

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2023
NAME OF PROVIDER OR SUPPLIER VOCA-SANDBURG GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 9317 SANDBURG AVENUE CHARLOTTE, NC 28213		
(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 226	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to implement an individual service plan within 30 days of admission for 1 sampled client (#4). The finding is:</p> <p>Review of record for client #4 on 12/19/23 revealed an admission date of 8/7/23. Continued review revealed an ISP implemented on 9/14/23 for client #4. Further review revealed formal training objective to include: participate in Community In Home/Cultural Awareness, brush teeth thoroughly, bathe thoroughly, discard trash and dishes after meals, participate in scheduled bladder program, and privacy.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 12/19/23 verified client #4's admission and ISP implementation date. The QIDP additionally confirmed client #4's ISP should have been completed within thirty days of the client's admission.</p>	W 226			
W 249	<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>	W 249			

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.

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

PRINTED: 12/22/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2023
NAME OF PROVIDER OR SUPPLIER VOCA-SANDBURG GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 9317 SANDBURG AVENUE CHARLOTTE, NC 28213		
(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 1 This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure clients received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Support Plan (ISP) for 6 of 6 clients relative to implementing training objectives. The findings are: A. Observations in the group home on 12/18/23 during the hours of 4:00 PM to 5:30 PM client revealed client #1 to spend most of the time in her room. Continued observation revealed client #1 to eat dinner in her room, return the dishes to the kitchen, then return back to her room. Further observations revealed at 4:50 PM staff B to ask if client #1 wanted to play connect four and she responded no. Subsequent observations revealed client #1 to stand in the kitchen area, walk to the dining room, living room then proceeded to get on the van for a scheduled outing. Additional observations did not reveal staff to offer or implement client #1's training objectives. Observations on 12/19/23 from 6:30 AM to 8:00 AM revealed client #1 to sit in her room, come to the kitchen, pour herself a cup of milk, drink it, then returned back to her room. Continued observations at 7:35 AM revealed client #1 to participate in medication administration then returned to her room. Further observations at 7:45AM revealed client #1 to enter the living room, high five staff B and state " Thursday/daddy" then return back to her room. Subsequent interview with staff D revealed client #1 had eaten breakfast in her room at 6:00 AM. Additional observations did not reveal staff to	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2023
NAME OF PROVIDER OR SUPPLIER VOCA-SANDBURG GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 9317 SANDBURG AVENUE CHARLOTTE, NC 28213		
(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	<p>Continued From page 2</p> <p>offer leisure activities or implement client #1's training objectives.</p> <p>Review of record for client #1 on 12/19/23 revealed an ISP dated 11/3/23. Continued review of the ISP revealed training objectives to include; speech (point to/touch/say what she wants), speech (state/repeat/point to upcoming activity), participate in Community/Cultural outing, brush teeth thoroughly, participate in physical activity, participate in learning the garden process by completing steps, participate in pre-vocational activities, and integrate back into family style dining.</p> <p>Interview with the qualified intellectual developmental professional (QIDP) on 12/19/23 revealed client #1's training objectives are current. Continued interview with the QIDP revealed staff should implement client # 1's training objectives as written.</p> <p>B. Observations in the group home on 12/18/23 during the hours of 4:00 PM to 5:30 PM client revealed client #3 to spend most of the time unengaged sitting in the living room. Continued observation revealed client #3 to participate in dinner, then escorted by staff back to the living room. Further observations revealed at 5:10 PM, client #3 to get on the van for a scheduled outing. Subsequent observations did not reveal staff to offer leisure activities or implement client #3's training objectives.</p> <p>Observations on 12/19/23 from 6:30 AM to 8:00 AM revealed client #3 to sit in a chair in the living room unengaged throughout the morning. Continued observations revealed client #3 to</p>	W 249			

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

PRINTED: 12/22/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2023
NAME OF PROVIDER OR SUPPLIER VOCA-SANDBURG GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 9317 SANDBURG AVENUE CHARLOTTE, NC 28213		
(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	<p>Continued From page 3</p> <p>participate in the breakfast meal, medication administration and two visits to the bathroom. Further observations did not reveal staff to offer leisure activities or implement client #3's training objectives.</p> <p>Review of record for client #3 on 12/19/23 revealed an individual support plan (ISP) dated 1/17/23. Continued review of the ISP revealed training objectives to include; participate in Community In Home/Cultural awareness, swab teeth, communication (when presented with an object cue, move to location), communication (given 2 objects), make request using signs, wash hands thorough after bathroom use, bathe thoroughly, and close bathroom door for privacy.</p> <p>Interview with the qualified intellectual developmental professional (QIDP) on 12/19/23 revealed client #3's training objectives are current. Continued interview with the QIDP revealed staff should implement client # 3's training objectives as written.</p> <p>C. Observations in the group home on 12/18/23 during the hours of 4:00 PM to 5:30 PM client revealed client #4 to spend most of the time unengaged sitting in the living room and his room. Continued observation revealed client #4 to participate in dinner, then back to his room. Further observations at 5:10 PM revealed client #4 to get on the van for a scheduled outing. Subsequent observations did not reveal staff to offer leisure activities or implement client #4's training objectives.</p> <p>Observations on 12/19/23 from 6:30 AM to 8:00 AM revealed client #4 to sit in his room. Continued observations revealed client #4 to</p>	W 249			

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

PRINTED: 12/22/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2023
NAME OF PROVIDER OR SUPPLIER VOCA-SANDBURG GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 9317 SANDBURG AVENUE CHARLOTTE, NC 28213		
(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	<p>Continued From page 4</p> <p>participate in the breakfast meal and medication administration, then returned to his room. Further observations did not reveal staff to offer leisure activities or implement client #4's training objectives for 90 minutes of unengaged time.</p> <p>Review of record for client #4 on 12/19/23 revealed an ISP dated 9/14/23. Continued review of the ISP revealed training objectives to include: participate in Community In Home/Cultural Awareness, brush teeth thoroughly, bathe thoroughly, discard trash and dishes after meals, participate in Scheduled Bladder Program, and privacy.</p> <p>Interview with the qualified intellectual developmental professional (QIDP) on 12/19/23 revealed client #4's training objectives are current. Continued interview with the QIDP revealed staff should implement client # 4's training objectives as written.</p> <p>D. Observations in the group home on 12/18/23 between 4:00pm to 5:30pm revealed client #2 to spend most of the time unengaged sitting in the living room while tv was on playing Christmas music. Continued observation revealed client #2 to participate in dinner, take out the trash, then went to his room, put on his Christmas pajamas and return to living room to sit on the sofa. Further observations revealed at 5:10 PM, client #2 was prompt to change clothes and get on the van for a scheduled outing. Subsequent observations did not reveal staff to offer leisure activities or implement client #2's training objectives.</p> <p>Observations on 12/19/23 between 6:30am to</p>	W 249			

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

PRINTED: 12/22/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2023
NAME OF PROVIDER OR SUPPLIER VOCA-SANDBURG GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 9317 SANDBURG AVENUE CHARLOTTE, NC 28213		
(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	<p>Continued From page 5</p> <p>8:00am revealed client #2 sitting on the living room sofa with straw in hand while Christmas music play on tv. Continued observations revealed client #2 to participate in the breakfast meal and medication administration, then returned to the living room. Further observations revealed staff B to assist client #2 to the dining room table and place a connect four game and bingo in front of him, then left client #2 to sit at the table by himself. Observations also revealed client #2 did not play with the games and continued to play with his straw. Subsequent observations did not reveal staff to have implemented client #2's training objectives.</p> <p>Review of record for client #2 on 12/19/23 revealed an individual support plan (ISP) dated 6/16/23. Continued review of the ISP revealed training objectives to include: participate in washing hair thoroughly, brush teeth thoroughly, improve communication skills, participate in gardening, exercise, and privacy.</p> <p>Interview with the qualified intellectual developmental professional (QIDP) on 12/19/23 revealed client #2's training objectives are current. Continued interview with the QIDP revealed staff should implement client # 2's training objectives as written.</p> <p>E. Observations in the group home on 12/18/23 between 4:00pm to 5:30pm revealed client #5 spent most of the time unengaged sitting in the living room while tv was on playing Christmas music. Continued observation revealed client #5 to participate in dinner, then return to living room to sit in a chair. Further observations revealed at 5:10 PM, client #5 was prompt to get on the van for a scheduled outing. Subsequent observations</p>	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2023
NAME OF PROVIDER OR SUPPLIER VOCA-SANDBURG GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 9317 SANDBURG AVENUE CHARLOTTE, NC 28213		
(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	<p>Continued From page 6</p> <p>did not reveal staff to offer leisure activities or implement client #5's training objectives.</p> <p>Observations on 12/19/23 between 6:30am to 8:00am revealed client #5 sitting in the living room while Christmas music play on tv. Continued observations revealed client #5 to participate in the breakfast meal and then return to the living room. Subsequent observations did not reveal staff to offer leisure activities or implement client #5's training objectives.</p> <p>Review of record for client #5 on 12/18/23 revealed an individual support plan (ISP) dated 03/03/23. Continued review of the ISP revealed training objectives to include: Brush Teeth Thoroughly, Tolerate Lab Procedures, Wear Glasses Daily, Set Table, and Increase Personal Hygiene.</p> <p>Interview with the qualified intellectual developmental professional (QIDP) on 12/19/23 revealed client #5's training objectives are current. Continued interview with the QIDP revealed staff should implement client # 5's training objectives as written.</p> <p>F. Observations in the group home on 12/18/23 between 4:00pm to 5:30pm revealed client #6 spent most of the time unengaged sitting in the living room while tv was on playing Christmas music. Continued observation revealed client #6 to participate in dinner, then return to living room to sit on the sofa. Further observations revealed at 5:10 PM, client #6 was prompt to get on the van for a scheduled outing. Subsequent observations did not reveal staff to offer leisure activities or implement client #6's training objectives.</p>	W 249			

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

PRINTED: 12/22/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2023
NAME OF PROVIDER OR SUPPLIER VOCA-SANDBURG GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 9317 SANDBURG AVENUE CHARLOTTE, NC 28213		
(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 7 Observations on 12/19/23 between 6:30am to 8:00am revealed client #6 sitting in the living room while Christmas music play on tv. Continued observations revealed client #6 to participate in the breakfast meal and then return to the living room. Subsequent observations did not reveal staff to offer leisure activities or implement client #6's training objectives. Review of record for client #6 on 12/18/23 revealed an individual support plan (ISP) dated 03/03/23. Continued review of the ISP revealed training objectives to include: Rinse Dishes then Place in Dishwasher, Speech (7 prompts to making bed), Receptive Communication (follow directions to put clothing in laundry basket), Participate in Community in Home/Cultural Awareness, participate completing oral swab, Participate in Pre-vocational Activities, Bathing, and Wash Hands. Interview with the qualified intellectual developmental professional (QIDP) on 12/19/23 revealed client #6's training objectives are current. Continued interview with the QIDP revealed staff should implement client # 6's training objectives as written.	W 249			
W 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility	W 262			

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

PRINTED: 12/22/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2023
NAME OF PROVIDER OR SUPPLIER VOCA-SANDBURG GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 9317 SANDBURG AVENUE CHARLOTTE, NC 28213		
(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 262	<p>Continued From page 8</p> <p>failed to ensure the restrictive behavior techniques for 5 of 6 audit clients (#1, #3, #4, #5 and #6) were reviewed and monitored by the human rights committee (HRC). The findings are:</p> <p>A. Review on 12/19//23 of client #1's Behavior Support Plan (BSP) dated 11/11/23 revealed target behaviors consisting of physical aggression, property damage, agitation, verbal aggression, SIB, and food seeking/stealing. Further review on 12/19/23 of client #1's BSP revealed no written consent signed by the HRC.</p> <p>B. Review on 12/19/23 of client #3's BSP dated 02/15/23 revealed target behaviors consisting of inappropriate masturbation or touching genital area, persistent food seeking, bolting, and self-injurious behavior. Further review on 12/19/23 of client #3's BSP revealed no written consent signed by the HRC.</p> <p>C. Review on 12/19/23 of client #4's BSP dated 10/31/23 revealed target behaviors consisting of Anxiety/Agitation related to specific fears and refusing to attend medical appointments. Further review on 12/19/23 of client #4's BSP revealed no written consent signed by the HRC.</p> <p>D. Review on 12/19/23 of client #5's BSP dated 04/05/23 revealed target behaviors consisting of physical aggression, self-injurious behaviors, and crying (guidelines). Further review on 12/19/23 of client #5's BSP revealed no written consent signed by the HRC.</p> <p>E. Review on 12/19/23 of client #6's BSP dated 04/12/23 revealed target behaviors consisting of tantrum like behaviors and feces smearing.</p>	W 262			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2023
NAME OF PROVIDER OR SUPPLIER VOCA-SANDBURG GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 9317 SANDBURG AVENUE CHARLOTTE, NC 28213		
(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 262	Continued From page 9 Further review on 12/19/23 of client #6's BSP revealed no written consent signed by the HRC.	W 262			
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations and interview the facility failed to ensure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. This potentially affected 6 of 6 clients (#1, #2, #3, #4, #5, and #6) residing in the home. The finding is: A. During an observation on 12/18/23 at 4:18PM, revealed clients #1, #2, #3, #4, #5, and #6 were prompted to come into the dining room for dinner. Continued observations revealed clients #2, #3, #5, and #6 came to the dining room table from the living room and clients #1 and #4 came to the dining room table from their bedrooms. At no time were clients #1, #2, #3, #4, #5, and #6 prompt to wash their hands prior to coming to dinner, nor was there any hand sanitizer on the table. During an observation on 12/19/23 at 6:53AM, revealed clients #1, #2, #3, #4, #5, and #6 were prompted to come into the dining room for breakfast. Continued observations revealed	W 454			

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

PRINTED: 12/22/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2023
NAME OF PROVIDER OR SUPPLIER VOCA-SANDBURG GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 9317 SANDBURG AVENUE CHARLOTTE, NC 28213		
(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 454	<p>Continued From page 10</p> <p>clients #1 and #6 were already sitting at the dining room table after walking out of the living room and clients #2, #3, #4 and #5 came to the dining room table from the hallway. At no time during the observations were clients #1, #2, #3, #4, #5, and #6 prompt to wash their hands prior to coming to dinner.</p> <p>B. During an observation on 12/18/23 between 4:00PM- 5:10PM, revealed client #2 playing with and chewing on a straw. Continued observations revealed client #2 to put the straw down on the sofa and the client would pace up and down the hall then return to sofa and play and chew on the straw. At no point during the observation was client #2 prompted to change straws or throw the old straw into the trash.</p> <p>During an observation on 12/19/23 between 6:30AM- 8:00AM, revealed client #2 playing with and chewing on the same straw from 12/18/23. At no point during observation was client #2 prompt to change straws or throw the old straw into the trash.</p> <p>Interview on 12/19/23 with the qualified intellectual disabilities professional (QIDP) revealed staff should have prompt clients #1, #2 #3, #4, #5 and #6 to wash their hands before all mealtimes. QIDP also revealed that client #2 enjoys playing with and chewing on straws; he has a box of straws located in the kitchen. Continued interview with QIDP revealed that staff should prompt client #2 to get a new straw as needed.</p>	W 454			