

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G197</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/14/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-ST. JOHN'S CHURCH ROAD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2220 ST. JOHN'S CHURCH ROAD CHARLOTTE, NC 28215</b>		
(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 287	<p><b>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</b> CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used for the convenience of staff.</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Interview with the Quality Assurance (QA)</p>	W 287			

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

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W 287	Continued From page 1 Manager on 2/14/24 revealed that the lock on the laundry room closet door has been in use for quite some time. Continued interview with the PM and QA Manager verified that the lock on the laundry room closet is not connected to any of the clients' behavior support plans (BSP).	W 287			
W 474	<b>MEAL SERVICES</b> CFR(s): 483.480(b)(2)(iii)  Food must be served in a form consistent with the developmental level of 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 (#6) received all modified and special diets as prescribed by the interdisciplinary team. The finding is:  Observation in the home group home on 2/13/24 at 5:10 PM revealed client #6 to participate in the dinner meal which consisted of chicken and sausage casserole, white rice, pears, water, and a sugar free beverage. Continued observation revealed client #6's meal to be served to him in a chopped consistency. Further observation revealed client #6 to consume one hundred percent of his meal.  Observation in the group home on 2/14/24 at 7:31 AM revealed client #6 to participate in the breakfast meal which consisted of a waffle, whole wheat slice of toast, turkey bacon, two tablespoons of diet syrup, apple juice and water. Continued observation revealed client #6's meal to be served to him in a chopped consistency.  Review of records on 2/14/24 for client #6 revealed a nutritional assessment dated 11/9/23	W 474			

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W 474	Continued From page 2 for an American Diabetic Association (ADA) minced diet. Continued review of records revealed a physician's order dated 2/12/24 for an ADA minced diet.  Interview with the site supervisor on 2/14/24 revealed staff were not aware that client #6 had an order for an ADA minced diet. Interview with the interim qualified intellectual disabilities professional (QIDP) and Area Supervisor verified that staff should have prepared client #6's food consistency as prescribed.	W 474		