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

PRINTED: 02/15/2024 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER VOCA-ST. JOHN'S CHURCH ROAD GROUP HOME 2220 ST. JOHN'S CHURCH ROAD GROUP HOME 2220 ST. JOHN'S CHURCH ROAD GROUP HOME 2220 ST. JOHN'S CHURCH ROAD GROUP HOME SUMMARY STATEMENT OF DESICENCES (EACH DEFIGIENCY MUST RE PRECODED BY PILL). PROVIDERS THAN OF CORRECTION SHOULD BE RECOULATION? OR LSC IDENTIFYING INFORMATION) W 287 MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used for the convenience of staff. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure techniques to manage inappropriate client behavior were not used for the convenience of staff. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure techniques to manage inappropriate client behavior were not used for the convenience of staff relative to all clients residing in the facility (41, 42, 43, 44, 46, 46, 46). His provided the laundry closes to contain cleaning liquids and laundry supplies. Interview with the sits supervisor (SS) on 2/14/24 revealed the lock was to secure the laundry room supplies to ensure that clients don't go into it without supervision. Continued interview with the Sr revealed that the laundry closed took was not lied to inappropriate client behavior. Interview with the program manager (PM) on 2/14/24 revealed that the laundry closed took was not lied to inappropriate client behavior. Interview with the PM writing that there are no consents in place verifying approval from the clients' legal quardians and human rights committee (HRC) for the laundry closed took. Further interview with the PM and SS revealed that the facility keeps supplies locked when not in use. Interview with the Quality Assurance (QA)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
W 287 W 287 MAGNT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior with the sale of the convenience of staff. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure techniques to manage inappropriate client behavior must never be used for the convenience of staff. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure techniques to manage inappropriate client behavior were not used for the convenience of staff. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility (#1, #2, #3, #4, #5, #6). The finding is: Observations throughout the recertification survey from 2/13/24-2/14/24 revealed a lock on a laundry room dioset door. Continued observation revealed the laundry close to contain cleaning liquids and laundry supplies. Interview with the sus spervisor (\$S) on 2/14/24 revealed that leth laundry room closet door remains locked when not in use. Continued interview with the program manager (PM) on 2/14/24 revealed that the laundry room closet door remains locked when not in use. Continued interview with the PM and SS revealed that the facility keeps supplies locked when not in use. The continued interview with the PM and SS revealed that the facility keeps supplies locked when not in use.			34G197	B. WING _			02/	14/2024
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 287 MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used for the convenience of staff. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure techniques to manage inappropriate client behavior were not used for the convenience of staff relative to all clients residing in the facility (#1, #2, #3, #4, #5, #6). The finding is: Observations throughout the recertification survey from 2/13/24-2/14/24 revealed a lock on a laundry room closet door. Continued observation revealed the laundry closet to contain cleaning liquids and laundry supplies. Interview with the site supervisor (SS) on 2/14/24 revealed the lock was to secure the laundry room supplies to ensure that clients don't go into it without supervision. Continued interview with the SS revealed that the laundry closet lock was not tied to inappropriate client behavior. Interview with the program manager (PM) on 2/14/24 revealed that the laundry room closet door remains locked when not in use. Continued interview with the PM and SS revealed that the facility keeps supplies locked when not in use.					2220 ST. JOHN'S CHURCI	H ROAD		-
EEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used for the convenience of staff. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility falled to ensure techniques to manage inappropriate client behavior were not used for the convenience of staff relative to all clients residing in the facility (#1, #2, #3, #4, #5, #6). The finding is: Observations throughout the recertification survey from 2/13/24-2/14/24 revealed a lock on a laundry room closet door. Continued observation revealed the laundry closet to contain cleaning liquids and laundry supplies. Interview with the site supervisor (SS) on 2/14/24 revealed the lock was to secure the laundry room supplies to ensure that clients don't go into it without supervision. Continued interview with the SS revealed that the laundry closet lock was not tied to inappropriate client behavior. Interview with the program manager (PM) on 2/14/24 revealed that the laundry room closet door remains locked when not in use. Continued interview with the PM verified that there are no consents in place verifying approval from the clients' legal guardians and human rights committee (HRC) for the laundry closet lock. Further interview with the PM and SS revealed that the facility keeps supplies locked when not in use.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	((EACH CORRE CROSS-REFERE	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		BEHAVIOR CFR(s): 483.450(b)(3 Techniques to manage behavior must never to five staff. This STANDARD is represented by the staff. Based on observation interviews, the facility to manage inappropriate clients residing in the staff. The finding is: Observations through from 2/13/24-2/14/24 room closet door. Corevealed the laundry cliquids and laundry sufficient with the site revealed the lock was supplies to ensure the without supervision. Os revealed that the little to inappropriate continuous with the process of the staff of the	e inappropriate client be used for the convenience not met as evidenced by: ns, record reviews and failed to ensure techniques ate client behavior were not ence of staff relative to all facility (#1, #2, #3, #4, #5, sout the recertification survey revealed a lock on a laundry entinued observation closet to contain cleaning applies. E supervisor (SS) on 2/14/24 E to secure the laundry room at clients don't go into it Continued interview with the laundry closet lock was not client behavior. In gram manager (PM) on Ithe laundry room closet Ithe laundry room closet Ithe laundry room closet Ithe laundry room the Ithe laundry closet lock. Ithe PM and SS revealed Ithe supplies locked when not in Ithe laundry closed when not in Ithe laundry closed lock. Ithe PM and SS revealed Ithe supplies locked when not in Ithe laundry closed when not in					

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

(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 A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G197	B. WING			02/	14/2024
NAME OF PROVIDER OR SUPPLIER VOCA-ST. JOHN'S CHURCH ROAD GROUP HOME				STREET ADDRESS, CITY, STATE, 2220 ST. JOHN'S CHURCH RO. CHARLOTTE, NC 28215			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIV CROSS-REFERENCEI	N OF CORRECTION E ACTION SHOULD BI D TO THE APPROPRIA CIENCY)		(X5) COMPLETION DATE
W 287	laundry room closet of quite some time. Cor PM and QA Manager laundry room closet is clients' behavior supp	revealed that the lock on the loor has been in use for ntinued interview with the verified that the lock on the s not connected to any of the		287			
W 474	developmental level of This STANDARD is in Based on observation interview, the facility if (#6) received all mod prescribed by the interfinding is: Observation in the hoat 5:10 PM revealed of dinner meal which consultance casserole, who as sugar free beverage revealed client #6's in chopped consistency revealed client #6 to opercent of his meal. Observation in the graph of the prescribed percent of the percent which wheat slice of toast, it tablespoons of diet sy Continued observation to be served to him in Review of records on	in a form consistent with the of the client. not met as evidenced by: n, record review, and failed to ensure 1 of 6 clients iffed and special diets as erdisciplinary team. The ome group home on 2/13/24 client #6 to participate in the nsisted of chicken and white rice, pears, water, and e. Continued observation heal to be served to him in a further observation consume one hundred oup home on 2/14/24 at 7:31 to participate in the consisted of a waffle, whole wrup, apple juice and water. In revealed client #6's meal in a chopped consistency.	W	474			
	revealed a nutritional	assessment dated 11/9/23					

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		34G197	B. WING _			02/14/2024	
NAME OF PROVIDER OR SUPPLIER VOCA-ST. JOHN'S CHURCH ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2220 ST. JOHN'S CHURCH ROAD CHARLOTTE, NC 28215				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BE D TO THE APPROPRIATE ICIENCY)	(X5) COMPLETION DATE	
W 474	for an American Diabominced diet. Continue revealed a physician's ADA minced diet. Interview with the site revealed staff were not an order for an ADA rithe interim qualified in professional (QIDP) a	etic Association (ADA) ed review of records s order dated 2/12/24 for an e supervisor on 2/14/24 ot aware that client #6 had ninced diet. Interview with ntellectual disabilities and Area Supervisor verified prepared client #6's food	W	474			