

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

PRINTED: 02/04/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G194	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER VOCA-FREEDOM GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5911 FREEDOM DR CHARLOTTE, NC 28208		
(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 247	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 1 sampled client (#2) and 1 non-sampled client (#4) were provided opportunities for choice and self-management during mealtimes. The finding is:</p> <p>Morning observations on 1/29/25 at 7:06AM revealed staff A to prompt clients to sit at the dining table to prepare for the breakfast meal. Continued observations revealed staff A to cut client #2 and #4 toast by cutting it into bite size pieces. At no point during the observation did staff prompt clients #2 and #4 to cut their toast independently.</p> <p>Review of the record for client #2 on 1/29/25 revealed a life skills assessment dated 7/2/24 which indicated that the client could use a knife independently with verbal and gestural cues.</p> <p>Review of the record on 1/29/25 for client #4 revealed a life skills assessment dated 5/24/24 which indicated the client can use a knife with independence with verbal and gestural cues.</p> <p>Interview with the Program Manager (PM) on 1/29/25 revealed staff have been trained to allow clients to be as independent as possible during mealtimes. Continued interview with the PM verified that clients #2 and #4's interventions and objectives were current. Further interview with the PM revealed staff should have prompted</p>	W 247			

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 247	Continued From page 1	W 247			
W 287	<p>clients to use their knives to cut their food.</p> <p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR 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 review and interview, the facility failed to ensure techniques to manage behaviors were not used for the convenience of staff. This affected 1 of 3 sampled clients (#3). The finding is:</p> <p>During morning observations in the home on 1/29/25 revealed staff B and client #3 were sitting in the living room area while the other clients were sitting at the dining room table eating breakfast. Continued observation revealed client #3 to attempt to stand up several times and leave the living room area and staff B redirected client #3 to sit back down each time. Further observation reveal staff B to walk client #3 to his bedroom and direct him to lay down in the bed. At no point during the observation did staff engage client #3 in an activity.</p> <p>Review on 1/29/25 of client #3's Individual Program Plan (IPP) dated 1/31/24 did not reveal techniques/restrictions or an increased level of supervision for client #3 to where he couldn't move around the home without redirection. Continued review of the record for client #3 revealed a Positive Behavior Support Plan (PBSP) dated 8/17/24 which did not reveal techniques/restrictions or an increased level of supervision for client #3 to where he couldn't</p>	W 287			

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W 287	Continued From page 2 move around the home without redirection.	W 287			
W 474	<p>During an interview on 1/29/25 with the Program Manager (PM) confirmed there were no techniques/restrictions or an increased level of supervision for client #3 and that staff should not have redirected him for convenience.</p> <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 observation, record review and interview, the facility failed to ensure food consistency was served in a form according to the developmental level for 1 of 3 sampled clients (#6). The finding is:</p> <p>Afternoon observations in the facility on 1/29/25 at 5:05PM revealed staff to assist client #6 to the dining table to prepare for the dinner meal. Continued observation revealed staff to assist client #6 with eating his meal. Further observation revealed staff to provide client #6 with a bowl of pineapple chunks. Observations also revealed client #6 to consume his pineapples with his hand. At no point during the observation did staff cut the pineapple chunks into a ½" chopped consistency.</p> <p>Morning observations on 1/29/25 at 7:10AM revealed staff to prepare client #6's plate for the breakfast meal. Continued observations revealed staff to place the following food items on client #6's plate: cereal and wheat toast cut in bite size pieces. Further observations revealed client to consume the meal in its entirety. Additional</p>	W 474			

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W 474	<p>Continued From page 3</p> <p>observations revealed staff to provide client #6 with a second piece of wheat toast. Observations also revealed staff to cut client #6's toast into large pieces. Observations revealed client #6 to eat the toast in entirety. At no point during the observation did staff cut client #6's toast into a ½" chopped consistency.</p> <p>Review of the record for client #6 on 1/29/25 revealed an individual support plan (ISP) dated which indicates the client is edentulous and has issues with swallowing. Continued review of the record for client #6 revealed a nutritional assessment dated 10/22/24 and physician's order dated 1/29/25 which verifies the following prescribed diet: ADA diet, high fiber, ½" chopped, whole milk or juice with meals, three snacks per day and prune juice 4 oz. per day.</p> <p>Interview with the program manager (PM) on 1/29/25 revealed that staff have been trained to prepare client #6's food according to the prescribed diet consistency. Continued interview with the PM verified that client #6's prescribed diet is current. Further interview with the PM revealed staff should prepare clients food according to their prescribed diets.</p>	W 474			