PRINTED: 04/01/2019 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL013-158 03/26/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 COMMERCIAL PARK DRIVE CABARRUS VOCATIONAL OPPORTUNITIES CONCORD, NC 28027 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS An annual and complaint survey was completed on 3/26/19. The complaint was substantiated (Intake #NC149860). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .2300 Adult Developmental and Vocational Program and 10A NCAC 27G .5400 Day Activity Program Au a thachic V 110 V 110 27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. DHSR - Mental Health (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 Lic. & Cert. Section 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;

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

(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision

TITLE

(X6) DATE

STATE FORM

If continuation sheet 1 of 6

(6) communication skills; and

(7) clinical skills.

Jany 4 Executive Director 4/9/19

Doc attached

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL013-158 03/26/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 COMMERCIAL PARK DRIVE **CABARRUS VOCATIONAL OPPORTUNITIES** CONCORD, NC 28027 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 110 V 110 Continued From page 1 plan upon hiring each 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 Review on 3/25/19 of client #1's record revealed: -admission date of 11/1/12 with diagnoses of Autistic Disorder and Intellectual Developmental Disabilities(IDD)-Mild; -treatment plan dated 1/24/19 documented client #1 had a broad skill set, was a high school graduate with an occupational course of study, had good self help skills, can read and write, can be easily overwhelmed and needs multi step jobs broken down into one step at a time and was his own guardian; -quarterly summary dated 1/4/19 completed by the Qualified Professional (QP) documented client #1 had no behavioral or medical concerns, worked at local shoe warehouse Monday through Thursday and attends the facility when he was not at the warehouse. Review on 3/26/19 of staff #1's personnel record revealed: -hire date of 5/26/15 with job title of Direct Support Professional of Enclave;

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-completed trainings in Abuse and Neglect of IDD clients on 6/11/18, Client Rights on 6/15/18, Confidentiality on 6/11/18, Community Careers for IDD clients on 12/13/18, Mental Health Needs of

(X3) DATE SURVEY

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL013-158	B. WING		03/	26/2019
	ROVIDER OR SUPPLIER  US VOCATIONAL OPPOR	TUNITIES 107 COM	DDRESS, CITY, STA IMERCIAL PARI RD, NC 28027			
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V 110	IDD clients on 6/18/18 12/11/18, North Caroli 6/19/218, CPR/First A Specifics ongoing with Review on 3/25/19 of dated 3/18/18 comple following documented -afternoon of 3/18/19, shoe warehouse, load van back towards the -staff #1 received a ca reporting that client #1 warehouse; -staff #1 turned the va the shoe warehouse, preturned to the facility; -all required entities w -client #1 was not upse anything was wrong.  Review on 3/25/19 of tinvestigation dated 3/1 QP and the Site Direct following documented: -staff #1 suspended or of internal investigation -interviewed all 8 clien warehouse, some did was missing, some rep counting clients while i while heading towards	8, Workplace Safety on an Interventions Plus on id on 5/23/17 and Client a last training on 3/15/19.  a facility incident report ted by the QP revealed the staff #1 exited the local ed up the clients and drove facility; all from Administrative staff was still at the shoe on around and went back to bicked up client #1 and ere notified; et and did not realized the facility's internal (8/19 and completed by the cor (SD) revealed the facility internal (SD) revea	V 110			

(X2) MULTIPLE CONSTRUCTION

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL013-158	B. WING	3	03	/26/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE			
CABARRI	US VOCATIONAL OPPOR	RTUNITIES	MERCIAL PARK	DRIVE			
			D, 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 C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 110	-the QP and SD held clients who work at the 3/19/19 to address the protocol to be implement shoe warehouse park -a training will be held protocol and new form.  Interview on 3/26/19 vericinets who work at the met certain criteria; -first participate in a titto going to the shoe were these clients are high understand safety; -must work independent client #1 worked on the shoe warehouse of the shoe ware and the shoe warehouse of the shoe	il a shoe warehouse was past his quitting time; a safety meeting with all the le shoe warehouse on le issues and go over a new ented before leaving the ing lot; I with all staff to go over new in.  with the QP revealed: the shoe warehouse have to me study and training prior varehouse; ther functioning, have to the production floor; articulate what happened at on 3/18/19; the incident.  with staff #1 revealed: the incident in the incident in Supervisor on the floor, on one staff to a client in the ent; thouse position in 6/2018; the call clients time cards, etct, turn in then load up and the warehouse; the warehouse warehouse; the warehouse; the warehouse; the warehouse on a cleaning crew	V 110				

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(X3) DATE SURVEY

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(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETEU	
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V 110	employees, their super working alongside the -when time to leave, ethe breakroom; -she always counts he also counts again in the towards the van; -remember counting the have miscounted; -was in transit from the facility when received Administrative staff tell the warehouse; -was not aware client; said anything on the veruned van around, we and picked up client # and smiled; -first time this has everanything like this beforeurrently on leave, we investigation to be conclient #1 is high function anything;" -client #1 is routine dribehavioral issues, rare linterview on 3/26/19 we work at the shoe ware ride the van to the wastaff #1 takes him and staff # stays with him remember being left a usually wear his watch stop work; -watch not working; -a lot of people at ware	ervisors and security clients; everyone knows to meet in eads in the breakroom and he parking lot as heading he clients on 3/18/19, must e warehouse back to the a phone call from ling her she left client #1 at #1 was not with her, nobody an about client #1 missing; ent back to the warehouse 1, he was fine, got on van  r happened, never done re; aiting for internal hipleted; ioning, "can do most  ven, independent, no ely have to redirect him.  with client #1 revealed: ehouse; rehouse and back; at the warehouse; thand knows what time to  ehouse, not alone; s, employee told him it was	V 110				

(X2) MULTIPLE CONSTRUCTION

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL013-158		1 3 7		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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0 18 22 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ROVIDER OR SUPPLIER  US VOCATIONAL OPPOR	RTUNITIES 107 COM	DRESS, CITY, ST. MERCIAL PARI D, NC 28027				
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V 110	-he told security guard-stood in front room b waiting on van to comstaff #1 came back a -he did not wait long or upset; -never happened beforeels safe at the ward #1; -knows to meet in bre certain time to load upfacility.  Interview on 3/26/19 vecutive Officer reversal and disciplinary actions 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; whouse and safe with staff ak room in afternoons at o on van to go back to the  with the SD and the Chief healed: to come back with training n;	V 110				

Division of Health Service Regulation

4HU011

# Rowan Vocational Opportunities, Inc., MHL #: 013-158 Plan of Correction

4/9/2016

Standard Deficiency Cited: 10A NCAC 27G .0204 Training/Supervision Paraprofessionals

(Tag V110)

Responsible Person: Gary Yelton, Executive Director

Timeline: Immediately and on going

#### Corrections:

- 1. After obtaining proof of the neglectful act, the CVO staff person who left a consumer at the Enclave work site unattended was immediately placed on administrative leave pending investigation. Upon her return, she received a final written warning as corrective disciplinary action pertaining to this violation. She also received additional training on Abuse, Neglect and Exploitation prior to working with any consumers. The CVO Qualified Professional conducted In-Service training on the existing Transportation Policy, the newly revised Transportation Policy, pending approval, by the Board and the new Enclave Head Count Checklist with this employee prior to her working as an Enclave Supervisor.
- RVO/CVO Transportation Policy was revised to include the requirement for Enclave Supervisors
  to utilize the Enclave Head Count Checklist on every visit to an Enclave worksite. The Checklist
  will be used on every trip to the Enclave to ensure that all consumer passengers who travel to
  the Enclave for work are accounted for prior to departing the Enclave site.
- 3. The completed Enclave Head Count Checklist is to be turned into the RVO/CVO Qualified Professional for review and approval upon return to RVO/CVO following every Enclave trip.
- 4. This policy revision was approved by the RVO/CVO Board of Directors on April 9<sup>th</sup>. Following approval the CVO QP reviewed the approved version of the revised policy with each Enclave supervisor. Each Enclave supervisor signed the approved version of the policy showing that they have read and understand their responsibilities while transporting consumer passengers to and from and Enclave.
- 5. The Transportation Policy is reviewed and signed annually by all CVO staff.
- Signature pages are placed in each staff person's personnel file as proof of their review and understanding of the Transportation Policy.
- 7. Every new hire will be required to review and sign the revised Transportation Policy as part of their on-boarding/orientation process.
- 8. A copy of the revised Transportation Policy will be kept in each CVO vehicle.
- 9. The Executive Director for RVO/CVO will ensure that policies are followed as to this revision.

#### ROWAN VOCATIONAL OPPORTUNITIES, INC.

POLICY NAME: TRANSPORTATION POLICY	EFFECTIVE DATE: 9/05
REVISIONS: 2/02, 4/04, 7/05, 3/08, 3/11, 1/14, 6/16, 8/16, 4/19	APPROVED BY: Board

#### POLICY

RVO acknowledges transportation as a barrier to services. In an effort to alleviate the barrier of transportation to make services more accessible, RVO has contracted with the local Transportation Authority in Rowan County and others to provide transportation for consumers who seek our services. RVO staff members work closely with transportation providers to ensure safe, efficient and cost effective transportation services for our consumers. RVO provides transportation for CVO consumers who seek our services.

As an integral part of RVO consumers' service provision, RVO staff members schedule field trips into the community. Transportation is usually provided through the Transportation Authority for these trips.

#### PROCEDURE FOR TRANSPORTATION SERVICES TO AND FROM FACILITY:

- 1. A referral for services is made to the RVO Utilization/Admission Committee, the consumer is accepted, the need for transportation services is identified and a start-date is determined.
- 2. Consent to release personal information for transportation services referral is obtained from the person served, or legal guardian, as appropriate.
- 3. Transportation Coordinator makes a referral to the transportation provider to provide transportation.
- 4. The transportation provider maintains a list of consumers with the following information: consumer name, phone number, address, DOB, emergency contact information (hospital preference, physician, medications, known allergies) and special assistance information (wheelchair, vision impaired, etc.).
- 5. Appropriate training of the transportation provider is confirmed.

#### PROCEDURE FOR TRANSPORTATION SERVICES PROVIDED BY STAFF MEMBERS:

RVO staff may provide transportation during regular business hours for the following reasons: emergency medical care, community outings, off-site meetings, and off-site work sites

- 1. When transporting consumers during RVO business hours staff will use the "Off Site Information Form" every time they leave the facility with a consumer. The "Off Site Information Form" records the time staff and consumers are leaving RVO/CVO, their destination, the time they plan on returning, names of other staff and consumers being transported, whether or not any medication is needed and transported, whether or not emergency contact information was taken in the vehicle, whether or not a company vehicle was taken, the vehicle number if applicable and a phone number to reach the staff person conducting the offsite trip. Staff should also sign out using the "Staff and Vehicle Sign In/Sign Out Log" which records the time staff left the facility during business hours for any reason, the reason for leaving, the company vehicle number if applicable and the actual time the staff returned.
- 2. The receptionist maintains emergency information on each consumer. In the event it is needed, drivers may contact the receptionist for this information including consumer name, address,

name and phone number of contact person and name, address, phone number of consumer's preferred physician and/or hospital.

- 3. Staff members are required to carry a first aid and BBP kit with them on the trip.
- 4. Should medications need to be administered, a staff member trained in medication administration must accompany the trip.
- 5. Staff members are held accountable for RVO policy and procedures when off-site.
- 6. Staff members' credentials and driving records are verified as required.
- 7. Under no circumstance should consumer passengers be left unattended by the driver or any other RVO Staff member for any reason.
- 8. RVO/CVO Enclave supervisors will utilize a daily head count checklist to ensure that all consumer passengers who travel to the enclave for work are accounted for prior to departing the enclave site. That checklist will be signed by the driver and turned in to the Qualified Professional to be initialed upon arrival back at RVO/CVO.
- 9. Common non-emergency occurrences or scenarios while transporting consumer passengers might include:
  - a. Driver or consumer needs to use the restroom.

Do not stop if at all possible. Always try to go to the restroom prior to transporting consumers. If you absolutely must take a consumer to the restroom, all passengers must also go in the facility and supervision must be maintained at all times.

b. Vehicle needs gas

Stop at a gas station with pumps that do not require you to enter the facility. Use the company gas card or debit card at the pump.

c. Gas pump failed to produce a receipt

Do not enter the facility to obtain a receipt. Write down the dollar amount, date, time, gallons pumped and state that the pump did not produce a receipt. Turn in the recorded information with your signature to RVO Bookkeeper. You may also take a picture of the pump screen and send that to the RVO Bookkeeper.

d. Consumer refuses to wear seatbelt

Under no circumstance may a consumer be transported without wearing a seatbelt.

- If the consumer refuses to wear the seatbelt at loading time in the morning you may
  not leave until the consumer and all consumers are wearing a seatbelt. If refusal to
  wear the seatbelt continues that consumer may not be transported. They must return
  to their home. If no one is home you should wait until someone arrives that can take
  care of the consumer. If you need assistance call the Program Manager, QP or
  Executive Director.
- 2. If refusal to wear the seatbelt occurs while loading to return home, the consumer must remain at RVO/CVO and their emergency contact will be called to come get them.
- 3. If the refusal occurs during transportation, you must find a safe place to stop until the consumer puts on the seatbelt. If refusal to wear the seatbelt continues, call the Program Manager, QP, or Executive Director. The consumer's emergency contact will be called and someone from RVO/CVO will come to the stopped vehicle to supervise the consumer refusing to wear a seatbelt until their emergency contact can arrive to help them or take them home. You can then continue on your route.
- 4. If the refusal to wear a seatbelt occurs while on a field trip you must not leave until every consumer is wearing a seatbelt. If the refusal continues call the Program Manager, QP or Executive Director and someone from RVO/CVO will arrive to supervise the consumer refusing to wear a seatbelt. Their emergency contact will be called to pick up the consumer.

- e. Consumer does not come out of their house in A.M.
  - Blow the horn at most 3 times within a 5 minute period. Then call the Program Manager, QP or Executive Director. They will call the emergency contact to find out more information. You will be advised whether to wait or continue on your route. Under no circumstance should you exit the vehicle leaving consumer passengers unattended to knock on the door or ring the doorbell.
- f. No one is home at the consumer's house in the P.M.

  Never leave a consumer unattended outside their home. Call the Program Manager, QP or Executive Director for advice. The consumer's emergency contact will be called and a remedy will be sought.

### PROCEDURE IN THE EVENT OF AN ACCIDENT OR ILLNESS:

In case of accidents or illness during transportation, the driver shall take the following actions:

- 1. Give first aid, if appropriate. Suspected back and neck injured persons should only be moved by rescue personnel unless further injury or life is in danger at present positions. Obvious significant injuries or illness should be seen and treated first by medical personnel. Also, if passengers complain of paid, dizziness, etc., or if there is significant doubt of injuries, then the passengers should be seen by medical personnel.
- 2. In case of serious illness, pull into the nearest possible place and call 911.
- 3. Call your "Direct Supervisor" first, who will then notify the Executive Director, Human Resources and the parents/guardians.
- 4. If a passenger has a seizure, the driver should pull over at the next safe stopping place and check to see that breathing is not obstructed and the passenger is safely secured.
- 5. In all cases, the driver should attend to the safety and welfare of the passengers first and equipment second.
- 6. Passengers that have seizures should not sit directly beside the driver to prevent the possibility of falling and hitting the driver in the event of a seizure.
- 7. Drivers shall observe all speed limit laws and other traffic regulations. If a driver is found guilty of a traffic violation, he/she will be responsible for all costs and may be subject to disciplinary action including, but not limited to, suspension and/or termination.
- 8. All vehicle operators shall have a basic First Aid Certification, CPR training and a current and valid North Carolina Driver's License.
- 9. In case of a flat tire or vehicle engine failure, call the Program Manager, QP, Human Resources or the Executive Director for instructions.
- 10. In case of consumer having disruptive behavior or consumers fighting, pull into the nearest safest place and call the Program Manager, QP, Human Resources or the Executive Director for further instructions. Follow all other RVO policies regarding disruptive behavior.
- 11. Passengers should not be left unattended by the driver or another responsible staff member.
- 12. In the event of any accident, the driver and all staff members being transported on a company vehicle will go to ProMed for a post-accident drug test. (If the driver is not at-fault, they may drive themselves to ProMed. If the driver is at-fault, they will be driven to ProMed by a staff member designated by the Executive Director. The at-fault driver will not be allowed to operate a company vehicle until Human Resources has received a Negative drug result.)

Employee Signature	Date	-
Executive Director Signature	Date	

## **ENCLAVE HEAD COUNT CHECKLIST**

NAME	WENT TO SHOE SHOW	STAYED AT RVO/CVO	ABSENT	RETURN VAN HEAD COUNT
T. A. S. Martin C. Martin				
***************************************				
		***************************************		
ENCLAVE SUPERVISO	DR SIGNATURE:			

<sup>\*\*</sup>THIS FORM MUST BE TURNED IN DAILY UPON RETURN TO RVO/CVO\*\*