STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G165	A. BUILDING _____ B. WING _____	05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-WOODBRIDGE ROAD GROUP HOME	5901 WOODBRIDGE ROAD CHARLOTTE, NC 28227

(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 474	MEAL SERVICES 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 observations, record review, and interviews, the facility failed to serve food in a form consistent with the developmental level and prescribed diets of 3 of 6 clients (#2, #5, and #6). The findings are: A. Observations in the group home on 5/22/24 at 5:08 PM revealed client #3 to participate in the dinner meal consisting of the following: homemade pepperoni pizza, broccoli, fruit cocktail and sugar free punch. Continued observation revealed client #2 to receive assistance from staff in cutting her pizza into bite sized pieces. Further observation revealed client #3 to consume one hundred percent of her meal, including her pizza and fruit cocktail. At no point during the dinner meal was client #2's pizza modified to a chopped consistency per her prescribed diet orders. Review of records on 5/23/24 for client #2 revealed a nutritional assessment dated 5/9/24 for client #2 which indicates that client #2 requires a chopped diet. Interview with the facility registered nurse (RN) on 5/23/24 confirms client #2's chopped diet is current. Continued interview with the RN confirms staff should have presented client #2's meal in chopped consistency as prescribed. B. Observations in the group home on 5/22/24 at 5:08 PM revealed client #5 to participate in the dinner meal consisting of the following:	W 474		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	34G165	A. BUILDING _____ B. WING _____	05/23/2024

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W 474	Continued From page 1 homemade pepperoni pizza, broccoli, fruit cocktail and sugar free punch. Continued observation revealed client #5 to receive assistance from staff in cutting her whole pizza into bite size pieces. Further observations revealed client #5 to consume one hundred percent of her meal, including her pizza and fruit cocktail. At no point during the dinner meal was client #5's pizza cut into ½" chopped pieces per her prescribed diet orders. Review of records on 5/23/24 for client #5 revealed a nutritional assessment dated 5/9/24 for client #5's which indicates that client #5 requires her food to be of ½" chopped consistency. Interview with the RN confirmed client #5's diet is ½" chopped consistency. Continue interview with the RN revealed client #5's diet is current. Continued interview with the RN confirms staff should have presented client #5's meal in ½"chopped consistency as prescribed. C. Observations in the group home on 5/22/24 at 5:08 PM revealed client #6 to participate in the dinner meal consisting of the following: pureed homemade pizza, broccoli, fruit cocktail and nectar thickened sugar free punch. Continued observation revealed client #6's pureed pizza to be presented to her in a consistency that was too thick resulting in coughing episodes throughout the dinner meal. Further observation revealed that staff did nothing to change the consistency of client #6's pureed food in order to allow her to swallow without coughing. Observation in the group home on 5/23/24 at 7:15 AM to 7:18 AM revealed client #6 to participate in	W 474		

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	34G165	A. BUILDING _____ B. WING _____	05/23/2024

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W 474	Continued From page 2 the breakfast meal consisting of the following: pureed cheerios cereal with milk and honey thickened apple juice. Continued observation revealed client #6 to eat from a scoop bowl which was placed on her wheelchair table top with no assistance from staff, while her juice cup was placed on the dining room table, out of her reach. Further observation at 7:18 AM revealed staff to hand client #6 her nectar thickened apple juice with instructions to drink and clear her food. Subsequent observation at 7:19 AM revealed staff removed client #6's beverage and returned her bendable spoon to allow her to resume eating independently. Additional observation revealed client #6's cheerios to be of a thicker consistency which resulted in frequent coughing throughout the breakfast meal, which was consumed absent appropriate staff supervision. Review of client #6's record on 5/23/24 revealed a nutritional assessment dated 5/9/24 for client #6's diet as follows: regular, pureed, sugar and dairy free with no ice cream or Jell-O (gelatin). Honey thickened liquids. Must be elevated at 90 degrees during mealtimes. Paced eating program to include alternating two bites and one sip. Spoon should be held at 180 degrees, level with her mouth Interview with the RN on 5/23/24 confirmed client #6's prescribed diet is current. Continued interview with the RN revealed client #6's pureed diet consistency should be moistened to a consistency similar to creamy mashed potatoes. Further interview confirmed specially modified diets should always be followed as prescribed. Subsequent interview with the RN revealed client #6 really enjoys her meals and the correct consistency would reduce the coughing experienced during mealtime when presented as	W 474		

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W 474	Continued From page 3 ordered, with all guidelines/protocols followed.	W 474		