

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

PRINTED: 06/04/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/30/2018
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409	
(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 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 4 audit clients (#3) had a personal advocate or legally sanctioned surrogate decision-maker identified. The finding is:</p> <p>Client #3 did not have a personal advocate or legally sanctioned surrogate decision-maker (guardian) identified.</p> <p>Review on 5/30/18 of client #3's record revealed no legal guardian had been identified to ensure client #3's rights were protected. No additional legal documents were available for review.</p> <p>Interview on 5/30/18 with the qualified intellectual disabilities professional (QIDP) revealed he was not aware there was no legal guardianship identified for client #3, however he was unable to locate the guardianship papers.</p>	W 125		
W 247	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 2 of 4 audit clients (#6, #4) were provided the opportunity for choice. The findings are:</p>	W 247		

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

J. Munford, QIDP Manager

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.

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

PRINTED: 06/04/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/30/2018
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 247	<p>Continued From page 1</p> <p>1. Client #4, was not afforded the opportunity to make a choice to eat his breakfast.</p> <p>During breakfast observations in the facility on 5/30/18, client #4, was seated at the table with food on the table and his individual plate. The breakfast meal consisted of toast, cereal, and eggs. Client #4 was stopped 3, times by staff when he began to eat.</p> <p>Additional observations of dinner in the home on 5/29/18, client #4, ate his food independently with no problems and no staff physical assistance.</p> <p>Review of client #4's, community/home life assessment dated 12/27/17, revealed client #4 eats independently in all areas of dining.</p> <p>During interview on 5/30/18, staff revealed clients eat together because of family style dining.</p> <p>2. Client #6, was not afforded the opportunity to make a choice to eat his breakfast.</p> <p>During breakfast observations in the facility on 5/30/18, client #6, was seated at the table with food on the table and his individual plate. The breakfast meal consisted of toast, cereal, and eggs. Client #6, was stopped 2, times by staff when he began to eat.</p> <p>Additional observations of dinner in the home on 5/29/18, client #4, ate his food independently with no problems and no staff physical assistance.</p> <p>Review on 5/30/18, of client #6's, community/home life assessment dated 12/30/17, revealed he eats independently.</p>	W 247			

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

PRINTED: 06/04/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/30/2018
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 247	Continued From page 2 During interview on 5/30/18, staff revealed clients eat together because of family style dining. During interview on 5/30/18, qualified intellectual disabilities professional (QIDP) revealed both clients should have been allowed to eat their breakfast whenever they wanted..	W 247			

Meadowood Annual Survey Plan of Correction

W125 -- The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.

The facility will ensure all clients will have a personal advocate or legally sanctioned surrogate decision-maker identified, if needed one. The Qualified Professional will make sure all clients have guardianship papers in the clinical books. The QP will be responsible for assuring all clients exercise their rights and can have access to their guardians or advocate personal identified through their guardianship papers. The Qualified Professional will complete a record check of his clinical book once every two weeks to make sure the proper legal documentation is on place in their clinical books. The Operation Manager will monitor at least once quarterly for accuracy.

Responsible Parties: Qualified Professional and Operation Manager
Completion Date: July 29, 2018

W247 -- The individual program plan must include opportunities for client choice and self-management.

The facility will ensure are staff members are trained on how to properly execute family style dinning during meal services. The staff will be In-service to make sure all clients can start eating at their own leisure and have different choice of food they want to eat at meals times. The Qualified Professional and Group Home Manager will observe the family style dinning at least once a week and Operation Manager will monitor at least once a quarterly for accuracy.

Responsible Parties: Group Home Supervisor, Qualified Professional, Operation Manager
Completion Date: July 29, 2018