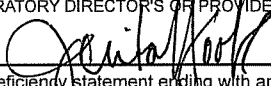


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/12/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G193</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>05/10/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-SIMPSON GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3017 SIMPSON DRIVE CHARLOTTE, NC 28205</b>	
(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 440}	<p><b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(1)</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>During the follow-up survey on 5/10/19 a review of internal documentation relative to the plan of correction for the recertification survey completed 3/6/19 revealed an in-service would be conducted by the facility QIDP to address the need to conduct fire drills with the scheduled number of personnel relative to each shift. Review of in-service trainings on 5/10/19 revealed a training</p>	{W 440}	<p><i>See attachment</i></p> <p><b>RECEIVED</b></p> <p><b>MAY 17 2019</b></p> <p><b>DHSR NH L &amp; C</b> <b>Black Mountain / WRO</b></p>	<b>5/27/19</b>

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



TITLE

*Program Manager*

(X6) DATE

**5/15/19**

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.

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

PRINTED: 05/12/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G193</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R <b>05/10/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-SIMPSON GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3017 SIMPSON DRIVE CHARLOTTE, NC 28205</b>		
(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 440}	Continued From page 1 for staff by the QIDP on 4/8/19 titled: How a fire drill should be ran, time frame and proper documentation. Further review of the 4/8/19 in-service training revealed the signature of only three staff. Review of fire drill documentation dated 4/1/19 at 2:55 AM after the recertification survey revealed the names of four staff participating in the drill not located on the in-service training.  Interview with the QIDP and Program Manager on 5/10/19 verified eight staff currently work in the group home. Additional interview with the QIDP revealed she had trained all staff although she failed to have all staff sign an in-service training form. The QIDP further indicated she did not know why she had not obtained the signature for all staff.	{W 440}			
{W 448}	<b>EVACUATION DRILLS</b> 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:	{W 448}			5/27/19

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

PRINTED: 05/12/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G193</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R <b>05/10/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-SIMPSON GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3017 SIMPSON DRIVE CHARLOTTE, NC 28205</b>		
(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 448}	Continued From page 2  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 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 12/20/18 - 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.  During the follow-up survey on 5/10/19 a review of internal documentation relative to the plan of correction for the recertification survey completed 3/6/19 revealed an in-service would be conducted	{W 448}		5/27/19	

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

PRINTED: 05/12/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G193</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R <b>05/10/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-SIMPSON GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3017 SIMPSON DRIVE CHARLOTTE, NC 28205</b>		
(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 448}	Continued From page 3 by the program manager (PM) with the facility QIDP to address the need to review fire drills monthly to investigate any problems. Review of in-service trainings on 5/10/19 revealed no documented in-service training of the PM with the QIDP relative to the plan of correction.  Interview with the QIDP and PM on 5/10/19 verified an in-service by the PM with the the QIDP to address the need to review fire drills monthly to investigate any problems had not occurred. Therefore, the facility had not completed the plan of correction relative to deficient practice cited 3/6/19 with a completion date by the facility of 5/6/19.	{W 448}		5/27/19	

Simpson Group Home  
3017 Simpson Road  
Charlotte, NC 28205

Plan of Correction

Date of Follow Up Survey: 5/10/19

MHL# 060-122

#### 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 all 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. QIDP inserviced on 5/10/19 to submit POC prior to completion date for review by Program Manager to ensure POC has been completed.

#### 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 inserviced QIDP on 5/10/19 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. QIDP inserviced on 5/10/19 to submit POC prior to completion date for review by Program Manager to ensure POC has been completed.