


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

PRINTED: 01/10/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA-LAUREL GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 51 LAUREL STREET GRANITE FALLS, NC 28630
---	--

(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 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure sufficient training was provided to staff related to effectively and competently applying the transport vehicle wheelchair securement system for 1 of 1 client (#1) in the home who uses a wheelchair. The finding is:</p> <p>Observations at the group home on 1/7/19 at 5:30 PM, revealed group home staff assisting the clients with loading the facility van for an outing, including assisting client #1 with loading the van by using the wheelchair lift. Continued observations revealed staff members attaching four tie-down straps to the wheelchair frame and the retractors attached to the van frame. Further observations did not reveal staff attaching a lap belt or a shoulder belt (the client was noted to have the wheelchair lap belt secured). When asked about lap and shoulder belts by the surveyor, the home manager got on the van and began looking for them. They were located in a container toward the front of the van. The lap and shoulder straps were then applied and secured.</p> <p>Interview with a direct care staff member on 1/7/19 revealed the staff person had not been trained on how to use all of the straps on the van being used on 1/7/19. Review of the training records on 1/8/19 revealed all staff involved with</p>	W 189	<p>Staff will be trained on securing wheelchairs in the van including shoulder & lap belts. Management will complete observations to ensure that all tie downs are being utilized including shoulder and lap belts</p> 	3/9/19
-------	--	-------	--	--------

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Debra Helt</i>	TITLE <i>Program Manager</i>	(X6) DATE <i>1/16/19</i>
--	---------------------------------	-----------------------------

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.

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

PRINTED: 01/10/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G287	(X2) MULTIPLE CONSTRUCTION: A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2019
NAME OF PROVIDER OR SUPPLIER VOCA-LAUREL GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 51 LAUREL STREET GRANITE FALLS, NC 28630		
(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 189	Continued From page 1 loading the clients on 1/7/19 had received driver safety training, which included training on securing wheelchairs for transport. Interview with the home manager on 1/7/18 revealed that the van being used on 1/7/19 was a temporary van, as the permanent facility van was being repaired. The home manager confirmed that staff had not been trained on how to specifically use the wheelchair securement system for the temporary van, and confirmed the lap belt and shoulder belts had not been used since 12/31/18 when the temporary van was obtained.	W 189	See page 1		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to assure all drugs and biologicals were kept locked except when being prepared for administration. The findings are: A. Observations conducted on 1/8/19 at 7:30 AM revealed staff responsible for administering medications left the medication area located in the office of the home to escort client #5 to the dining area of the home. Continued observation at this time revealed the staff was out of the line of vision to the office and medication storage cabinet, leaving the door to the office as well as the door to the closet where medications were stored unlocked and slightly ajar. Interview with	W 382	Staff will be in service about ensuring medication closet is completely closed when staff are not in the medication area and ensure that it remains locked. Management will complete observations to ensure compliance. This will be reviewed at monthly staff meetings	3/9/19	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2019
NAME OF PROVIDER OR SUPPLIER VOCA-LAUREL GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 51 LAUREL STREET GRANITE FALLS, NC 28630		
(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 382	Continued From page 2 the group home manager verified the drug storage cabinet should remain locked at all times except when responsible staff is present and preparing drugs for administration. B. Observations conducted on 1/7/19 revealed a closet located on the hallway of the home was locked. Further observations conducted on 1/8/19 from 6:00-8:00 AM revealed the door to the closet located in the hallway of the home was unlocked. Continued observation revealed this closet contained Clorhexidine mouthwash and Denta 500 toothpaste prescribed for client #3 as well as Clorhexadine mouthwash prescribed for client #1. Interview conducted on 1/8/19 with the group home manager verified the door to the closet containing prescription mouthwash and toothpaste for clients #1 and #3 should be kept locked at all times.	W 382	See page 2 B. Prescription mouthwash were moved into the medication closet in the office. Staff will be in-service about changes and management will complete observations to ensure compliance	3/9/19	
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to assure only authorized persons had access to the keys to the drug storage area. The finding is: Observations conducted throughout the 1/7/19-1/8/19 survey revealed the keys to the drug storage cabinet were kept hanging on a hook located in the office of the home when not in use during medication administration. Further observations during the 1/7/19 - 1/8/19 survey	W 383	Medication closet key has been moved to the locked hygiene closet in the hallway. Medication keys will be kept on medication person when not in use. Keys will not be kept in lock for living room closet. Staff will be in-service and management will complete observations to ensure procedures are being utilized	3/9/19	

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

PRINTED: 01/10/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2019
NAME OF PROVIDER OR SUPPLIER VOCA-LAUREL GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 51 LAUREL STREET GRANITE FALLS, NC 28630		
(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 383	Continued From page 3 revealed the key to a locked closet in the living room of the home which contained client records was left in the lock attached to a large set of keys. Interview with the group home manager conducted on 1/8/19 revealed the keys to the drug storage area were routinely kept hanging on a hook in the office of the home. Further interview with the group home manager revealed the set of keys left hanging in the lock of the closet located in the living room contained a key to the office of the home. Therefore, the keys to the drug storage area were accessible to all persons entering the home.	W 383	<i>See page 3</i>		