

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

PRINTED: 08/01/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G158	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/31/2018
NAME OF PROVIDER OR SUPPLIER VOCA-MALLARD DRIVE		STREET ADDRESS, CITY, STATE, ZIP CODE 6119 MALLARD DRIVE CHARLOTTE, NC 28227		
(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 137	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>This STANDARD is not met as evidenced by: The facility failed to show evidence the record keeping system was maintained to show the protection of client rights relative to personal belongings as evidenced by interview and review of records. The finding is:</p> <p>Interview with the guardian for client #1 revealed during a home visit the client came home without any underwear. Continued interview with the guardian revealed she did not know if the client had any or if she just did not wear any home on that day.</p> <p>Interviews with the executive director and the home manger revealed the facility had a system of inventorying personal belongings and it is documented on an asset sheet. Continued interview with the executive director revealed the asset sheets should be completed at least annually and as needed when new items are purchased.</p> <p>Review of the records, verified by interviews with the home manager revealed the following:</p> <p>A. Review of client #1's record revealed the most current asset sheet was dated 6/15.</p> <p>B. Review of client #2's record revealed the most current asset sheet was dated 5/13.</p>	W 137	<p><i>Please see attached for POC</i></p>	<p><i>9/29/18</i></p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Lucy Lytt

TITLE

Program Manager

(X6) DATE

8/23/18

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 137	Continued From page 1 C. Review of client #3's record revealed the most current asset sheet was dated 5/12. D. Review of client #4's record revealed no asset was available for review. E. Review of client #5's record revealed the most current asset sheet was dated 5/12. F. Review of client #6's record revealed the most current asset sheet was dated 6/13. Additional interview with the home manager revealed she knows more current sheets have been done but verified none were in the records available for review at the time of the 7-30-7/31/18 survey. Therefore, the facility has failed to show evidence the recording system has been maintained in order to document the protection client rights relative to maintaining personal possessions.	W 137			
W 148	COMMUNICATION WITH CLIENTS, PARENTS & CFR(s): 483.420(c)(6) The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. This STANDARD is not met as evidenced by: The facility failed to show evidence guardians were promptly notified of the changes in the physical condition for 3 of 3 residents of the group	W 148	<i>Please See attached for POC</i>	<i>9/29/18</i>	

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W 148	<p>Continued From page 2 home (#2, #3 and #6) as evidenced by interview and review of facility records. The finding is:</p> <p>Interview with the guardian for client #1 revealed she did not feel she was being contacted consistently when changes occurred in client #1's condition. Continued interview with the guardian revealed the guardian could not give specific examples of when this might have occurred.</p> <p>Review of the facility's accident/incident reports from 2/20/18 to 6/17/18 revealed 3 incidents where clients were taken to urgent care for treatment.</p> <p>A. Review of the 2/20/18 accident/incident report revealed client #2 dropped to the floor opening a wound on her arm and was taken to urgent care. Continued review of the report revealed the section for when the guardian was notified and by who was not completed.</p> <p>B. Review of the 4/30/18 accident/incident report revealed client #6 hit her arm on a hot iron and was taken to urgent care. Continued review of the report revealed the section for when the guardian was notified and by who was not completed.</p> <p>C. Review of the 5/17/18 accident/incident report revealed client #3 reported having chest pains with blood pressure of 140/93 and was take to urgent care. Continued review of the report revealed the section for when the guardian was notified and by who was not completed.</p> <p>During the survey this surveyor attempted to contact the guardians of clients #2, #3 and #6 with numbers provided by the facility and only</p>	W 148			

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W 148	<p>Continued From page 3</p> <p>number for clients #2 and #3 were operational. Further attempts to contact guardians revealed the number for clients #4 and #5 were not operational. The number for client #1 was operational but it was not the number for the client's guardian.</p> <p>Interview with the group home manager revealed the guardians of all of the residents of the group home were actively involved and wanted to be made aware of any changes in condition both good or bad. Continued interview with the home manager revealed she was sure the guardians had been contacted but did not know why the section of the accident/incident reports were not filled out. Additional interview with the home manager when asked about the nonoperational telephone numbers revealed she had different numbers to use to contact the guardians other than the ones provided to this surveyor and the numbers listed on the emergency contact list.</p> <p>Therefore, the facility has failed to show evidence the guardians for client #2, #3 and #6 were contacted when the clients were taken to urgent care for treatment.</p>	W 148			

Mallard Group Home
6119 Mallard Dr.
Charlotte NC 28227
Plan of Correction
Date of recertification Survey
Provider # 34G289
Page 1 of 1

W137 Protection of the Clients' Rights

CFR(s): 483.420(a)(12)

The Facility must ensure the rights of all clients. Therefore, the facility must ensure Clients' right to retain and use personal possessions and clothing.

Community alternatives of NC, Specifically the Mallard Dr. Group Home, will ensure a record keeping system is in place and maintained to protect Client rights to relative to personal belongings.

The Residential Manager will update all clothing inventory forms. The QP will sign off on the form and update it each year during the ISP. The Program Manager will review inventories monthly during site review.

W148 Communication with Clients, Parents and CFR(s): 483.420(c)(6)

The Facility must notify promptly the Client's parents or guardian of any significant incidents or changes in the client's condition, including but not limited to, serious illness, accident, death, abuse or unauthorized absence.

Community Alternatives of NC, specifically the Mallard Dr. Group Home, will ensure parents and guardians are contacted for any significant incidents or changes in the client's condition.

The residential Manager will contact all guardians for any incident or change in condition and document it on the incident report. Additionally, the QP will contact each guardian at least monthly and the Program Manager will track that contact with the weekly guardian contact form.

