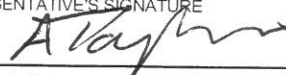


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G139	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2023
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NAME OF PROVIDER OR SUPPLIER VOCA-NORWICH ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1006 NORWICH ROAD CHARLOTTE, NC 28227
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(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
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W 480	<p>MENUS CFR(s): 483.480(c)(1)(iv)</p> <p>Menus must include the average portion sizes for menu items. This STANDARD is not met as evidenced by: Based on observations, interviews and record review the facility failed to ensure the menu used by staff included the portion sizes to meet the prescribed diet for the 1 of 3 audit clients (client #5) in the home. The finding is:</p> <p>During an observation on 11/14/23 at 4:45pm revealed a posted menu on the refrigerator door for the month of November. The dinner menu for Tuesday stated Taco Tuesday (be sure to use wheat tortillas). Continued observations revealed no specific serving amounts or portion sizes were specified on this menu for Taco Tuesday. The menu also did not include the average portion sizes for regular or reduced calorie diets for the dinner meals.</p> <p>Further observation on 11/14/23 between 5:12pm-5:33pm revealed client #5 was served by staff three soft floured taco tortillas with about 1/2 cup of ground beef on each tortilla, about 1 cup of lettuce, and about 1cup of cheese onto his plate. No method of measuring was used to determine the portion client #5 received. During the meal, client #5 was observed removing all three soft floured taco tortillas off his plate, leaving the ground beef, cheese, and lettuce. Client #5 poured about 2 1/2 to 3 cups of taco sauce on top of his food. Staff tried to remove some of the taco sauce but was told by the qualified intellectual disability professional (QIDP) to leave the taco sauce on the plate because client #5 probably won't eat it all. Observed client #5 complete 100% of his dinner and peach tea.</p>	W 480	<p>Facility will ensure menus include the average portion sizes in appropriate quantity for client #1, all clients and per client diet order.</p> <p>To ensure needs are met: Menus will be reviewed and or revised for all clients to include client #1 if warranted. Diet order will include portions sized on the menu.</p> <p>To prevent reoccurrence: QIDP will train all staff on client #1 and all individuals diets to include portion size.</p> <p>QIDP and Site Supervisor will conduct weekly meal observation in the home and document on meal observation form.</p> <p>Person (s) Responsible: QIDP and Site Supervisor</p> <p style="text-align: right; color: blue; font-weight: bold;">DHSR - Mental Health NOV 20 2023 Lic. & Cert. Section</p>	12/15/2023
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Andrew Taylor, QAM 	TITLE QAM	(X6) DATE 11/22/2023
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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: 11/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G139	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2023
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NAME OF PROVIDER OR SUPPLIER VOCA-NORWICH ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1006 NORWICH ROAD CHARLOTTE, NC 28227
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(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
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W 480	<p>Continued From page 1</p> <p>During an interview with a staff B on 11/14/23 revealed uncertainty about how serving sizes are determined to meet prescribed diet. She stated that the menu had some serving sizes but did not specify for Taco Tuesday.</p> <p>Record Review on 11/15/23 of client #5's physician orders dated 10/04/23 revealed a prescribed 1800 calorie diet and to offer healthy food choices.</p> <p>Interview with the QIDP on 11/15/23 revealed that the menu did not specify an 1800 calorie diet for client #5 and there were no methods to measure the serving sizes for staff to use.</p>	W 480		
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