

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

PRINTED: 11/14/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G263	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2025
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NAME OF PROVIDER OR SUPPLIER VOCA-YOUNG GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 211 YOUNG STREET SHELBY, NC 28150
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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 195	<p>ACTIVE TREATMENT SERVICES CFR(s): 483.440</p> <p>The facility must ensure that specific active treatment services requirements are met.</p> <p>This CONDITION is not met as evidenced by: The team failed to ensure that each client received a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialize and generic training and treatment directed towards the acquisition of behaviors necessary for the client to function with as much self-determination and independence as possible (W249); ensure data was collected with the frequency as prescribed by clients written individual support plans (ISP's) (W252); ensure the ISP was reviewed and revised when clients fail to make progress (W257); ensure comprehensive functional assessments to identify the client's specific developmental and behavioral management needs were updated as required (W214).</p> <p>The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated active treatment services to the clients.</p>	W 195		
W 196	<p>ACTIVE TREATMENT CFR(s): 483.440(a)(1)</p> <p>Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:</p>	W 196		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.

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W 196	<p>Continued From page 1</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure continuous treatment program by failing to implement needed interventions and services identified in the individual support plan (ISP's) of 5 of 6 audited clients (#2, #3, #4, #5, and #6). The findings are:</p> <p>A. Cross reference W249. The facility failed to ensure a continuous treatment program by failing to implement needed interventions and services identified in the ISPs of 5 of 6 audited clients (#2, #3, #4, #5, and #6).</p> <p>B. Cross reference W252. The facility failed to ensure data related to the accomplishment of objective criteria was documented in measurable terms. This affected 5 of 6 audited clients (#2, #3, #4, #5, and #6).</p> <p>C. Cross reference W257. The facility failed to ensure the ISP was reviewed and revised when clients fail to make progress. This affected 5 of 6 audited clients (#2, #3, #4, #5, and #6).</p> <p>D. Cross reference W214. The facility failed to ensure comprehensive functional assessments to identify the client's specific developmental and behavioral management needs were updated as required for 5 of 6 audited clients (#2, #3, #4, #5, and #6).</p>	W 196			

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W 214	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(iii)</p> <p>The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure behavior support plans (BSPs) and psychological evaluations (PEs) were updated as required. This affected 5 of 6 audited clients (#2, #3, #4, #5, and #6). The findings are:</p> <p>A. The facility failed to ensure that client #2's BSP and PE were updated as required. For example:</p> <p>Review on 11/5/25 revealed client #2's BSP dated 2/15/25. Further review revealed no evidence of a behaviorist or psychologist review and approval. Continued review revealed an individual support plan (ISP) dated 2/14/25 with a PE dated 5/30/12 and no evidence of a current PE.</p> <p>B. The facility failed to ensure that client #3's BSP and PE were updated as required. For example:</p> <p>Review on 11/5/25 revealed client #3's BSP for attempting/taking inappropriate food and non-compliance dated 5/9/25. Further review revealed no evidence of a behaviorist or psychologist review and approval. Continued review revealed an ISP dated 5/9/25 with a PE dated 12/14/12 and no evidence of a current PE.</p> <p>C. The facility failed to ensure that client #4's BSP and PE were updated as required. For example:</p> <p>Review on 11/5/25 revealed client #4's BSP for physical aggression and non-compliance dated 3/20/25. Further review revealed no evidence of a</p>	W 214			

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W 214	<p>Continued From page 3</p> <p>behaviorist or psychologist review and approval. Continued review revealed an ISP dated 3/20/25 with a PE dated 3/10/23 and no evidence of a current PE.</p> <p>D. The facility failed to ensure that client #5's BSP and PE were updated as required. For example:</p> <p>Review on 11/5/25 revealed client #5's BSP dated 9/11/25 with no evidence of a behaviorist or psychologist review and approval. Further review revealed an ISP dated 9/11/25 with a PE dated 9/28/22 and no evidence of a current PE.</p> <p>E. The facility failed to ensure that client #6's BSP and PE were updated as required. For example:</p> <p>Review on 11/5/25 revealed client #6's BSP dated 8/13/25 that prescribed the client Risperidone 1 MG to manage behaviors. Further review revealed no evidence of a behaviorist or psychologist review and approval. Continued review revealed an ISP dated 8/20/25 with PE dated 8/14/19 and no evidence of a current PE.</p> <p>Interview with the program manager (PM) on 11/5/25 verified that the BSP and PE for clients' #2, #3, #4, #5, and #6 are the most current assessments on file. Further interview with the PM revealed that the facility has not had a psychologist and behaviorist for at least 2 years.</p>	W 214			
W 249	<p>PROGRAM IMPLEMENTATION</p> <p>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</p>	W 249			

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W 249	<p>Continued From page 4</p> <p>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 record reviews and interviews, the facility failed to ensure continuous active treatment programs were implemented with sufficient frequency to support the achievement of training objectives as identified in individual support plans (ISP's) for 5 of 6 audited clients (#2, #3, #4, #5, and #6). The findings are:</p> <p>A. The facility failed to ensure program and training objectives were implemented and documented as required for client #2. For example:</p> <p>Observations throughout the recertification survey from 11/4/25 to 11/5/25 revealed staff to carry and use the program book for client #2. Further observation at 4:38PM on 11/4/25 revealed staff to use the book to review the programs for client #2 and prompted the client to go to the medication room to prepare for medication administration.</p> <p>Review of the record for client #2 on 11/5/25 revealed an ISP dated 2/14/25 with five program and service objectives. Further review of the training objectives for client #2 included the following: 1) Medication Administration; 2) bathing/shower; 3) toothbrushing; 4) make choices; and 5) shave himself and trim his beard. Continued review of the record for client #2 revealed program objectives in the program book</p>	W 249			

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W 249	<p>Continued From page 5 dated 2/1/22. Client #2's program objectives are not being implemented at a sufficient frequency in order for the client to meet their goals.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 11/5/25 revealed that updated program goal objectives for client #2 could not be found during the survey. Further interview with the QIDP revealed that clients should have training objectives and documented updates. Client #2's program objectives are not being implemented at a sufficient frequency in order for the client to meet their goals.</p> <p>B. The facility failed to ensure program and training objectives were implemented and documented as required for client #3. For example:</p> <p>Observations throughout the recertification survey from 11/4/25 to 11/5/25 revealed staff to carry and use the program book for client #3 throughout the survey. Further observations on 11/4/25 at 5:20PM revealed staff to review the program book for client #3 and to prompt the client to choose an activity.</p> <p>Review of the record for client #3 revealed an ISP dated 5/9/25 with seven program and service objectives. The training objectives were the following: 1) exercise goal; 2) toothbrushing goal; 3) medication administration goal; 4) chores; 5) shave and trim his beard; 6) laundry goal; and 7) rate of eating goal. Further review of the ISP program objectives did not reveal adequate program data for training objectives since 12/2024. Further review of the record for client #3 revealed program objectives in the program book dated 9/1/21. Client #3's program objectives are</p>	W 249			

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W 249	<p>Continued From page 6</p> <p>not being implemented at a sufficient frequency in order for the client to meet their goals.</p> <p>Interview with the QIDP on 11/5/25 revealed that data relative to program and training objectives for client #3 could not be located during the survey. Further interview with the QIDP revealed that clients should receive continuous QIDP monitoring, reviews and data in measurable terms to determine progress towards training objectives.</p> <p>C. The facility failed to ensure program and training objectives were implemented and documented as required for client #4. For example:</p> <p>Observations throughout the recertification survey from 11/4/25 to 11/5/25 revealed staff to carry and use the program book for client #4 throughout the survey. Further observations at 6:03PM revealed staff to use the book to review program goals and use a communication chart as written in the program book to prompt the client to transition to the next activity.</p> <p>Review of the record for client #4 revealed an ISP dated 3/20/25 with a total of six program and service objectives. The following training objectives were as follows for client #4: 1) laundry; 2) medication administration; 3) toothbrushing; 4) bathing; 5) pack her lunch; and 6) rate of eating goal. Further review of the ISP program objectives for client #4 did not reveal continuous program data for training objectives since 12/2024. Continued review of the record for client #4 revealed program objectives in the program book dated 3/10/23. Client #4's program objectives are not being implemented at a</p>	W 249			

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W 249	<p>Continued From page 7</p> <p>sufficient frequency in order for the client to meet their goals.</p> <p>Interview with the QIDP on 11/5/25 revealed that updated data for client #4 relative to program and training objectives could not be located during the survey. Further interview with the QIDP revealed that clients should receive continuous reviews and program data in measurable terms to determine progress towards training objectives.</p> <p>D. The facility failed to ensure program and training objectives were implemented and documented as required for client #5. For example:</p> <p>Observations throughout the recertification survey from 11/4/25 to 11/5/25 revealed staff to carry and use the program book for client #5 throughout the survey. Further observations at 4:56PM revealed staff to review the program goals from the book and later prompt the client to the medication room to prepare for medication administration.</p> <p>Review of the record for client #5 revealed an ISP dated 9/11/25 with a total of six program and service objectives. The following training objectives are as follows for client #5: 1) laundry; 2) medication administration; 3) toothbrushing; 4) prepare a side dish and/or snack; 5) shower; and 6) pack her lunch. Further review of the record for client #2 revealed program objectives in the program book dated 2/1/22. Client #5's program objectives are not being implemented at a sufficient frequency in order for the client to meet their goals.</p> <p>Interview with the QIDP on 11/5/25 revealed that updated data for client #5 relative to program and</p>	W 249			

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W 249	<p>Continued From page 8</p> <p>training objectives were not available during the survey. Further interview with the QIDP revealed that clients should receive continuous reviews and program data in measurable terms to determine progress towards training objectives.</p> <p>E. The facility failed to ensure client #6's program and training objectives were implemented and documented as required. For example:</p> <p>Observations throughout the recertification survey from 11/4/25 to 11/5/25 revealed staff to carry and use the program book for client #6. Further observations at 4:42PM revealed the staff to review the program goals in the program book prior to prompting the client to the kitchen and assisting the client with setting the table for the dinner meal.</p> <p>Review of the record for client #6 revealed an ISP dated 8/20/25 with a total of five program and service objectives. The following training objectives are as follows for client #6: 1) medication administration; 2) laundry; 3) toothbrushing; 5) shower; and 6) prepare a side dish. Further review of the ISP program objectives in the program book for client #6 were dated 2/1/22. Client #6's program objectives were not being implemented at a sufficient frequency in order for the client to meet their program goals.</p> <p>Interview with the QIDP on 11/5/25 revealed that updated data for client #6 relative to program and training objectives were not available during the survey. Further interview with the QIDP revealed that clients should receive training objectives in measurable terms and ongoing reviews to determine progress towards training and behavior objectives.</p>	W 249			

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W 252	<p>PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that 31 of 31 objectives specified in the individual support plans (ISP's) for 5 of 6 audited clients (#2, #3, #4, #5, and #6) were adequately documented in measurable terms. The findings are:</p> <p>A. The facility failed to ensure that data relative to 5 of 5 ISP objectives for client #2 were documented as required. For example:</p> <p>Review of the record for client #2 on 11/5/25 revealed an ISP dated 2/14/25 with five program and service objectives. Further review of the training objectives for client #2 included the following: 1) medication administration; 2) bathing/shower; 3) toothbrushing; 4) make choices; and 5) shave himself and trim his beard.</p> <p>Subsequent review of the record for client #2 did not reveal an ISP with adequate program data for training objectives for four consecutive months (6/2025-10/2025). Review of the record for client #2 revealed QP monthly notes ranging from 6/2025-10/2025. Further review of the QP monthly notes revealed identical data numbers for the following months relative to the service goals for client #2 for 6/2025-10/2025. Continued review of the program data for program goal #5</p>	W 252			

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W 252	<p>Continued From page 10 revealed 0% from 6/2025-10/2025.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 11/5/25, substantiated by review of program data, revealed data for the clients 4 of 5 goals could not be found.</p> <p>B. The facility failed to ensure program data to 7 of 7 ISP objectives for client #3 were documented as required. For example:</p> <p>Review of the record for client #3 on 11/5/25 revealed an ISP dated 5/9/25 with seven program and service objectives. The training objectives were the following: 1) exercise; 2) toothbrushing; 3) medication administration; 4) chores; 5) shave and trim his beard; 6) complete laundry; and 7) rate of eating. Further review of the ISP program objectives did not reveal adequate program data for training objectives since 12/2024.</p> <p>For example, review of the ISP program objectives revealed the following data: 1) exercise, 0% for 12 of 12 months; 2) toothbrushing, 0% for 8 of 12 months; 3) medication administration, 0% for 11 of 12 months; 4) chores, 0% for 12 of 12 months; 5) shave and trim his beard, 0% for 12 of 12 months "stable-continue"; 6) complete laundry, 0% for 12 of 12 months, "sort laundry in light and dark piles. Stable-continue"; and 7) rate of eating, 0% for 12 of 12 months, "place utensils down after two bites and take a drink of beverage. Stable-continue". Further review of the ISP program objectives did not reveal consistent data tracking in measurable terms from 12/2024-10/2025 as part of a continuous active treatment program.</p> <p>Review of the program data for client #3 revealed</p>	W 252			

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W 252	<p>Continued From page 11</p> <p>the following QP monthly data for 5/2025: 1) exercise (70%); 2) toothbrushing (70%); 3) medication administration (70%); 4) complete chores (70%); 5) shave/trim beard (70%); 6) complete laundry (70%), and 7) rate of eating (65%). Further review of QP monthly program data revealed no data for the client's program goals #1 through #7 for months 9/2025-10/2025.</p> <p>Interview with the QIDP on 11/5/25, substantiated by review of program data, revealed data for the client's 7 of 7 goals could not be found.</p> <p>C. The facility failed to ensure that data for client #4 relative to 6 of 6 ISP objectives were documented as required. For example:</p> <p>Review of the record for client #4 on 11/5/25 revealed an ISP dated 3/20/25 with a total of six program and service objectives. The training objectives were the following: 1) complete laundry (75%); 2) medication administration (65%); 3) toothbrushing (60%); 4) rate of eating (65%); 5) bathe/shower (70%); and 6) pack her lunch (60%).</p> <p>Subsequent review of data relative to ISP program objectives did not reveal continuous program data for training objectives since 12/2024. Therefore, client #4's program objectives were not being implemented at a sufficient frequency in order for the client to meet their goals.</p> <p>Interview with the QIDP on 11/5/25, substantiated by review of program data, revealed data for the client's 6 of 6 goals could not be found.</p> <p>D. The facility failed to ensure that data relative to</p>	W 252			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G263	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2025
NAME OF PROVIDER OR SUPPLIER VOCA-YOUNG GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 211 YOUNG STREET SHELBY, NC 28150		
(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 252	<p>Continued From page 12</p> <p>6 of 6 ISP objectives for client #5 were documented as required. For example:</p> <p>Review of the record for client #5 on 11/5/25 revealed an ISP dated 9/11/25 with a total of six program and service objectives. The training objectives were as follows: 1) medication administration (70%); 2) laundry (75%); 3) toothbrushing (92%); 4) shower (25%); 5) prepare a side dish (65%).</p> <p>For example, review of ISP objectives for client #5 revealed no data for the client's goals #1-#6 since 12/2024. Further review of ISP program data for goals #1-#2 indicated 0% for 12 of 12 months. Further review of ISP program objectives #3-#6 could not be located during the survey. Therefore, client #5's program objectives were not being implemented at a sufficient frequency to determine if the client met their goals.</p> <p>Interview with the QIDP on 11/5/25 revealed that updated data sheets for client #5 were not available during the survey. Further interview with the QIDP could not verify how the percentages towards progress or regression of program objectives could be calculated and determined. Continued interview with the QIDP, substantiated by review of program data, revealed data for the client's 6 of 6 program goals could not be found.</p> <p>E. The facility failed to ensure that data relative to 7 of 7 ISP objectives were documented for client #6 as required. For example:</p> <p>Review of the record for client #6 revealed an ISP dated 8/20/25 with a total of seven program and service objectives. The training objectives were as follows: 1) complete laundry (64%); 2) medication</p>	W 252			

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W 252	Continued From page 13 administration (71%); 3) toothbrushing (100%); 4) prepare a side dish/snack (69%); 5) bathe/shower (79%); 6) pack her lunch (69%); and 7) roll silverware for dining (0%). For example, review of the ISP program objectives did not reveal adequate program data for training objectives for 10 of 12 months for the following objectives: 1) laundry goal-place light and dark clothes in a pile, add detergent, select wash cycle, start washer; 6) pack her lunch; and 7) roll silverware for dining. Further review of the ISP program objectives for client #6 did not reveal consistent data for training objectives since 12/2024. Therefore, client #6's program objectives were not being implemented at a sufficient frequency to determine if the client met their goals. Interview with the QIDP, substantiated by review of program data, revealed data for the client's 3 of 7 goals could not be found.	W 252			
W 257	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii) The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the team failed to ensure that data for 5 of 6 audited clients (#2, #3, #4, #5, and #6) were collected and documented for 31 of 31 objectives listed in the individual support plans (ISPs). The findings are:	W 257			

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W 257	<p>Continued From page 14</p> <p>A. The team failed to ensure data relative to skill acquisition objectives were reviewed and assessed for client #2 as prescribed. For example:</p> <p>Review of the record for client #2 on 11/5/25 revealed an individual support plan (ISP) dated 2/14/25 which indicated the following program goals: medication administration, bathing/shower, toothbrushing, make choices, and shave himself or trim his beard. Further review of the record for client #2 revealed no program data for client #2 for the 11 of 12 months. Continued review of the record revealed no QIDP program changes or retraining of staff since 12/2024 to show how the team is ensuring client #2 is not failing to progress.</p> <p>B. The team failed to ensure data relative to skill acquisition objectives were reviewed and assessed for client #3 as prescribed. For example:</p> <p>Review of the record for client #3 on 11/5/25 revealed an ISP dated 5/9/25 which indicated the following program goals: exercise goal, toothbrushing goal, medication administration goal, chores-sweep floor after meals, shave and trim his beard, laundry goal, and rate of eating goal. Further review of the record for client #3 revealed no program or service objectives for client #3 since 12/2024. Further review of the record for client #3 revealed no program data for the client for the last eleven months. Continued review of the record revealed no QIDP program changes or retraining of staff since 12/2024 to show how the team is ensuring client #3 is not failing to progress.</p>	W 257			

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W 257	<p>Continued From page 15</p> <p>C. The team failed to ensure data relative to skill acquisition objectives were reviewed and assessed for client #4 as prescribed. For example:</p> <p>Review of the record for client #4 on 11/5/25 revealed an ISP dated 3/20/25 which indicated the following program goals: laundry goal, medication administration goal, toothbrushing goal, bathing/shower goal, pack her lunch, and rate of eating goal. Further review of the record for client #4 revealed no evidence of QIDP assessment or team review since 12/2024. Continued review of the record for client #4 revealed no program data for the client for the last eleven months. Subsequent review of the record revealed no QIDP program changes or retraining of staff since 12/2024 to show how the team is ensuring client #4 is not failing to progress.</p> <p>D. The team failed to ensure data relative to skill acquisition objectives were reviewed and assessed for client #5 as prescribed. For example:</p> <p>Review of the record for client #5 on 11/5/25 revealed an ISP dated 8/20/25 which indicated the following program goals: medication administration goal, laundry goal, toothbrushing goal, shower goal, and prepare a dish. Further review of the record for client #5 revealed no program or service objectives for the client since 12/2024. Continued review of the record for client #5 revealed no program data for client #2 for the last eleven months. Subsequent review of the record revealed no QIDP program changes or retraining of staff since 12/2024 to show how the</p>	W 257			

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W 257	<p>Continued From page 16</p> <p>team is ensuring client #5 is not failing to progress.</p> <p>E. The team failed to ensure data relative to skill acquisition objectives were reviewed and assessed for client #6 as prescribed. For example:</p> <p>Review of the record for client #6 on 11/5/25 revealed an ISP dated 9/11/25 which indicated the following program goals: laundry goal, medication administration goal, toothbrushing goal, shower goal, prepare a side dish, and pack her lunch. Further review of the ISP program objectives for client #6 revealed no program data for training objectives since 12/2024. Continued review of the record revealed no QIDP program changes or retraining of staff since 12/2024 to show how the team is ensuring client #6 is not failing to progress.</p> <p>Interview with the QIDP on 11/5/25 revealed that the data sheets for program objectives for clients #2, #3, #4, #5, and #6 could not be located during the survey. Further interview with the QIDP revealed that review and revisions of ISP training objectives were not found for clients #2, #3, #4, #5, #6 during the survey.</p> <p>Continued interview with the QIDP revealed that the QIDP is responsible for collecting and documenting data relative to program and services objectives monthly or as needed. Subsequent interview with the QIDP verified the lack of data collection for all objectives prevented the ability to review the clients' (#2, #3, #4, #5, and #6) progression or regression and revision as necessary.</p>	W 257			

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W 474 W 474	Continued From page 17 MEAL SERVICES CFR(s): 483.480(b)(2)(iii) 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 reviews, and interviews, the facility failed to serve food in a form consistent with the developmental level of 2 of 6 audited clients (#1 and #6). The findings are: A. The facility failed to provide client #1 with their prescribed diet. For example: Observations on 11/4/25 at 6:25 PM revealed client #1 to participate in the dinner meal which consisted of pinto beans, potatoes, turnip greens, corn bread, water and juice. Further observations at 6:39 PM revealed client #1 to consume the dinner meal in whole consistency at a fast rate. At no time during the dinner meal was staff observed to assist the client to provide a chopped consistency diet; however, client #1 did not have any difficulty, such as coughing or choking, with eating the dinner meal. Review of client #1's record on 11/5/25 revealed an individual support plan (ISP) dated 9/10/25. Review of the ISP revealed a nutritional evaluation dated 9/10/25 for client #1 to be prescribed a regular, chopped, ½ inch consistency diet. Further review revealed that the staff will monitor the client closely to ensure he is taking safe size bites, eating at a safe rate, chewing his food thoroughly, emptying his mouth and taking sips of liquid as needed before taking another bite. Interview with the program manager (PM) on	W 474 W 474			

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W 474	<p>Continued From page 18</p> <p>11/5/25 confirmed client #1's prescribed diet. Further interview with the PM confirmed specially modified diets should be followed as prescribed.</p> <p>B. The facility failed to provide client #6 with their prescribed diet. For example:</p> <p>Observations in the group home on 11/4/25 at 5:01 PM revealed client #6 to exit the medication room and enter the kitchen to prepare for a snack. Further observations revealed client #6 to consume a snack consisting of a snack bar and in whole consistency and juice. At no time during the snack was staff observed to assist the client to provide her snack bar in a chopped consistency.</p> <p>Observation on 11/4/25 at 6:25 PM revealed client #6 to participate in the dinner meal which consisted of pinto beans, potatoes, turnip greens, corn bread, water and juice. Further observations at 6:39 PM revealed client #6 to consume the dinner meal in whole consistency. At no time during the dinner meal was staff observed to assist the client to provide a chopped consistency diet. Client #6 did not have any difficulty, such as coughing or choking, with eating the dinner meal.</p> <p>Review of client #6's record on 11/5/25 revealed an ISP dated 8/20/25. Review of the ISP revealed a nutritional evaluation dated 10/2/25 for client #6 to be prescribed a no concentrated sweets, low cholesterol, chopped consistency diet. Further review revealed staff will monitor meals closely for choking.</p> <p>Interview with the PM on 11/5/25 confirmed client #6's prescribed diet. Further interview with the PM confirmed that the client should have been</p>	W 474			

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W 474	Continued From page 19 provided with her prescribed diet.	W 474			