

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

PRINTED: 09/21/2018  
FORM APPROVED  
MB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G279</b>	MULTIPLE CONSTRUCTION A BUILDING _____	(X3) DATE SURVEY COMPLETED  <b>09/20/2018</b>
		B WING _____	

NAME OF PROVIDER OR SUPPLIER  <b>VOCA-OLIVE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE 707 EAST OLIVE STREET <b>APEX, NC 27502</b>
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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	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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E 006	<p>Plan Based on All Hazards Risk Assessment CFR(s): 483.475(a)(1)-(2)</p> <p>[(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:]</p> <p>(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.*</p> <p>*[For LTC facilities at §483.73(a)(1)] (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.</p> <p>*[For ICF/IIDs at §483.475(a)(1)1 (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients.</p> <p>(2) Include strategies for addressing emergency events identified by the risk assessment.</p> <p>" [For Hospices at §418.113(a)(2):] (2) Include strategies for addressing emergency events identified by the risk assessment, including the management of the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to develop specific facility-based strategies into an all hazards risk assessment as part of their emergency plan (EP). The finding is:</p> <p>The facility failed to develop an all hazards risk assessment based on the specific challenges</p>	E 006	<p>Refer to page 2</p> <p style="text-align: center;"><b>DHSR - Mental Health</b></p> <p style="text-align: center;"><b>OCT 09 2018</b></p> <p style="text-align: center;"><b>Lic. &amp; Cert. Section</b></p>	
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LABORATORY, DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Keisha Daniels* TITLE: Program Manager (X6) DATE: 10-1-18

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G279	<input checked="" type="checkbox"/> MULTIPLE ADDING <input type="checkbox"/> DAMNS	CONSTRUCTION	(X3) DATE SURVEY COMPLETED  09/20/2018
NAME OF PROVIDER OR SUPPLIER  VOCA-OLIVE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 707 EAST OLIVE STREET APEX, NC 27502		
(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	
E 006	<p>Continued From page 1</p> <p>they may encounter given where the facility is located.</p> <p>Review on 9/19/18 of the facility's EP was noted to contain information about general emergencies the facility staff may encounter such as tornadoes, extremely cold weather, bomb threats and hurricanes. The emergency plan however, did not contain an all hazards risk assessment that was specific to the facility. Continued review of the facility's EP revealed information regarding the residents of the group home was limited to the general information contained on an information face sheet.</p> <p>Interview on 9/19/18 with the qualified intellectual disability professional (QIDP) revealed no information regarding the specific needs of the 6 residents of the group home or what emergencies or hazards the staff may encounter given the facility's specific location.</p>	E 006	<p>E006</p> <p>This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> <li>A. QIDP will complete the emergency plan in its entirety including the risk assessment.</li> <li>B. Home Supervisor will train Staff on emergency preparedness manual including risk assessments</li> <li>C. Home Supervisor will monitor during monthly disaster drills</li> <li>D. QIDP will monitor monthly during disaster drills.</li> </ul>	11/04/18	