

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

PRINTED: 01/16/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/15/2019
NAME OF PROVIDER OR SUPPLIER VOCA-SANDBURG GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 9317 SANDBURG AVENUE CHARLOTTE, NC 28213		
(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 369	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 1 of 3 clients observed during drug administration (#2). The finding is:</p> <p>Observations in the group home on 1/15/19 at 6:20 AM revealed client #2 entering the medication administration room to receive morning medications. The client was assisted with the administration of Lexapro 10mg. - one tablet, naltrexone 50 mg one tablet, Tegretol 100mg. - one tablet, Claritin 10mg. - one tablet, Norvasc 5mg. - one tablet, Topamax 50mg. - one tablet ad K-Dur 20 meq. - one tablet. Interview with the staff person administering the medications indicated client #2 had not received any medications earlier in the morning and would not receive any other medications during the morning except for a chlorahexidine mouth rinse after brushing teeth. Review of the computerized medication administration record immediately following the medication pass revealed Astelin spray .1%, 1 spray each nostril schedule for 7:00AM, had been checked as administered for 1/15/19.</p> <p>Review of the record for client #2 on 1/15/19 revealed current quarterly physician orders which included, in addition to the medications observed as administered, an order for Astelin 1% nasal</p>	W 369			

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 369	Continued From page 1 spray, 1 spray in each nostril at 7:00 AM and 9:00 PM. Interview with the facility nurse on 1/15/19 confirmed Astelin 1% nasal spray, one spray in each nostril, should have been administered during the morning medication pass on 1/15/19.	W 369			
W 484	DINING AREAS AND SERVICE CFR(s): 483.480(d)(3) The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure adaptive equipment related to dining was provided for 1 of 3 sampled clients (#6) and 2 non-sampled clients (#4 and #1). The findings are: Observations in the home on 1/15/19 at 7:15 AM revealed all six clients in the home getting on the facility van to be transported to lab appointments and then breakfast dining out. Interview with staff when the clients had finished loading the van revealed adaptive equipment for client's #6, #4 and #1 was not on the van after searching. Staff were then observed to get the equipment from the group home and take it on the van. Record review on 1/15/19 revealed an individual service plan (ISP) for client #1 dated 5/4/18. The ISP contained a nutritional assessment dated 11/20/18 which indicated the client was on a puree diet, and required a high sided divided plate to dine with. Review of the record for client	W 484			

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W 484	Continued From page 2 #4 revealed an ISP dated 12/5/18 and a nutritional assessment dated 11/20/18. The nutritional assessment indicated the client required a high sided plate or bowl to dine with. Review of the record for client #6 revealed an ISP dated 3/9/18 which included a nutritional assessment dated 11/20/18. The nutritional assessment indicated the client was on a puree diet and required a high sided/three section plate, large handle spoon and a sippy cup to dine with. Interview with the qualified intellectual disabilities professional on 1/5/19 confirmed client's #1, #4 and #6 all had prescribed adaptive dining equipment, and this adaptive equipment should have been loaded on the van with the clients, since the outing included plans to dine out.	W 484			