PRINTED: 04/25/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED R-C 04/25/2019	
		34G270					
NAME OF PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE	04/	25/2019	
VOCA-SI	XTH STREET GROU	PHOME			1 NORTH SIXTH STREET ANFORD, NC 27330		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS		w c	000			
W 130	previous deficiencie deficiencies have be noncompliance was compliance with all PROTECTION OF CFR(s): 483.420(a) The facility must en Therefore, the facili	ucted on 4/25/19 for all es cited on 3/5/19. All been corrected, but new s found. The facility is not I regulations surveyed. CLIENTS RIGHTS)(7) Insure the rights of all clients. Lity must ensure privacy during e of personal needs.	W 1	30			
	Based on observa interviews, the facil 2 of 2 clients (#2, # findings are:	is not met as evidenced by: tions, record review and lity failed to ensure privacy for f6) residing in the home. The were not afforded privacy while					
	During observation 8am, client #6 self bathroom while in I observations reveathe corner where the corner where the pair in the corner where th	is in the home on 4/25/19 at propelled herself into the her wheelchair. Further aled client #2 coming around he toilet is located and pulling her observations revealed while ently situated herself on the bod in the mirror while client #2 8:02am, client #6 exited the #2 called out "Can I have some " from 8:02 until 8:04am. The flush at 8:05am and client #2 m one minute later. Additional aled while both clients #2 and proom, a chair was used to					
I ABORATOR'	/ DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		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.

Facility ID: 944946

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	34G270		B. WING				R-C 04/25/2019	
NAME OF PROVIDER OR SUPPLIER VOCA-SIXTH STREET GROUP HOME				201	REET ADDRESS, CITY, STATE, ZIP CODE I NORTH SIXTH STREET INFORD, NC 27330		0.2010	
(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 CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 130	both clients #2 and prompted by staff to privacy. During an interview manager (HM) state and assisting client interview revealed opersonal space, bu staff. The HM reve prompting from statis closed for privacy. Review on 4/25/19 program plan (IPP) often has to be recopersonal space and Review on 4/25/19 life assessment data needs verbal cues are Review on 4/25/19 stated, "[Client #6] ensuring privacy properties on 4/25/19 life assessment data dependent on staff. During an interview intellectual disabilitir revealed both client	on 4/25/19, Staff A revealed #6 need to be verbally be shut the bathroom door for on 4/25/19, the home ed, "Staff should be monitoring in the bathroom." Further client #2 does know about the still needs prompts from aled client #6 needs if to ensure the bathroom door by. of client #2's individual dated 8/21/18 stated, "she directed to respect the diboundaries of others. of client #2's community/home and 7/30/18 revealed she to observe privacy. of client #6's IPP dated 4/3/19 will be trained informally on actices." of client #6's community/home and 3/28/19 revealed he is to ensure his privacy. of on 4/25/19, the qualified the sprofessional (QIDP) and the staff and #6 need verbal cues	W 1	30				
W 455	to close the bathroo INFECTION CONT	• •	W 4	55				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		` '			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G270 B.				R-C 04/25/2019	
NAME OF PROVIDER OR SUPPLIER VOCA-SIXTH STREET GROUP HOME				201	REET ADDRESS, CITY, STATE, ZIP CODE NORTH SIXTH STREET NFORD, NC 27330	<u>, 04//</u>	23/2013
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			х	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE .	(X5) COMPLETION DATE
W 455	CFR(s): 483.470(l)(There must be an a prevention, control, and communicable This STANDARD is Based on observationally affected home. The finding in the prevention procedure potentially affected home. The finding in the prevention was a subservation was a subservation observation reveal witchen and standing observations reveal was a subservation observation observations reveal obser	active program for the and investigation of infection diseases. s not met as evidenced by: ions and interviews, the facility the infections control res were carried out. This all clients residing in the	W 4	155			
	manager (HM) repo	on 4/25/19, the home orted, "Staff should be sting clients in the bathroomnsible for keeping papertowels					

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	34G270 B. WING					R-C 04/25/2019		
NAME OF PROVIDER OR SUPPLIER VOCA-SIXTH STREET GROUP HOME						04/	23/2019	
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W 455	in the bathrooms." Review on 4/25/19 life assessment data needs verbal cues of rinsing/drying her hafter using the toiled. Review on 4/25/19 life assessment data independent in lather but needs a verbal using the toilet. During an interview intellectual disabilitic confirmed both clien.	of client #2's community/home ed 7/30/18 revealed she for lathering soap, ands and washing her hands	W 4	55				