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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G281	A. BUILDING ______ B. WING ______	C 11/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-GREENWOOD GROUP HOME	105 GREENWOOD CIRCLE SMITHFIELD, NC 27577

(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 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure an injury of unknown origin and a choking incident were thoroughly investigated. This affected 1 of 1 recently discharged clients (#1). The finding is:	W 154	DHSR - Mental Health NOV 27 2018 Lic. & Cert. Section	
	1. An choking incident involving client #1 was not investigated.		1. Residential Manager will provide training "Healthy Eating, Safe Eating" for all staff	Completion 12/15/18
	Review on 11/9/18 of an incident report involving client #1 dated 8/4/18 revealed, "While in the dining room, while feeding [Client #1] we noticed her face turned blue. She was still alert but the discoloration of her face. The nurse was called. She said to stop feeding her and call 911. The EMT arrived and she was transferred to the hospital."		2. QP will observe meals and assess need for person specific meal time guidelines. SLP or OT consultation will be requested for any person needing guidelines. 3. QP will train all staff on any new or existing meal time guidelines.	12/15/18 12/15/18
	Additional review on 11/9/18 of the Emergency Room report involving client #1 dated 8/4/18 noted, "Reason for visit: Choking".		4. All incidents of chocking will be reported to the ED with incident report forwarded to ED within 24 hours. Based on information, ED will determine if an investigation is needed to ensure safety of the individuals during meals.	On-going
	During an interview on 11/9/18 with the facility's nurse via telephone, when asked if the incident on 8/4/18 involved client #1 choking during a meal, the nurse responded, "That's the impression I got."			
	Interview on 11/9/18 with the Qualified Intellectual Disabilities Professional (QIDP) and Home Manager revealed the incident involving client #1 on 8/4/18 had not been discussed with the staff			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] | TITLE: Executive Director | (X6) DATE: 11/19/18

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 154	Continued From page 1 involved and was not investigated. The QIDP acknowledged the incident should have been investigated. 2. An injury of unknown origin involving client #1 was not thoroughly investigated. Review of a facility investigation dated 9/13/18 - 9/24/18 (extended due to hurricane) revealed, "On September 12, 2018, the Executive Director...received a call from [Facility's nurse] that Greenwood staff members noticed bruising on [Client #1's] arm and side while removing clothing to give [Client #1] a shower..." Additional review of the investigation indicated group home staff working directly with client #1 over the prior two days and those working with her at the day program had been interviewed. Further review of the report noted client #1 "was not abused" and there was "not enough evidence to substantiate" abuse. The report; however, indicated discrepancies regarding "stories of how the bruise was discovered" had been found between the statements from the two staff who were working directly with client #1 at the time the injury was initially reported. Interview on 11/9/18 with the investigator confirmed inconsistencies had been found with two staff during initial interviews; however, the staff had not been interviewed again or asked for additional information to clarify these discrepancies.	W 154	1. An inquiry or investigation will be conducted for all injuries of unknown origin 2. The Regional QA Manager will provide additional training to ResCare Investigators regarding conducting thorough investigations and follow-up reporting 3. ED or designee will review all investigations prior to being finalized. Reviewer will provide feedback to investigator regarding need for clarification of inconsistent information, grammatical and spelling errors, missing information and ensuring that reported findings are supported by information contained within the investigation summary.	Completion 1. On-going 2. 12/30/18 3. on-going
W 203	ADMISSIONS, TRANSFERS, DISCHARGE CFR(s): 483.440(b)(5)(i) At the time of the discharge the facility must develop a final summary of the client's	W 203		

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W 203	Continued From page 2 developmental, behavioral, social, health and nutritional status.	W 203		
	This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a final summary of client #1's status at the time of discharge was developed. This affected 1 of 1 discharged clients. The finding is:			
	A discharge summary was not completed for client #1.		1. ED or designee will train QP on Policy C2.9 Discharge and form F2.22 Discharge Plan	12/15/18
	Review on 11/9/18 of client #1's record revealed on 9/17/18 she had been admitted to the hospital with pneumonia. The record also indicated the client was later discharged from the hospital (date unknown) and admitted to a skilled nursing facility. The record did not indicate client #1 had been readmitted to the home after her admission to the hospital.		2. QP will complete discharge plan. A copy of the Completed Discharge Plan will be placed in the Transitions section of the chart. A copy will be provided to legally responsible person and new agency if transferred to new location.	On-going
	Interview on 11/9/18 with the facility nurse via telephone indicated client #1 would not be returning to the facility do to a change in her level of care.		3. QP will complete a Discharge Plan for KL. A copy will be provided to legally responsible person and a copy will be placed in chart.	11/30/18
	Interview on 11/9/18 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 had been discharged from the facility. Additional interview indicated no discharge summary had been completed for client #1 as of the date of this survey.		4. QP will email a copy of the report to ED or designee and report the date the plan was sent to legally responsible person.	On-going
			5. ED or designee will monitor site to ensure that all discharge reports are completed for all individuals leaving service	On-going