

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G270	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/05/2019
NAME OF PROVIDER OR SUPPLIER VOCA-SIXTH STREET GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 201 NORTH SIXTH STREET SANFORD, NC 27330	
(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 252	<p>PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on documentation review and interviews, the facility failed to ensure data was documented correctly. This affected 1 of 2 audit clients (RH). The finding is:</p> <p>Data was not collected as indicated for client (RH).</p> <p>During an interview on 3/5/19, the home manager revealed on 2/23/19 RH had entered the bedroom of another client and scratched the left of the client's nose.</p> <p>Review on 3/5/19 of RH behavior data sheet dated 2/23/19 revealed the following, "NONE" for behaviors.</p> <p>Review on 3/5/19 of clients' RH behavior support plan (BSP) dated 8/21/18 stated, "Target Behavior(s). 1. Physical Aggression: Any action that is directed at others...with the possibility of causing physical harm to another person....This includes, but is not limited to, hitting...scratching...." Additional review revealed, "Documentation and Implementation Inappropriate behaviors are documented on the behavioral data sheet...."</p> <p>Review on 3/5/19 of the facility's policy on</p>	W 252	<p>W252 This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> A. ALL ISP will be reviewed and revised as necessary. B. ALL BSP will be reviewed and revised as necessary. C. All behavioral objectives will meet the needs of the person being served. D. All behavioral documentation will be reviewed E. All behaviors will be documented F. All staff will be in serviced on recording behavioral documentation G. Residential Manager will monthly weekly H. Clinical Manager will monitor weekly I. Clinical manager will assess all behavioral documentation monthly <p style="text-align: center;">RECEIVED MAR 07 2019 DHSR-MH Licensure Sect</p>	04.04.2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Marka Whack* TITLE *Executive Director* (X6) DATE *3/7/19*

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 252	Continued From page 1 documentation revised 11/14 revealed, "Community Alternatives North Carolina (CANC) will assure record documentation for a person is completed...." During an interview on 3/5/19, the program manager revealed the data for RH's behavior on 2/23/19 should have been documented.	W 252			