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

PRINTED: 01/24/2024 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER VOCA-FREEDOM GROUP HOME SIMMARY STATEMENT OF DEPICIENCES SIT FREEDOM OR CHARLOTTE, NC 28208 PREDIX TAG SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentires, eyeglasses, hearing and other communications aids, braces, and ulter devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility registed eyeglasses. The finding is:: During observations throughout the 1/22-23/24 survey client #4 was observed to participate in an art activity, playing a game of pool, dinnerbreakfast trable, Subsequent observations on 1/23/24 at 7:00 AM revealed client #4 to adjust his radio, complete household chores and done while watching music videos on the television. Review of client #4's record on 1/23/24 revealed a 12/31/21 witten prescription for eyeglasses. Continued review of records revealed no evidence of the glasses being purchased for client #4. Interview with the facility registered nurse (RN) on 1/23/24 revealed client #4 to digital this radio, complete household client #4 seems on 12/31/21 for a scheduled eye examination. Continued interview with Rn revealed client #4 seems on 12/31/21 for a scheduled eye examination. Continued interview with Rn revealed client #4 separates for continued review of records revealed no evidence of the glasses being purchased for client #4. Interview with Rn revealed client #4 should have the prescribed eyeglasses for daily wear. Further interview with the RN revealed client #4 has a scheduled optometrist appointment on 2/22/4.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	JITIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
SP11 FREEDOM DR CARLOTTE, NC 2208 CRAIL DEFICIENCY MUST BE PRECEDED BY PILL PREFIX TAG W 436 SPACE AND EQUIPMENT CFR(S): 483-470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 1 of 6 clients (#4) received medically prescribed eyeglasses. The finding is: During observations throughout the 1/22-23/24 survey client #4 was observed to participate in an art activity, playing a game of pool, dinner/breakfast meals, household chores, and medication administration. Continued observations on 1/23/24 at 7/00 AM revealed client #4 to adjust his radio, complete household chores and dance while watching music videos on the television. Review of client #4's record on 1/23/24 revealed a 12/31/21 written prescription for eyeglasses. Continued review of records revealed no evidence of the glasses being purchased for client #4. Interview with the facility registered nurse (RN) on 1/23/24 revealed clients #4 was seen on 12/31/21 for a scheduled eye examination. Continued interview with RN revealed client #4 has a substantial that a substantial that a substantial that was the prescribed eyeglasses for daily wear. Further interview with RN revealed client #4 has a substantial that a substantial that a substantial that we have the prescribed eyeglasses for daily wear. Further interview with RN revealed client #4 has a substantial that a substantial that a su	34G194		B. WING			01/23/2024		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 436 SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 1 of 6 clients (#4) received medically prescribed eyeglasses. The finding is:: During observations throughout the 1/22-23/24 survey client #4 was observed to participate in an art activity, playing a game of pool, dimer/breakfast meals, household chores, and medication administration. Continued observations on 1/23/24 at 7.00 AM revealed client #4 to make his bed and to help with setting the breakfast table. Subsequent observation 7:51 AM revealed client #4 to adjust his radio, complete household chores and dance while watching music videos on the television. Review of client #4's record on 1/23/24 revealed a 12/31/21 written prescription for eyeglasses. Continued review of records revealed no evidence of the glasses being purchased for client #4. Interview with the facility registered nurse (RN) on 1/23/24 revealed clients #4 was seen on 12/31/21 for a scheduled eye examination. Continued interview with RN revealed client #4 should have the prescribed eyeglasses for daily wear. Further interview with RN revealed client #4 has a					5911 F	FREEDOM DR		
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	W 436	CFR(s): 483.470(g)(2 The facility must furn and teach clients to use choices about the use hearing and other cound other devices ide interdisciplinary team. This STANDARD is Based on observation interview, the facility (#4) received medical The finding is:: During observations survey client #4 was art activity, playing a dinner/breakfast meamedication administrobservations on 1/23 client #4 to make his the breakfast table. SAM revealed client #4 complete household watching music videous Review of client #4's a 12/31/21 written procontinued review of evidence of the glass client #4. Interview with the fact 1/23/24 revealed clief for a scheduled eye of interview with RN revealed eyegla interview with the RN	ish, maintain in good repair, use and to make informed to of dentures, eyeglasses, munications aids, braces, entified by the as needed by the client. The interest as evidenced by: In, record review and failed to ensure 1 of 6 clients ally prescribed eyeglasses. Ithroughout the 1/22-23/24 observed to participate in an game of pool, alls, household chores, and action. Continued ation. Continued bed and to help with setting subsequent observation 7:51 to adjust his radio, chores and dance while is on the television. In record on 1/23/24 revealed description for eyeglasses. The interest revealed no mes being purchased for a sessing purchased client #4 should have a sessing purchased purc	W	436			

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	X2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
		34G194 B. WING				01/23/2024	
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 PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
W 463	CFR(s): 483.480(a)(4) The client's interdiscing qualified dietitian and modified and special This STANDARD is a Based on observation interviews, the facility clients (#2, #5, and # prescribed diet as ord team. The finding is: Afternoon observation home revealed the difried chicken, spinach and oranges, Lactaid and a sugar free beverobservation at 5:15 P and #6 to participate independently and composervation at 7:15 A and #6 to receive fros wheat slice of bread to observation revealed receive more than do flake cereal. Subsequently sundosted whole wheeled appropriate serving suntoasted whole wheeled for the consumed the entities.	polinary team, including a physician must prescribe all diets. not met as evidenced by: ns, record reviews and failed to ensure 3 of 6 coloreceived their specially dered by the interdisciplinary dered by the interdisciplinary dered by the include oven the interdisciplinary dered by the include oven the interdisciplinary dered d	W	463			
		I support plan (ISP) dated v of the ISP revealed a					

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W 463	diagnosis of Severe I cervical spondylosis infection hypercholes and enlarged prostra Continued review revidated 10/17/23 which diet order includes Aldish. Review of records for revealed an individual 1/25/23. Further revied diagnosis unspecified intermittent explosived disorder. Continued revaluation dated 10/current diet order is Alequipment. Review of client #6's an individual support review of the ISP review of the I	DD, hypertension, arthritis, s/p fusion C3-4, urinary tract sterolemia, cerebral infract, te with urinary retention. realed a nutritional evaluation indicated client's current DA, feeds self and high sided or client #5 on 1/23/24 all support plan (ISP) dated and support plan (ISP) dated and support plan (ISP) dated and anxiety disorder, and Tourette's review revealed a nutritional 17/23 revealed the client's ADA with no adaptive record on 1/23/24 revealed plan dated 1/5/23. Further realed a diagnosis of autism, and constipation, profound gloss, bilateral deafness and reth). Continued review evaluation dated 10/17/23 it's current diet order includes and chapped pieces, and Further review revealed a diagnosis of autism, and rether review revealed a diagnosis of articles and seth). Continued review evaluation dated 10/17/23 it's current diet order includes and the complex professional profession of the second p	W	.63			