheetos". Continued lient #2 to maneuver the	W 47	4 W474 The facility will assure all consumers will receiprescribed diet. QP will inservice staff on the prescribed diets for each consumer. A. Specific to Client #2 QP will in-service staff current diet order of a regular heart healthy AI minced, offer 2nd helping and Boost/Ensure if not eat meal. B. Specific to Client #4 Nutritionist has re-eval Client #4. Diet has been changed from ADA, owith no apaptive equipment to ADA, regular wino adaptive equipment. QP will in-service staff current diet order. To prevent further occurences: QP and site su will complete monitoring tool weekly which incl diet orders. Program Manager or designee will diets during monthly site review	on DA, she does uated hopped ith f on pervisor udes		

	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG			E SURVEY IPLETED
		34G208	B. WING_			09	9/29/2022
NAME OF PROVIDER OR SUPPLIER VOCA-PURSER GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP 1615 PURSER DRIVE CHARLOTTE, NC 28215	CODE			
(X4) II PREFI TAG	X (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		TION SHOULD BE THE APPROPRIA		(X5) COMPLETION DATE
W 4'	difficulty eating and to mouth. At no time was client #2's snack as posservation on 9/29/20 client #2 to receive a Ensure, muffin, and we Continued observation at 7:36 At the breakfast meal with was staff observed to prescribed minced die Review of client #2's an individual support Continued review of 9/29/22 we developmental profession that staff short prescribed diet. Interview on 9/29/22 we confirmed that staff short prescribed diet. B. The facility failed to specially prescribed diet. Observation during a continued continue	odrop a piece from their as staff B observed to mince prescribed. 22 at 7:00 AM revealed breakfast meal consisting of whole wheat toast. In revealed staff to cut up uarter size pieces. Further M revealed client #2 to eat the their fingers. At no time provide client #2 with etc. Pecord on 9/29/22 revealed plan (ISP) dated 8/9/22. Servealed as the dated 7/4/22. Review of ment revealed client #2's ret healthy (ADA), minced, Boost/Ensure if client does with the qualified intellectual sional (QIDP) revealed that is current. Continue with the facility nurse with the facility nurse rould be following I ensure client #4 received a set consistent with their for example:	W4	474			

	ND PLAN OF CORRECTION IDENTIFICATION NUMBER			TIPLE CONSTRUCTION	0	X3) DATE SURVEY COMPLETED
		34G208	B. WING			09/29/2022
NAME OF PROVIDER OR SUPPLIER VOCA-PURSER GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP 1615 PURSER DRIVE CHARLOTTE, NC 28215	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	78.7 P	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 474	whole form. Observation in the grorevealed the breakfas toast with margarine a observation revealed consume the breakfas. Review of records for revealed an individual 10/8/21. Review of the currently regular heart equipment. Continued revealed a nutritional a and physician orders obth documents revealed ADA, chopped with no Interview with the qual professional (QIDP) or were unaware of the dient #4's record. Con	oup home on 9/29/22 It meal to consist of muffins, and orange juice. Continued client #4 to be served and at meal in whole form. It client #4 on 9/29/22 Support plan (ISP) dated as ISP revealed client's diet is a healthy with no adaptive review of client #4's record assessment dated 7/4/22 dated 9/27/22. Review of alled client's current diet is adaptive equipment. If if intellectual disabilities in 9/29/22 revealed they iet order discrepancy in tinued interview with the s diet should be followed	W	474		