

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

PRINTED: 03/20/2019
FORM APPROVED
OMB NO. 0938-0391

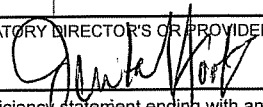
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G201	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/14/2019
NAME OF PROVIDER OR SUPPLIER VOCA-OAK DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5416 OAK DRIVE CHARLOTTE, NC 28216		
(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 000	INITIAL COMMENTS	W 000	see attachment	5/14/19	
W 152	<p>Complaint intakes NC00149165 and NC001149490.</p> <p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1)(iii)</p> <p>The facility must prohibit the employment of individuals with a conviction or prior employment history of child or client abuse, neglect or mistreatment.</p> <p>This STANDARD is not met as evidenced by: The facility failed to assure a criminal background check was completed for staff to ensure employment of individuals with a conviction or prior employment history of child or client abuse, neglect or mistreatment did not occur as evidenced by observation, interview and record verification. The findings are:</p> <p>A. Review of a facility investigation, substantiated by interviews with the facility program manager and administrator, revealed staff A was noted to take client #1 on a the van to the main office to pick up staff A's check on 2/25/19 at 3:45 PM. Staff A then reported he was going to take client #1 for ice cream. The home manager reported to her supervisors at 7:30 PM on 2/25/19 that staff A and client #1 had not returned to the group home. Further review of the facility investigation and interviews revealed the police were called and they issued a silver alert and were actively looking for the group home van that staff A was driving. Staff A and client #1 did not return that night but staff A did finally call the next morning to report he and client #1 were at his house and someone</p>	W 152			

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



TITLE

Program Manager

(X6) DATE

3/29/19

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 152	<p>Continued From page 1</p> <p>could come pick up the van and client #1. The police arrived and transported client #1 to the hospital to be checked out and the client was found to be unharmed.</p> <p>Continued review of the facility's investigation and interviews revealed part of the facility investigation included a review of staff A's training and personnel file. During that review it was found that staff A's criminal background check had not been completed. It should be noted a check was completed at this point and was found to be free of any convictions that would have precluded staff A from being employed at the group home. However, the facility failed to assure a check was completed prior to staff A working with the clients at the group home.</p> <p>B. Interview with the facility administrator revealed that the finding of a missing criminal background check from the group home resulted in a thorough review of all personnel files of staff working at the group home to assure all that criminal background checks had been completed. Further interview with the facility administrator, substantiated by review of the background checks, revealed no other checks were missed for staff assigned to the group home.</p> <p>Afternoon observations in the group home on 3/14/19 revealed 3 staff working in the group home on second shift along with the qualified intellectual disabilities professional (QIDP). Interviews with staff B, staff C, and staff D revealed none of them regularly work in the group home. Further interviews, substantiated by interview with the QIDP, revealed staff B is a new staff, staff C was hired as a PRN staff and staff D is the home manager at a sister facility but used</p>	W 152		

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W 152	Continued From page 2 to work in the group home. Interview with the facility administrator revealed background checks were completed for staff C and staff D as required. Further interview with the facility administrator revealed staff B was a rehire but no background check could be found. Continued interview revealed staff B was removed from the group home work schedule until a background check could be completed but facility failed to assure all staff working with the clients in the group home had a completed background check.	W 152			

W 152

The facility will prohibit the employment of individuals with a conviction or prior employment history of child or client abuse, neglect, or mistreatment.

The facility will assure a criminal background check is completed for all staff prior to working with the individuals in the group home.

The ResCare Resource Center ran background checks on all employees in the Charlotte Region. All background checks are being reviewed to ensure all employees meet the hiring criteria.

Three members from the Resource Center reviewed all of the personnel files in Charlotte during the week of March 4th, 2019. The Director of Human Resources will provide on-going support to the Charlotte Region.

The Human Resources Department will utilize the New Hire Checklist to ensure all required documents to include the background check are filed prior to working in the group home.

The Executive Director will work with the Director of Human Resources to re-train the local Human Resources Specialist relative to the requirement for approved background checks to completed prior to any employee working in the group home.

The Executive Director will conduct a random monthly check of the background checks for both new hires and seasoned employees.

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