

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

PRINTED: 03/13/2026
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 03/10/2026
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 340	<p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure that staff were adequately trained in seizure protocol for 1 of 6 clients (#3). The finding is:</p> <p>During morning observations in the group home on 3/10/26 at 6:54 AM, client #3 was observed to have a seizure, causing him to fall to the floor and strike his head on a door frame. Further observation revealed client #3 to stand up and walk around the home without standby assistance from staff. Continued observation revealed client #3 to fall to the floor again without striking his head at 6:57 AM, 6:58 AM and 6:59 AM. Subsequent observation at 7:00 AM revealed staff to call triage for instructions. Subsequent observation at 7:02 AM, revealed client #3 to fall from a sitting position on a couch to lying down, at which point staff guided client #3 to the floor and placed a pillow under their head. Additional observation revealed that staff did not note the time that the seizure activity began and did not remove other clients from the area until 7:05 AM when staff were speaking to emergency services.</p> <p>Review of records on 3/10/26 revealed an Individual Service Plan (ISP) for client #3 dated 1/27/26. Continued review of records revealed a seizure record for client #3 which indicates that client #3 has experienced 12 recorded seizures</p>	W 340		

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 340	<p>Continued From page 1</p> <p>between January, 2025 and February, 2026. Continued review of client #3's clinical and medical records revealed no indication of a seizure protocol or staff training related to client #3's seizures could be located.</p> <p>Interview with the facility nurse confirmed that client #3's seizures are recorded on the seizure record and that no other documentation is created to track the details of the seizures. The facility nurse further confirmed that the staff should have noted the time of the first seizure activity and notified nursing or triage immediately.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) confirmed that there is no seizure protocol in place to ensure the health and safety of client #5 during seizure episodes and that staff should be adequately trained to respond to seizure events.</p>	W 340			