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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G193	A. BUILDING _____ B. WING _____	03/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-SIMPSON GROUP HOME	3017 SIMPSON DRIVE CHARLOTTE, NC 28205

(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 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 1 of 3 sampled clients (#2) was taught to use and make informed choices about the use of their hearing aids. The finding is: Observation in the group home throughout the 3/5-6/19 survey revealed client #2 to engage in various activities to include watching television in the living room, engaging socially with staff, completing a name tracing program with staff and participating in meals. Staff was observed at various times to repeat the client's name multiple times when getting the client's attention and to get close to the client and talk loudly in talking with client #2. At no time throughout observations was client #2 observed to wear hearing aids or be prompted by staff regarding hearing aids. Review of client #2's record on 3/5/19 revealed an individual support plan (ISP) dated 6/28/18. Review of the 6/2018 ISP revealed client #2 to use adaptive equipment that included left and right hearing aids, a walker and a gait belt. Further review of client #2's record revealed an audiology consult dated 1/2/19 that noted:	W 436	See attached. RECEIVED APR - 4 2019 DHSR NH L & C Black Mountain / WRO	5/6/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Program Manager | (X6) DATE: 4/1/19

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 436	Continued From page 1 Cleaned and checked hearing aids, batteries dead. Please change weekly. Interview with the facility nurse verified client #2 has hearing aids and the client should have been wearing hearing aids while the client was engaged in daily activities. Interview with the qualified intellectual disabilities professional (QIDP) revealed client #2 will often take her hearing aids off and lose them although staff is responsible for ensuring the client is wearing her hearing aids and prompting the client to put them on. Further interview with the QIDP and the facility operations manager revealed although client #2 has a program to address maintenance of her hearing aids, the client does not have a program to address wearing or proper storage of the hearing devices.	W 436		
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on review of records and interview, the facility failed to show evidence quarterly fire drills were conducted with the scheduled number of personnel relative to third shift. The finding is: Review of the facility fire drill reports from 4/18 through 3/19 revealed four 3rd shift fire drills were conducted as follows: 6/19/18 at 6:00 AM with 3 staff assisting; 9/4/18 at 11:00 PM with 2 staff assisting; 11/2/18 at 10:00 PM with 4 staff assisting and 3/5/19 at 6:00 AM with 4 staff assisting.	W 440		

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W 440	Continued From page 2 Interview with third shift staff on 3/6/19 revealed two staff work on third shift. Interview with the home manager (HM) on 3/5/19 verified two staff are scheduled on third shift. Interview with the QIDP on 3/5/19 revealed 3rd shift fire drills in the facility should have been conducted with two staff. Therefore, the facility failed to assure quarterly fire drills were conducted for 3rd shift with the scheduled number of personnel for 3 of 4 quarters.	W 440		
W 448	EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv) The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on review of records and interview, the facility failed to investigate all problems with fire drills including the reason for the extended time needed for home evacuation. The finding is: Review of the facility fire drill reports from 4/2018 through 3/2019 revealed staff had documented extended times to evacuate clients in the home with no identified reasons or issues with evacuation. Further review revealed the following fire drills conducted during the 4/2018 to 3/2019 time period: 4/3/18 - 3:38 minutes - 1st shift - 2 staff - 6 clients 5/14/18 - 4:06 minutes - 2nd shift - 3 staff - 6 clients 6/19/18 - 8:20 minutes - 3rd shift - 3 staff - 6 clients	W 448		

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W 448	Continued From page 3 7/26/18 - 3:35 minutes - 1st shift - 4 staff - 6 clients 8/9/18 - 3:20 minutes - 2nd shift - 3 staff - 6 clients 9/4/18 - 1:55 minutes - 3rd shift - 2 staff - 6 clients 10/1/18 - 1:59 minutes - 2nd shift - 4 staff - 6 clients 11/2/18 - 1:55 minutes - 3rd shift - 4 staff - 6 clients 12/2018 - 1:57 minutes - 1st shift - 4 staff - 6 clients 1/2/19 - 1:30 minutes - 1st shift - 4 staff - 6 clients 2/6/19 - 1:50 minutes - 2nd shift - 4 staff - 6 clients 3/5/19 - 1:56 minutes - 3rd shift - 4 staff - 6 clients Interview with the qualified intellectual disabilities professional (QIDP) on 3/5/19 verified there was no written documentation regarding reasons for the extended fire drill evacuation times at the facility. Further interview with the QIDP and facility operations manager confirmed the need to investigate the reasons causing the delayed evacuations in order to ensure all clients living in the home are able to safely and timely evacuate the facility.	W 448		

Simpson Group Home
3017 Simpson Road
Charlotte, NC 28205

Plan of Correction
Date of Recertification Survey: 3/05/19-3/06/19
MHL# 060-122

W436 Space and Equipment

Community Alternatives of NC, specifically the Simpson Group Home will ensure client #2 will be taught to use and make informed choices about the use of their hearing aides. QIDP will develop a goal for client #2 to wear hearing aides.

To prevent further episodes: The Residential Manager and QIDP will make weekly observations to ensure all adaptive equipment including hearing aides for client #2 is being utilized as indicated. Program Manager will complete a monthly site review to ensure all adaptive equipment including hearing aides for client #2 is being utilized as indicated.

W 440 Evacuation Drills

Community Alternatives will ensure fire drills will be conducted with the scheduled number of personnel relative to each shift including third shift. QIDP will inservice staff to conduct fire drills conducted with the scheduled number of personnel relative to each shift including third shift.

To prevent further episodes: The Residential Manager and QIDP will review fire drills monthly to ensure fire drills are being conducted with the scheduled number of personnel relative to each shift. Program Manager will complete site review monthly to ensure fire drills are being conducted with the scheduled number of personnel relative to each shift.

W448 Evacuation Drills

Community Alternatives will ensure any problems with fire drills are investigated including the reason for an extended period of time needed for home evacuation. Program Manager will inservice QIDP to review fire drills monthly to investigate any problems including the reason for an extended period of time needed for home evacuation.

To prevent further episodes: The QIDP will review fire drills monthly to investigate any problems. Program Manager will complete a site review monthly to ensure fire drills are being investigated for any problems.