STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			A. BUILDING:					
		MHL013-158	B. WING		03	/26/2019		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
CABARRUS VOCATIONAL OPPORTUNITIES  107 COMMERCIAL PARK DRIVE CONCORD, NC 28027								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE		
V 000	00 INITIAL COMMENTS		V 000					
	on 3/26/19. The comp (Intake #NC149860). This facility is licensed category: 10A NCAC	ocational Program and 10A						
V 110	27G .0204 Training/S Paraprofessionals	upervision	V 110					
	10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS  (a) There shall be no privileging requirements for paraprofessionals.  (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.  (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.  (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.  (e) Competence shall be demonstrated by exhibiting core skills including:  (1) technical knowledge;  (2) cultural awareness;  (3) analytical skills;  (4) decision-making;  (5) interpersonal skills;  (6) communication skills; and  (7) clinical skills.  (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision							

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		· '	(X3) DATE SURVEY COMPLETED	
		MHL013-158	B. WING		0:	3/26/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE	-		
CARADDI	US VOCATIONAL OPPOR	107 COM	MMERCIAL PARK D	RIVE			
CABARRI	US VOCATIONAL OPPOI	CONCO	RD, NC 28027				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO ' DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 110	Continued From page	e 1	V 110				
	plan upon hiring each	n paraprofessional.					
	This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure staff demonstrated competencies for the population served for 1 of 3 staff (#1) affecting 1 of 6 clients (#1). The findings are:						
	-admission date of 11 Autistic Disorder and Disabilities(IDD)-Mild-treatment plan dated #1 had a broad skill s graduate with an occ had good self help sk be easily overwhelme broken down into one own guardian; -quarterly summary of the Qualified Profess client #1 had no behaworked at local shoe	d 1/24/19 documented client set, was a high school upational course of study, cills, can read and write, can sed and needs multi step jobs e step at a time and was his lated 1/4/19 completed by ional (QP) documented avioral or medical concerns, warehouse Monday through is the facility when he was					
	revealed: -hire date of 5/26/15 Support Professional -completed trainings clients on 6/11/18, CI Confidentiality on 6/1	•					

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, STATE	E, ZIP CODE		
CARARRI	JS VOCATIONAL OPPO	RTUNITIES 107 C	OMMERCIAL PARK	DRIVE		
CABARIR	33 VOCATIONAL OFF O	CONC	ORD, NC 28027			
(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 (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 110	Continued From page 2		V 110			
	IDD clients on 6/18/18, Workplace Safety on 12/11/18, North Carolina Interventions Plus on 6/19/218, CPR/First Aid on 5/23/17 and Client Specifics ongoing with last training on 3/15/19.  Review on 3/25/19 of a facility incident report dated 3/18/18 completed by the QP revealed the following documented: -afternoon of 3/18/19, staff #1 exited the local shoe warehouse, loaded up the clients and drove van back towards the facility; -staff #1 received a call from Administrative staff reporting that client #1 was still at the shoe warehouse; -staff #1 turned the van around and went back to the shoe warehouse, picked up client #1 and returned to the facility; -all required entities were notified; -client #1 was not upset and did not realized anything was wrong.					
	investigation dated 3 QP and the Site Dire following documente -staff #1 suspended of internal investigati -interviewed all 8 clie warehouse, some did was missing, some re counting clients while while heading toward noticed client #1 was to staff #1; -client #1 was not up waited for van to retu -usually checks his w knows to stop work a	on 3/18/19 until completion on; ents on the van from the shoe d not even notice client #1 eported they saw staff #1 e in break room and again ds van to load up, those who simissing did not say anything set about being left, just				
leave to get on van; -his watch was broke on 3/18/19 and he						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLI IDENTIFICATION NU			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARARRII	S VOCATIONAL OPPO	NRTHNITIES	107 COMM	ERCIAL PARK	DRIVE		
CADARRO	3 VOCATIONAL OFF	NTONITIES	CONCORD	, NC 28027			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
	employee told him it -the QP and SD held clients who work at 3/19/19 to address the protocol to be imple shoe warehouse parental and protocol and new for the protocol and protocol and new for the protocol and protocol	ntil a shoe warehouse was past his quitting to a safety meeting with the shoe warehouse on the issues and go over mented before leaving rking lot; ld with all staff to go own.  I with the QP revealed the shoe warehouse however functioning, have dently and be self motion the production floor; o articulate what happe on 3/18/19; it the incident.  I with staff #1 revealed facility until came to to go; 7 filling in positions, the conone staff to a clier ment; rehouse position in 6/2 eck all clients time camerect, turn in then load noe warehouse; se, walk all day monitors at different sites	n all the n a new the the ver new : nave to g prior to ivated; ened at d: his nen e floor, nt in the 2018; ds, up and oring	V 110			

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AND PLAN OF CORRECTION	) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
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CABARRUS VOCATIONAL OPPORTUNITIES  107 COMMERCIAL PARK DRIVE								
CABARRUS VOCATIONAL OFFORTUN	CONCORD,	NC 28027						
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V 110 Continued From page 4		V 110						
employees, their supervisor working alongside the clieus when time to leave, every the breakroom; she always counts heads also counts again in the patowards the van; remember counting the chave miscounted; was in transit from the ware facility when received a phadministrative staff telling the warehouse; was not aware client #1 wasid anything on the van auturned van around, went land picked up client #1, he and smiled; first time this has ever ha anything like this before; currently on leave, waiting investigation to be compleused investigation to be compleused with the client #1 is high functioning anything;" client #1 is routine driven, behavioral issues, rarely have anything at the country was with him at the country was watch any stop work; watch not working; alot of people at warehous asked what time it was, elections was well asked what time it was, elections work in the warehous was watch and stop work; was work to look for van, it	ents; yone knows to meet in s in the breakroom and barking lot as heading clients on 3/18/19, must arehouse back to the hone call from her she left client #1 at was not with her, nobody about client #1 missing; back to the warehouse he was fine, got on van appened, never done ag for internal eted; ng, "can do most h, independent, no have to redirect him.  client #1 revealed: huse; house and back; hings him back; the warehouse; he warehouse;	V 110						

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	ROVIDER OR SUPPLIER  JS VOCATIONAL OPPOR	107 CO	ADDRESS, CITY, STATE  MMERCIAL PARK I  RD, NC 28027			
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V 110	-stood in front room b waiting on van to com-staff #1 came back a he did not wait long or upset; -never happened beforels safe at the ware #1; -knows to meet in brecertain time to load upfacility.  Interview on 3/26/19 versue of the ware plan to allow staff #2 and disciplinary action-implemented new pro-	d who called someone; y security guard's office he back; and picked him up; on staff #1, was not scared ore; hehouse and safe with staff hak room in afternoons at o on van to go back to the with the SD and the Chief healed: to come back with training	V 110			

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