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

PRINTED: 02/04/2025 FORM APPROVED

NAME OF PROVIDER OR SUPPLIER VOCA-FREEDOM GROUP HOME CAN ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DREFIX TAG PROVIDER SPLAN OF CORRECTION ACTION SHOULD BE CADES REFRENCED IN THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DREFIX TAG PROVIDER SPLAN OF CORRECTION ACTION SHOULD BE CADES REFRENCED IN THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DREFIX TAG PROVIDER SPLAN OF CORRECTION ACTION SHOULD BE CADES REFRENCED IN THE APPROPRIATE DEFICIENCY DREFIX TAG PROVIDER SPLAN OF CORRECTION ACTION SHOULD BE CADES REFRENCED IN THE APPROPRIATE DEFICIENCY DREFIX TAG PROVIDER SPLAN OF CORRECTION ACTION SHOULD BE CADES REFRENCED IN THE APPROPRIATE DEFICIENCY DREFIX TAG PROVIDER SPLAN OF CORRECTION ACTION SHOULD BE CADES REFRENCED IN THE APPROPRIATE DEFICIENCY DREFIX TAG PROVIDER SPLAN OF CORRECTION BOULD BE CADES REFRENCED IN THE APPROPRIATE DEFICIENCY DREFIX TAG W 247 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(v)) The individual program plan must include opportunities for client thoice and self-management including client #2 and self-management during mealtime. The QP will in-service staff on all clients provide opportunities of choice and self-management during mealtime. The QP will in-service staff to provide opportunities of choice and self-management during meals. The QP will in-service staff to utilize prompt sequence when food is needed to be cut during mealtime in order for the client to be as independent as possible. QIDP and Site Supervisor will conduct weekly meal observation in the home and document on meal observation	STATEMENT OF DEFICIENCIES (X1) P		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MI II TII	MILITIDI E CONSTRUCTION		OMB NO. 0938-03	
VVCA-FREEDOM GROUP HOME VVCA-FREEDOM GROUP HOME SUMMARY STATEMENT OF DEPICIENCES GEACH DEPCISION MIST BE PRECEDED BY FILL REGULATORY OR LSC DENTIFYING INFORMATION) PRIFERY TAG VV247 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(v) The individual program pian 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 (k2) and 1 non-ampled client (k4) were provided opportunities for choice and self-management during mealtimes. The finding is: Morning observations on 1/29/25 at 7:06AM revealed staff A to prompt clients to sit at the drining table to prepare for the breakfast meal. Continued observations revealed staff A to out client k2 and k4 to sat by cutting it into this size pieces. At no point during the observation id staff prompt clients k2 and k4 to cut their toast independently. Review of the record on 1/29/25 for client t44 revealed a life skills assessment dated 5/2/24 which indicated that the client could use a knife independence with verbal and gestural cues. Interview with the Program Manager (PM) on 1/29/25 revealed a life fisk is assessment dated 5/2/4/4 which indicated the client can use a knife with independence with verbal and gestural cues. Interview with the Program Manager (PM) on 1/29/25 revealed a life skills assessment dated 5/2/4/4 which indicated the client can use a knife with independence with verbal and gestural cues. 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 is interventions and objectives were current. Further interview with the PM revealed staff should have prompted	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			
VOCA-FREEDOM GROUP HOME Continued to be a submarry statement of Deficiences (EACH Deficiency Must rate preceded as if is skills assessment dated 72/24 which indicated that the client could use a knife independently with verbal and gestural cues.			B. WING			04/00/000		
SHARLOTTE, NC 2228 CARREDOM GROUP HOME SUMMARY STATEMENT OF DEFICIENCES PREFIX REGULATORY OR USE OF DETITYING INFORMATION) W 247	NAME OF P	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		01/29/2025	
PREPIX TAXES TAXES TO PERICENCES REPREPAY TO THE PROPERTY OF DEPICE PROPERTY TAXES. W 247 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(v)) 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 mealtime. Morning observations on 1/29/25 at 7:08AM revealed staff A to prompt clients to sit at the dining table to prepare for the breakfast meal. Confinued observations revealed staff A to cut their toast independently. 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. Interview with the Program Manager (PM) on 1/29/25 revealed a life skills assessment dated 5/24/24 which indicated the client cau use a knife with independence with verbal and gestural cues. Interview with the Program Manager (PM) on 1/29/25 revealed a life skills assessment dated 5/24/24 which indicated the client cau use a knife with independence with verbal and gestural cues. Interview with the Program Manager (PM) on 1/29/25 revealed a life skills assessment dated 5/24/24 which indicated the client cau use a knife with independence with verbal and gestural cues. Interview with the Program Manager (PM) on 1/29/25 revealed a life skills assessment dated 5/24/24 which indicated the client cau use a knife with independence with verbal and gestural cues. Interview with the Program Manager (PM) on 1/29/25 revealed staff should have prompted the PM revealed staff should have prompte	VOCA-FR	REEDOM GROUP HOME			5911 FREEDOM DR			
W 247 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(v) 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: 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 to set 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. Review of the record for client #2 or 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. Interview with the Program Manager (PM) on 1/29/25 revealed a life skills assessment dated 5/24/24 which indicated the client can use a knife with independence with verbal and gestural cues. Interview with the Program Manager (PM) on 1/29/25 revealed a life skills assessment dated 5/24/24 which indicated the client can use a knife with independence with verbal and gestural cues. Interview with the Program Manager (PM) on 1/29/25 revealed a life skills assessment dated 5/24/24 which indicated the client can use a knife with independence with verbal and gestural cues. Interview with the Program Manager (PM) on 1/29/25 revealed a life skills assessment dated 5/24/24 which indicated the client can use a knife with independence with verbal and gestural cues. Interview with the Program Manager (PM) on 1/29/25 revealed a life skills assessment dated 5/24/24 which indicated the client can use a knife with independence with verbal and gestural cues. Interview of the record on 1/29/25 revealed staff should have prompted the program Manager (PM) on 1/29/25 revealed staff sho		SUMMARY ST	ATEMENT OF DEFICIENCIES	iD				
CFR(s): 483.440(c)(6)(vi) 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: 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 to sat 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. Review of the record for client #2 on 1/29/25 revealed a life skills assessment dated 7/2/24 which indicated that cellent coul use a knife independently with verbal and gestural cues. Review of the record on 1/29/25 for client #4 revealed a life skills assessment dated 5/2/2/4 which indicated that cellent coul use a knife with independence with verbal and gestural cues. 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 PPM verified that clients #2 and #4's interventions and objectives were current. Further interview with the PPM verified that clients #2 and #4's interventions and objectives were current. Further interview with the PPM revealed staff should have prompted the PM revealed staff should have prompted to a power provide opportunities for choice and self-management including client #2 and client #4 to be trained to sit at the client could use a knife with independence with verbal and gestural cues. Interview with the Program Manager (PM) on 1/29/25 revealed a life skills assessment dated 5/2/24/24 which indicated the client can use a knife with independence with verbal and gestural cues.	TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX	(EACH CORRECTIVE ACTIONS CROSS-REFERENCED TO THE AF	HOULD BE	ILD BE COMPLETION	
RATORY DIRECTOR'S OR PROVIDER/SLIPPLIER RESPECTATIVE'S SIGNATURE	in Francisco	CFR(s): 483.440(c)(6) The individual program opportunities for client self-management. This STANDARD is not based on observation, interview, the facility facilient (#2) and 1 non-sprovided opportunities self-management during its: Morning observations of the revealed staff A to provide a provided opportunities self-management during its: Morning observations of the revealed staff A to provided opportunities are vealed staff A to provide a provided observations client #2 and #4 toast be pieces. At no point during staff prompt clients #2 and pieces. At no point during staff prompt clients #2 and pieces. At no point during staff prompt clients #2 and pieces. At no point during staff prompt clients #2 and pieces. At no point during staff prompt clients #2 and pieces. At no point during staff prompt clients #2 and pieces. At no point during staff prompt clients #2 and pieces. At no point during staff prompt clients #2 and pieces. At no point during staff prompt clients #2 and pieces. At no point during staff prompt clients #2 and pieces. At no point during staff prompt clients #2 and pieces. At no point during staff prompt clients #2 and pieces. At no point during staff prompt clients #2 and pieces. At no point during staff prompt clients #2 and pieces. At no point during staff prompt clients #2 and pieces. At no point during staff prompt clients #2 and pieces. At no point during staff prompt clients #2 and pieces. At no point during staff prompt clients #2 and pieces. At no point during staff prompt clients #2 and #4 toast be pieces. At no point during staff prompt clients #2 and #4 toast be pieces. At no point during staff prompt clients #2 and #4 toast be pieces. At no point during staff prompt clients #2 and #4 toast be pieces. At no point during staff prompt clients #2 and #4 toast be pieces. At no point during staff prompt clients #2 and #4 toast be pieces. At no point during staff prompt clients #2 and #4 toast be pieces. At no point during staff prompt clients #2 and #4 toast be pieces. At no point during	n plan must include t choice and ot met as evidenced by: record review and illed to ensure 1 sampled ampled client (#4) were for choice and ng mealtimes. The finding on 1/29/25 at 7:06AM mpt clients to sit at the for the breakfast meal. Is revealed staff A to cut by cutting it into bite size ing the observation did and #4 to cut their toast or client #2 on 1/29/25 ressment dated 7/2/24 client could use a knife hal and gestural cues. at 1/29/25 for client #4 ressment dated 5/24/24 ressment dated 5		The facility will ensure the support plan for all clients proportunities for client choise management including client client # 4 to be provided opportunities. The QP will in-service staff clients life skills assessment client#2 and client#4. The Q service staff to provide opportunities and self-management meals. The QP will in-service utilize prompt sequence when needed to be cut during meal order for the client to be as in as possible. QIDP and Site Supervisor will weekly meal observation in the and document on meal observation.	orovide the and self the and self the and self the and portunities ment during the self to the food is a lime in the andependent the home wation	f – gg g f t t 2/27/2025	
	o th	erified that clients #2 ar bjectives were current. ne PM revealed staff sh	nd #4's interventions and Further interview with ould have prompted			Sure Sect		

2/06/2025

Program Manger

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 PRINTED: 02/04/2025 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER A. BUILDING COMPLETED 34G194 B. WING NAME OF PROVIDER OR SUPPLIER 01/29/2025 STREET ADDRESS, CITY, STATE, ZIP CODE **VOCA-FREEDOM GROUP HOME** 5911 FREEDOM DR CHARLOTTE, NC 28208 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 247 Continued From page 1 W 247 clients to use their knives to cut their food. W 287 MGMT OF INAPPROPRIATE CLIENT W 287 BEHAVIOR The facility will ensure techniques to CFR(s): 483.450(b)(3) manage inappropriate behavior will never be used for the convenience of Techniques to manage inappropriate client staff. behavior must never be used for the convenience This STANDARD is not met as evidenced by: To prevent further occurrence: Based on observations, record review and QIDP will educate all staff on client #3 interview, the facility failed to ensure techniques BSP relative to appropriate process for to manage behaviors were not used for the managing client #3 behavior and ensure convenience of staff. This affected 1 of 3 continuous active treatment is provided sampled clients (#3). The finding is: as identified in the individual support During morning observations in the home on 2/27/2025 plan. 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. 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. Contined 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

DHSR-MH Licensure Sect

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		ISTRUCTION	(X3) DATE SURVEY COMPLETED	
34G194		B. WING			01/29/2025		
	PROVIDER OR SUPPLIER REEDOM GROUP HOME			5911 F	TADDRESS, CITY, STATE, ZIP CODE REEDOM DR RLOTTE, NC 28208		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD B		E	(X5) COMPLETION DATE
	move around the hom During an interview or Manager (PM) confirm techniques/restrictions supervision for client # have redirected him fo MEAL SERVICES CFR(s): 483.480(b)(2)(Food must be served in developmental level of This STANDARD is not Based on observation, interview, the facility fa consistency was serve the developmental level (#6). The finding is: Afternoon observations at 5:05PM revealed stadining table to prepare Continued observation client #6 with eating his revealed staff to provide pineapple chunks. Observations at 4 to consume his hand. At no point during cut the pineapple chunk consistency. Morning observations or revealed staff to prepare consumed the staff to prepare consistency.	e without redirection. 1/29/25 with the Program and there were no a or an increased level of 3 and that staff should not ar convenience. iii) In a form consistent with the athe client. In the dient as evidenced by: I record review and I iled to ensure food I died to ensure food I in a form according to I for 1 of 3 sampled clients I in the facility on 1/29/25 Iff to assist client #6 to the I for the dinner meal. I revealed staff to assist I meal. Further observation I client #6 with a bowl of I ervations also revealed I pineapples with his I the observation did staff I is into a ½" chopped In 1/29/25 at 7:10AM I client #6's plate for the I ded observations revealed I in 1/29/25 at 7:10AM I client #6's plate for the I in the facility on 1/29/25 at 7:10AM I in 1/29/	W 4	74 Faci appr clien To e revie cons in a cons all state of the cons form.	lity will ensure food is served in opriate consistency at all times at diet order. Insure needs are met: A. QIDP will attency and document. Core team note. Tevent reoccurrence: B. QIDP will aff on client #6 and all individual of the conduct weekly meal observation is and document on meal observation.	train diets.	2/27/2025
	#6's plate: cereal and wi pieces. Further observa consume the meal in its	heat toast cut in bite size tions revealed client to entirety. Additional			3400		

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VIDER/SUPPLIER/CLIA TIFICATION NUMBER: 34G194	A. BUILDING	CONSTRUCTION REET ADDRESS, CITY, STATE, ZIP CODE	СО	TE SURVEY MPLETED
34G194				1/29/2025
	STE		1 0	7/24/2025
	591		01/29/2025	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		RECEIVED		(X5) COMPLETION DATE
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. 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. 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.				
	preceded by full ying information) provide client #6 past. Observations #6's toast into paled client #6 to point during the ef6's toast into a ½" ef6 on 1/29/25 plan (ISP) dated intulous and has ped review of the physician's order following pher, ½" chopped, pree snacks per y. eff (PM) on the ped interview by the ped in	PRECEDED BY FULL YING INFORMATION) W 474 Provide client #6 Provi	DEPICIENCIES PRECEDED BY FULL YING INFORMATION) W 474 Drovide client #6 Drovide cl	PREFICIENCIES PRECIDENCIES PRECIDENCY TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 474 W 475 W 474 W