

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

PRINTED: 11/15/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G208</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/06/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-PURSER GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1615 PURSER DRIVE CHARLOTTE, NC 28215</b>	
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W 104	<p><b>GOVERNING BODY</b> CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interviews, the governing body and management failed to exercise general policy and operation direction over the facility by failing to assure damage to the group home walls were repaired and painted in a timely manner. The finding is:</p> <p>Observations conducted in the group home on 11/6-11/7/18 revealed areas of damage measuring approximately 3 inches x 18 inches to the plaster/dry wall in the living room, two areas of approximately 3 inches x 10 inches in the dining room area, and two areas of approximately 2 inches x 14 inches of damage to the walls in the game room of the group home. Continued observations revealed the hallways of the group home to have areas of a carpet material peeling from the wall. Further observations revealed there was damage to the wall in client #4's bedroom of approximately 3 inches x 5 inches.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) revealed the walls in the group home have been damaged for over one year. Continued interview revealed client #4 picks at any area of damage on any wall and makes it larger. Further interview with the QIDP revealed that the wall damage and need for repair and paint has been reported to the administration several times over the past 12 months. Subsequent interview with the QIDP confirmed</p>	W 104		

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 104	Continued From page 1 several quotes have been made for repair of the walls, however no repairs have been made to the group home walls to date. Therefore the facility failed to assure damages to the group home walls were repaired in a timely manner.	W 104			
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)  The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure adequate staff training specific to food preparation and adaptive equipment for 2 of 3 sampled clients (#1 and #3). The findings are:  A. The facility failed to assure staff training relative to food preparation for clients #1 and #3. For example:  Observations in the group home on 11/5/18 at 4:45 PM revealed a dinner menu of turkey with noodles, chopped greens, canned fruit, and garlic bread, along with beverages. Further observations in the group home from 5:02 PM to 5:45PM of the dinner meal revealed staff to prepare menu items of turkey and egg noodles, chopped spinach greens, canned fruit and beverages for all clients in the home with the assistance of clients. Continued observations revealed staff preparing one small piece of garlic bread which was wrapped in foil, and placing it in the middle of the table. Further observations revealed this bread item, nor any other bread was	W 189			

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W 189	<p>Continued From page 2</p> <p>offered to any client, but remained on the table and was thrown out after the meal. Subsequent observations revealed no bread items were prepared for, or offered to clients #1 and #3 at any time during the dinner meal.</p> <p>Interview with the staff preparing the meal on 11/5/18 stated the one piece of bread was prepared for client #6 because "she does not have a pureed consistency order for her meals". Continued interview with staff revealed that no bread was prepared or offered to clients #1 and #3 because they had a pureed and a minced diet. Further interview with the kitchen staff revealed she was "not aware she should offer bread," or "how to prepare bread items for those clients with a pureed or minced diet order." Further interview with staff revealed the following statements. "I never have offered bread to clients with a pureed diet. I was trained that bread was a choking hazard for clients with pureed /minced diets."</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 11/7/18 confirmed that all clients should have been offered all menu items to include bread prepared in accordance with the consistency ordered for each individual clients' diet. Further interview with the QIDP confirmed that increased training with group home staff is needed to address serving all menu items for all clients, and the consistency in which to serve those items to clients.</p> <p>B. The facility failed to assure staff training relative to gait belt use for client #3. For example:</p> <p>Observation in the group home on 11/6/18 of</p>	W 189			

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W 189	<p>Continued From page 3</p> <p>client #3 revealed the client to ambulate with staff assistance by holding the client's hand and walking with the client or by verbally prompting client #3 through a transition while pulling the client by the hand. Observation of client #3 on 11/7/18 revealed the client to wear a gait belt that staff at times would hold while supporting client #3 with ambulation. Continued observation on 11/7/18 at 7:05 AM revealed staff to verbally prompt the client to brush her teeth, hold the client's hand and pull the client to her room to get her toothbrush. Additional observation at 7:25 AM revealed staff to assist client #3 with putting on her jacket before loading onto the facility van for transport to the client's day program. The client's gait belt was observed to remain under the client's jacket. Subsequent observation revealed as the client ambulated to the facility van staff had no ability to hold the client's gait belt. Observation of client #3 as the client was assisted onto the facility van revealed staff to support the client by holding onto the client's clothing rather than the client's gait belt.</p> <p>Review of client #3's record on 11/7/18 revealed a physical therapy evaluation dated 3/22/16. Review of the physical therapy evaluation revealed a recommendation for client #3 to use a gait belt for safety/ fall and injury prevention with transfers and ambulation.</p> <p>Interview with the facility QIDP on 11/7/18 revealed client #3's gait belt should be worn at all times. Continued interview with the QIDP revealed staff should have access to the client's gait belt at all times to support the client with ambulation and transfers. Additional interview with the QIDP revealed client #3's physical therapy evaluation dated 3/22/16 was the most</p>	W 189			

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W 189	Continued From page 4 current evaluation and the client's gait belt should be used as recommended.	W 189			
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)  The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.  This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure the individual service plan (ISP) for 1 of 4 sampled clients (#4) contained objective training to address identified needs of property destruction. The finding is:  Observations in the group home on 11/6-11/7/18 revealed the walls of the group home in the living room, dining room, game room, and in client #4's bedroom were in disrepair with large areas with approximately 3 inches x 10 inches of paint and plaster missing in each of the common areas, and 3 inch x 5 inch area on client #6's bedroom wall.  Interview with the group home staff and the qualified intellectual disabilities professional revealed that client #4 picks at any scratch or scrape on the wall creating much larger areas of missing paint and plaster along the group home walls.  Review of the record for client #4 on 11/7/18 revealed an behavioral support plan (BSP) dated	W 227			

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W 227	Continued From page 5 12/5/17 which contained target behaviors of aggression, self injurious behaviors, agitation, anxiety and non-compliance. Continued review of the BSP for client #4 revealed triggers for these behaviors as" lack of structured activities, boredom, and frustration from inability to fully communicate." Further review of client #4's BSP did not address his target behavior of property destruction.  Interview with the QIDP on 11/7/18 confirmed client #4 consistently exhibits a target behavior of property destruction. Continued interview with the QIDP confirms client #4 needs a formal program to address his behaviors related to property destruction of picking paint and plaster off of the group home walls.	W 227			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  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 interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure sufficient interventions were implemented to assure continuous active treatment and that objectives listed on the individual service plan (ISP) were implemented as prescribed for 3 of 3 sampled	W 249			

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W 249	<p>Continued From page 6 clients (#3, #4 and #6). The findings are:</p> <p>A. The interdisciplinary team failed to implement sufficient interventions to address client needs relative to adaptive behaviors for client #4. For Example:</p> <p>Observations in the group home on 11/6/18 survey from 6:40 AM until 7:03 AM revealed client #4 to eat his breakfast, take his medications, brush his teeth and assist with emptying the trash. Continued observations revealed from 7:03AM-7:40 AM client #4 was observed to walk around the group home without structure, consistently touching other residents as he passed them and going into other client's bookbags and personal belongings. Further observations revealed staff redirecting client #4 by means of gestures and words with no use of picture symbols, a picture board or book. Staff were observed following client #4 around in an attempt to redirect his behaviors. Subsequent observations in the group home revealed a communication board for client #4 with picture symbols of chores, taking walks, playing games, getting on the van, and making other choices of activities within the home.</p> <p>Review of the record for client #4 on 11/6/18 revealed a communication evaluation dated 8/24/18 recommending "client #4 is able to follow routine directions and identify pictures of objects." Continued record review for client #4 revealed a behavioral support plan (BSP) dated 12/5/17 which contained target behaviors of aggression, self injurious behaviors, agitation, anxiety and non-compliance. Further review of the BSP for client #4 revealed triggers for these behaviors as" lack of structured activities, boredom, and</p>	W 249			

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W 249	<p>Continued From page 7</p> <p>frustration from inability to fully communicate." Proactive and preventive strategies listed in the BSP were "maintain a routine, consistent structure and schedule, keep client involved in tasks through habilitation goals, leisure activities and chores within the group home." "Activities during daily routines should be organized and goal oriented."</p> <p>Interview with staff on 11/6/18 revealed a picture book along with a picture board is present in the home to assist with communication and compliance for client #4. Further interview with the qualified intellectual disabilities professional (QIDP) on 11/6/18 confirmed the communication board and the communication book for client #4 should have been utilized by staff to assist in providing structured activities for client #4 to reduce target behaviors of agitation/anxiety and continual touching of others and their belongings.</p> <p>B. The interdisciplinary team failed to implement sufficient interventions to address client needs relative to communication for client #3. For example:</p> <p>Observations during the 11/6-7/18 survey revealed client #3 to have minimal verbalizations. Staff were observed prompting the client verbally and with physical gestures. Examples of activities prompted included: meal participation, going to the bathroom, brush teeth, medication administration, putting on jacket and to get on facility van for transport. No communication tools were observed being used with client #3 during the survey observations.</p>	W 249			



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W 249	<p>Continued From page 8</p> <p>Review of the record for client #3 on 11/7/18 revealed an ISP dated 1/10/18. Review of the ISP revealed communication objectives to address activity choice and receptive communication. Review of the communication objective relative to activity choice revealed given three verbal and three gestural prompts paired with first visual prompt, client #3 will select the activity she wants by removing or giving the object representing her choice of three options in 80% of trials over three consecutive months. Further review of the objective revealed staff will bring client #3 to the choices board and start program. Review of the communication objective relative to receptive communication revealed given four verbal, three gestural and one visual prompt per task, client #3 will follow a one-step picture schedule by taking the picture to the correct location in 80% of trials over three consecutive months. Subsequent review of the objective revealed staff will have the board set up with a picture client #3 will do. Then bring client #3 to the board and begin the program.</p> <p>Interview with the QIDP on 11/7/18 verified client #3's communication objectives remain current and should have been implemented as prescribed.</p> <p>C. The interdisciplinary team failed to implement sufficient interventions to address client needs relative to daily living skills for client #6. For example:</p> <p>Observation in the group home on 11/7/18 at 7:05 AM revealed client #4 to assist staff in the kitchen with packing his lunch box. Further observation revealed client #4 to pack lunches for all other</p>	W 249			

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W 249	Continued From page 9 client's in the home with verbal prompting from staff.  Review of record for client #6 on 11/6/18 revealed an ISP dated 9/25/18. Review on the ISP revealed a training objective for client #6 relative to pack lunch. Review of the training objective for pack lunch implemented 6/5/18 revealed when provided verbal cues client #6 will complete steps to pack her lunch with 80% success for three consecutive months. Data collection for the objective revealed details of Monday through Friday.	W 249			
W 448	EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv)  The facility must investigate all problems with evacuation drills, including accidents.  This STANDARD is not met as evidenced by: Based on review of records and interview, the facility failed to investigate all problems with fire drills including the reason for the extended time needed for home evacuation. The finding is:  Review on 11/6/18 of all fire drills conducted during the last survey year (10/15/17-10/10/18) revealed staff had documented that it took 25 minutes for all clients to evacuate the home during the first shift drill conducted on 10/15/17 and the second shift drill conducted on 11/14/17. Further review of the fire drills revealed it took staff 20 minutes for all clients to evacuate the	W 448			

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W 448	Continued From page 10 home during the first shift drill on 1/21/18 and the second shift drill on 2/4/18. Subsequently the review of the fire drills revealed it took 30 minutes for all clients to evacuate the home during the third shift drill on 3/28/18, the first shift drill on 4/20/18, the third shift drill on 6/11/18 and the second shift drill on 8/17/18.  Interview with the qualified intellectual disabilities professional (QIDP) on 11/6/18 revealed they had not noticed the long period of time it took all clients to evacuate during the various drills. Continued interview with the QIDP confirmed the need to investigate the reasons causing the delayed evacuations in order to insure all clients living in the home will remain safe.	W 448			
W 460	<b>FOOD AND NUTRITION SERVICES</b> CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to assure all menu items were provided to clients (#1 and #3). The finding is:  Observations on 11/6/18 during the dinner meal preparation revealed #1 and #3 assisting to puree their food items of turkey casserole, greens and fruit. Clients #1 and #3 were observed being assisted and served these three menu items at approximately 5:10 PM. No other food items were observed being processed or offered to clients #1 and	W 460			

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W 460	<p>Continued From page 11</p> <p>#3. Continued observations revealed that a toasted piece of garlic bread was prepared for the third client at the dinner table in addition to the casserole, greens, and fruit. Interview with the direct care staff working in the kitchen revealed she did not prepare client #1 and #3 bread because they "were on pureed diets and have never served people with pureed diets bread in the past." "I was told bread was a choking hazard". Review of the facility dinner menu in the kitchen revealed the following food items turkey casserole, greens, fruit/pears, bread, and beverages to include water, milk and other beverages.</p> <p>Review of records for client #1 on 11/7/18 revealed a physician's order and a current nutritional evaluation dated 10/13/18 indicating client #1 should receive a regular minced diet with three snacks per day- offer seconds at meals, to promote weight gain. Continued review of client #1's current nursing assessments on 11/7/18 revealed client #1 weighed 82.6 lbs in 10/30/17, and currently weighs 78 lbs on 10/13/18, a 4.6 lb weight loss in one year. Review of client #3's record on 11/7/18 revealed client #3 is offered a liquid nutritional supplement daily to enhance her weight and nutrition.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 11/7/18 confirmed client #1 and client #3 should have been served all menu items on the dinner menu as directed by the dietician.</p>	W 460			