

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

PRINTED: 10/01/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER VOCA-LAUREL GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 51 LAUREL STREET GRANITE FALLS, NC 28630	
(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 472	<p>MEAL SERVICES CFR(s): 483.480(b)(2)(i)</p> <p>Food must be served in appropriate quantity. This STANDARD is not met as evidenced by: Based on observations, record review, and interview, the facility failed to ensure food was served in appropriate quantity for 1 of 5 clients (#4). The finding is:</p> <p>Observation in the group home on 9/25/24 at 6:00 PM revealed client #4 to participate in the breakfast meal which included French toast sticks with syrup, bacon, and orange juice. Continued observations revealed the staff prepared the client's scoop plate with six French toast sticks and two pieces of bacon. Further observations revealed that staff fed client #4 the breakfast meal with no further assistance from staff to ensure the client received double portions.</p> <p>Review of records for client #4 on 9/25/24 revealed a nutritional evaluation dated 8/22/24. Review of the nutritional evaluation for client #4 indicates that the client is prescribed a regular diet, chopped meats, high fiber, double portions, Boost liquid 4 times a daily.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 9/25/24 confirmed client #4's diet as current. Continued interview with the QIDP confirmed that staff should have provided client #4 with his prescribed diet.</p>	W 472		
W 474	<p>MEAL SERVICES CFR(s): 483.480(b)(2)(iii)</p> <p>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</p>	W 474		

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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W 474	Continued From page 1 interview, the facility failed to ensure food was served in a form consistent with the developmental level for 1 of 5 clients (#4). The finding is: Observation in the group home on 9/25/24 at 6:00 PM revealed client #4 to participate in the breakfast meal which included French toast sticks with syrup, bacon, and orange juice. Continued observations revealed staff to cut up client #4's bacon with kitchen shears into 1 to 2 inches in size. Further observations revealed that staff fed client #4 the breakfast meal with no further assistance from staff to ensure modified diet. Review of records for client #4 on 9/25/24 revealed a nutritional evaluation dated 8/22/24. Review of the nutritional evaluation for client #4 indicates that the client is prescribed a regular diet, chopped meats, high fiber, double portions, Boost liquid 4 times a daily. Interview with the qualified intellectual disabilities professional (QIDP) on 9/25/24 confirmed client #4's diet as current. Continued interview with the QIDP confirmed that staff should have provided client #4 with his prescribed diet.	W 474			
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 interview, the facility failed to ensure all appropriate utensils were provided to 2 of 5 clients (#1 and #4). The findings are: A. The facility failed to provide appropriate	W 475			

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W 475	<p>Continued From page 2 utensils to client #1. For example:</p> <p>Observation in the group home on 9/25/24 at 6:40 AM revealed client #1 to participate in the breakfast meal with a place setting that consisted of a plate, a cup, and a spoon. Continued observation revealed the breakfast meal to include French toast sticks with syrup and bacon. Further observation revealed client #1 to cut her French toast sticks with a spoon and to eat with her fingers. At no time during observation did staff provide a fork and knife for the breakfast meal.</p> <p>Review of record for client #1 on 9/25/23 revealed an individual support plan (ISP) dated 10/13/23. Continued review of the ISP for client #1 revealed a community life assessment for the client to use a regular spoon, fork, and knife at mealtimes independently.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 9/25/24 revealed that client #1's ISP is current. Continued interview with the QIDP confirmed that all meals for client #1 should be provide a full place setting consisting of utensils (fork, spoon, and knife).</p> <p>B. The facility failed to provide appropriate utensils to client #4. For example:</p> <p>Observation in the group home on 9/25/24 at 6:18 AM revealed client #4 to participate in the breakfast meal with a place setting that consisted of a scoop plate, a cup, and a spoon. Continued observation revealed the breakfast meal to include French toast sticks with syrup and bacon. Further observation revealed client #4's to be prepared in the kitchen by staff cutting up the French toast sticks with a spoon and cutting the</p>	W 475			

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W 475	<p>Continued From page 3</p> <p>bacon using kitchen shears. At no time during observation did staff provide a fork and knife for the breakfast meal.</p> <p>Review of record for client #4 on 9/25/24 revealed an ISP dated 2/19/24. Continued review of the ISP for client #4 revealed a community life assessment dated 2/1/24 for the client to use a regular spoon, fork, and knife at mealtimes with physical assistance.</p> <p>Interview with the QIDP on 9/25/24 revealed that client #4's ISP is current. Continued interview with the QIDP confirmed that all meals for client #4 should be provide a full place setting consisting of utensils (fork, spoon, and knife).</p>	W 475			