

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

PRINTED: 02/16/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G291	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/14/2024
NAME OF PROVIDER OR SUPPLIER VOCA-TODDVILLE ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1809 TODDVILLE ROAD CHARLOTTE, NC 28214		
(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>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> <p>This STANDARD is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure a continuous active treatment program was provided relative to the use of interventions related to communication objectives as identified in the individual support plans (ISP) for 1 sampled client (#4) The finding is:</p> <p>Afternoon observations throughout the group home on 2/13/24 revealed client #4 to participate in various activities to include a leisure activity, play with toys and participate in the dinner meal. At no point during the observation was client #4 prompted to use a communication schedule.</p> <p>Morning observations throughout the group home on 2/14/24 revealed client #4 to participate in various activities to include a leisure activity, play with toys and participate in the breakfast meal and medication administration. At no point during the observation was client #4 prompted to use a communication schedule.</p> <p>Review of the record for client #4 on 2/14/24 revealed an ISP dated 3/24/23 indicating the</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.

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W 249	Continued From page 1 following program goals: eating without stuffing mouth, speech, wash hands, and wipe mouth during meals. Continued review of the record for client #4 revealed training objectives to include the following: Given three verbal, four gestural, and one object prompt, consumer will follow a one-step object schedule by taking the object in 80% of trials over three consecutive months. Interview with the qualified intellectual disabilities professional (QIDP) on 2/14/24 revealed staff should follow client #4's training objectives as written. Continued interview with the QIDP revealed all of client #4's training objectives and program goals are current. Interview with the program manager on 2/14/24 revealed staff should follow all program goals and training objectives for clients as prescribed.	W 249			
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: During an observation on 2/13/24 between 4:01 PM and 5:42 PM revealed upon entering the facility the dining room table was pre-set with cups, silverware, napkins, dycem mats, and	W 454			

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W 454	<p>Continued From page 2</p> <p>placemats. Further observations revealed staff prompted clients to sit at the dining room table to play with a selection of activities (connect 4, coloring books, crayons, and cards). Subsequent observations revealed 5 of 6 clients participated at the dining table with 3 staff members. At no time during the observation period did the staff remove the table setting and clean/sanitize the table prior to serving dinner. Observations also revealed the same cups, silverware, napkins, dycem mats, and placemats remained on the table and were used during dinner.</p> <p>During an observation on 2/14/24 between 6:00AM-7:00AM, revealed upon entering the facility the dining room table was pre-set with cups, silverware, napkins, dycem mats, and placemats. Further observations revealed staff prompted 2 clients to sit at the dining room table to play with flip cards and UNO cards. At no time during the observation period did the staff remove the table setting and clean/sanitize the table prior to serving breakfast. Observations also revealed the same cups, silverware, napkins, dycem mats, placemats remained on the table and were used during breakfast.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 2/14/24 revealed staff should have set the table with clean tableware after the activities were completed and the table was cleaned.</p>	W 454			