

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G220</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/10/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-WILSON AVENUE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2103 WILSON AVENUE CHARLOTTE, NC 28208</b>		
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E 039	<p>EP Testing Requirements CFR(s): 483.475(d)(2)</p> <p>§416.54(d)(2), §418.113(d)(2), §441.184(d)(2), §460.84(d)(2), §482.15(d)(2), §483.73(d)(2), §483.475(d)(2), §484.102(d)(2), §485.68(d)(2), §485.542(d)(2), §485.625(d)(2), §485.727(d)(2), §485.920(d)(2), §491.12(d)(2), §494.62(d)(2).</p> <p>*[For ASCs at §416.54, CORFs at §485.68, REHs at §485.542, OPO, "Organizations" under §485.727, CMHCs at §485.920, RHCs/FQHCs at §491.12, and ESRD Facilities at §494.62]:</p> <p>(2) Testing. The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following:</p> <p>(i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event.</p> <p>(ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by</p>	E 039			

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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E 039	<p>Continued From page 1</p> <p>a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.</p> <p>*[For Hospices at 418.113(d):]</p> <p>(2) Testing for hospices that provide care in the patient's home. The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do the following:</p> <p>(i) Participate in a full-scale exercise that is community based every 2 years; or</p> <p>(A) When a community based exercise is not accessible, conduct an individual facility based functional exercise every 2 years; or</p> <p>(B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full scale community-based exercise or individual facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or a facility based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using</p>	E 039			

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E 039	<p>Continued From page 2</p> <p>a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(3) Testing for hospices that provide inpatient care directly. The hospice must conduct exercises to test the emergency plan twice per year. The hospice must do the following:</p> <p>(i) Participate in an annual full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual facility-based functional exercise; or</p> <p>(B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community based or facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional annual exercise that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or a facility based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop led by a facilitator that includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the hospice's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the hospice's emergency plan, as needed.</p>	E 039			

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E 039	<p>Continued From page 3</p> <p>*[For PRFTs at §441.184(d), Hospitals at §482.15(d), CAHs at §485.625(d):]</p> <p>(2) Testing. The [PRTF, Hospital, CAH] must conduct exercises to test the emergency plan twice per year. The [PRTF, Hospital, CAH] must do the following:</p> <p>(i) Participate in an annual full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or</p> <p>(B) If the [PRTF, Hospital, CAH] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an [additional] annual exercise or and that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or individual, a facility-based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the [facility's] emergency plan, as needed.</p> <p>*[For PACE at §460.84(d):]</p>	E 039			

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E 039	Continued From page 4 (2) Testing. The PACE organization must conduct exercises to test the emergency plan at least annually. The PACE organization must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or (B) If the PACE experiences an actual natural or man-made emergency that requires activation of the emergency plan, the PACE is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional exercise every 2 years opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the PACE's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the PACE's emergency plan, as needed.  *[For LTC Facilities at §483.73(d):] (2) The [LTC facility] must conduct exercises to	E 039			

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E 039	<p>Continued From page 5</p> <p>test the emergency plan at least twice per year, including unannounced staff drills using the emergency procedures. The [LTC facility, ICF/IID] must do the following:</p> <p>(i) Participate in an annual full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise.</p> <p>(B) If the [LTC facility] facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional annual exercise that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or an individual, facility based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the [LTC facility] facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [LTC facility] facility's emergency plan, as needed.</p> <p>*[For ICF/IIDs at §483.475(d)]:</p> <p>(2) Testing. The ICF/IID must conduct exercises to test the emergency plan at least twice per year. The ICF/IID must do the following:</p> <p>(i) Participate in an annual full-scale exercise that</p>	E 039			

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E 039	<p>Continued From page 6</p> <p>is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or.</p> <p>(B) If the ICF/IID experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ICF/IID is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional annual exercise that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the ICF/IID's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ICF/IID's emergency plan, as needed.</p> <p>*[For HHAs at §484.102]</p> <p>(d)(2) Testing. The HHA must conduct exercises to test the emergency plan at least annually. The HHA must do the following:</p> <p>(i) Participate in a full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise every 2 years; or.</p>	E 039			

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E 039	<p>Continued From page 7</p> <p>(B) If the HHA experiences an actual natural or man-made emergency that requires activation of the emergency plan, the HHA is exempt from engaging in its next required full-scale community-based or individual, facility based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the HHA's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the HHA's emergency plan, as needed.</p> <p>*[For OPOs at §486.360]</p> <p>(d)(2) Testing. The OPO must conduct exercises to test the emergency plan. The OPO must do the following:</p> <p>(i) Conduct a paper-based, tabletop exercise or workshop at least annually. A tabletop exercise is led by a facilitator and includes a group discussion, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared</p>	E 039			



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E 039	<p>Continued From page 8</p> <p>questions designed to challenge an emergency plan. If the OPO experiences an actual natural or man-made emergency that requires activation of the emergency plan, the OPO is exempt from engaging in its next required testing exercise following the onset of the emergency event.</p> <p>(ii) Analyze the OPO's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed.</p> <p>*[ RNCHIs at §403.748]:</p> <p>(d)(2) Testing. The RNHCI must conduct exercises to test the emergency plan. The RNHCI must do the following:</p> <p>(i) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(ii) Analyze the RNHCI's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the RNHCI's emergency plan, as needed.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to conduct biennial testing of the facility's emergency preparedness plan (EPP). The finding is:</p> <p>Review on 7/9/24 of the facility's EPP revealed no evidence of an additional full-scale community or facility-based training, or an additional mock drill or tabletop.</p> <p>Interview on 7/10/24 with the qualified intellectual disabilities professional (QIDP) confirmed the</p>	E 039			

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

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E 039	Continued From page 9	E 039			
W 249	<p>facility had no evidence of an additional full-scale community or facility-based training, or an additional mock drill or tabletop.</p> <p><b>PROGRAM IMPLEMENTATION</b> 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, record reviews, and interviews, the facility failed to ensure that 1 of 6 clients (#5) received a continuous active treatment program as identified in the Individual Support Plan (ISP) relative to implementing training goals. The finding is:</p> <p>Observations in the group home throughout the survey on 7/9/24 - 7/10/24 revealed client #5 to participate in the dinner meal and breakfast meal. Continued observations revealed that staff prepared the dinner meal and breakfast meal with no client participation. Further observations revealed that client #5 ate both his dinner and breakfast meal quickly while holding his plate in the air. At no time during the observations was staff observed to prompt client #5 to pace himself between bites to ensure the client is not at risk for choking.</p>	W 249			

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W 249	Continued From page 10 Review of records on 7/10/24 for client #5 revealed a ISP dated 4/30/24. Continued review of the ISP revealed a goal for client #5 to be provided with 2 verbal prompts to pace himself during mealtimes at 85% for 3 consecutive months. The goal was implemented on 1/16/24.  Interview with the qualified intellectual disabilities professional (QIDP) on 7/10/24 confirmed that client #5's PCP is current. Continued interview with the QIDP confirmed that staff should be implementing client #5's training goals.	W 249			
W 369	<b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(2)  The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 1 of 6 clients (#5) observed during medication administration. The finding is:  Observation in the group home on 7/10/24 at 7:05 AM revealed staff to prompt client #5 to the medication room. Continued observation revealed staff to sanitize client #5's hands, remove medication packets, and prepare a water cup for the client. Further observation revealed staff educated client #5 and punched all morning medications into a medicine cup and the client was observed to take all medications whole with water.  Review of records for client #5 on 7/10/24 revealed physician's orders dated 7/10/24.	W 369			

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W 369	Continued From page 11 Review of the 7/10/24 physician's orders revealed medications to administer at 8:00 AM to be Bisacodyl Tab 5 MG EC, Divalproex Tab 500 MG ER (2 tablets), Escitalopram Tab 20 MG, GNP Vitamin D 2000 Unit (50MCG), Lorazepam Tab 0.5 MG, Multivitamin Tab, Trihexyphenidyl 2 MG Tab, and Vraylar Cap 4.5 MG. During survey medication administration observation of staff, staff was observed to administer all medications for client #5 except Lorazepam Tab 0.5MG which is equivalent to Ativan 1.5 MG for anxiety. Additionally, the surveyor notified the facility nurse of missed dose upon reconciling current physician's orders.  Interview with the facility nurse on 7/10/24 confirmed the 7/10/24 physician's orders for client #5 to be current. Continued interview with the facility nurse revealed that staff should administer medications as prescribed. Further interview with the facility nurse revealed that the medication was discontinued in error and the facility nurse authorized the staff at the group home to administer client #5's Ativan 0.5 MG outside of time prescribed.	W 369			
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 observations, record review and interview, the facility failed to assure that adaptive equipment was furnished as prescribed for 1 of 6	W 436			

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NAME OF PROVIDER OR SUPPLIER  <b>VOCA-WILSON AVENUE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2103 WILSON AVENUE CHARLOTTE, NC 28208</b>		
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W 436	Continued From page 12 clients (#5). The finding is:  During bservations in the group home during recertification survey 7/9/24 -7/10/24 revealed client #5 to participate in the dinner meal and breakfast meal. Continued observations revealed client #4 to be provided the following adaptive equipment: a high sided deep dish for the meals. At no point during the observations was client #5 observed to be provided his prescribed high sided divided dish.  Review of records for client #5 on 7/10/24 revealed an individual support plan (ISP) dated 4/30/24. Continued review of ISP revealed an occupational therapy feeding assessment dated 4/6/22 for client #5 to use a high sided divided dish to maintain spillage and to slow client's pace during meals to decrease his choking risk.  Interview with the qualified intellectual disabilities professional (QIDP) on 7/10/24 confirmed client #5 has a prescribed high sided divided dish. Continued interview with the QIDP confirmed that client #5 should be provided with his prescribed adaptive equipment.	W 436			
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv)  Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure that 3 of 5 clients (#1, #5, #6) were provided with appropriate utensils to allow them to eat as independently as possible. The findings are:  A. The facility failed to provide client #1 with	W 475			

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W 475	<p>Continued From page 13 appropriate utensils. For example:</p> <p>Observations in the group home on 7/9/24 at 5:15 PM revealed the dining room table set for the dinner meal with client #1's place setting consisting of a regular plate, a regular cup, a fork and a bowl. Continued observation revealed client #1 to be served the dinner meal of buffalo chicken breast, baked beans, mixed vegetables, cantaloupe, juice and water. Further observation revealed client #1 to pick up his entire chicken breast with his fork and eat it one bite at a time.</p> <p>Observations in the group home on 7/10/24 at 6:40 AM revealed the dining room table set for breakfast with client #1's place setting consisting of a regular plate, a regular cup and no utensils. Continued observation revealed client #1 to be served breakfast consisting of one boiled egg, two slices of whole wheat bread, juice and milk. Further observation revealed client #1 to pick up each food item and eat them with his hands.</p> <p>Record review on 7/10/24 revealed a Individual Support Plan (ISP) for client #1 which includes a Nutritional Evaluation dated 4/2/24 stating that client #1 does not require adaptive equipment at mealtimes. Continued record review revealed a Home Life Assessment dated 12/29/23 which states that client #1 "Uses all utensils as needed; regular or adaptive (independent with spoon, fork, verbal cues for knife)."</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 7/10/24 confirmed that client #1 should be offered a full set of utensils at each meal in order to provide him with the greatest possible independence.</p>	W 475			

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

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W 475	<p>Continued From page 14</p> <p>B. The facility failed to provide client #5 with appropriate utensils. For example:</p> <p>Observations in the group home on 7/9/24 at 5:15 PM revealed the dining room table set for the dinner meal with client #5's place setting consisting of two high sided plates, a regular cup, a spoon and a bowl. Continued observation revealed client #5 to be served the dinner meal of buffalo chicken breast, baked beans, mixed vegetables, cantaloupe, juice and water. Further observation revealed client #5 to consume his entire meal with a spoon.</p> <p>Observations in the group home on 7/10/24 at 6:40 AM revealed the dining room table set for breakfast with client #5's place setting consisting of a high sided plate, a regular cup and no utensils. Continued observation revealed client #5 to be served breakfast consisting of one boiled egg, two slices of whole wheat bread, juice and milk. Further observation revealed that, while client #5 was eating his food with his hands, staff provided him with a fork and spoon.</p> <p>Record review on 7/10/24 revealed a ISP for client #5 dated 4/30/24 stating that client #5 requires only a high sided divided dish as adaptive equipment at mealtimes.</p> <p>Interview with the QIDP on 7/10/24 confirmed that client #5 should be offered a full set of utensils at each meal in order to provide him with the greatest possible independence.</p> <p>C. The facility failed to provide client #6 with appropriate utensils. For example:</p> <p>Observations in the group home on 7/9/24 at 5:15</p>	W 475		

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W 475	<p>Continued From page 15</p> <p>PM revealed the dining room table set for the dinner meal with client #6's place setting consisting of a regular plate, a regular cup, a spoon and a bowl. Continued observation revealed client #6 to be served the dinner meal of buffalo chicken breast, baked beans, mixed vegetables, cantaloupe, juice and water. Further observation revealed client #6 to pick small pieces of the chicken breast off and eat it with her hands.</p> <p>Observations in the group home on 7/10/24 at 6:40 AM revealed the dining room table set for breakfast with client #6's place setting consisting of a regular plate, a regular cup and no utensils. Continued observation revealed client #6 to be served breakfast consisting of one boiled egg, two slices of whole wheat bread, juice and milk. Further observation revealed client #6 to pick up each food item and eat them with her hands.</p> <p>Record review on 7/10/24 revealed a ISP for client #6 which includes an Occupational Therapy Evaluation dated 9/30/21 stating that client #6 is independent at self-feeding. Continued record review revealed a Home Life Assessment dated 7/3/23 which states that client #6 uses a spoon, fork and knife independently.</p> <p>Interview with the QIDP on 7/10/24 confirmed that client #6 should be offered a full set of utensils at each meal in order to provide her with the greatest possible independence.</p>	W 475			