

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

PRINTED: 07/09/2019
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G270 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 07/02/2019 |
|---|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER VOCA-SIXTH STREET GROUP HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 201 NORTH SIXTH STREET SANFORD, NC 27330 | | |
| (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 189 | <p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained to administer medications. The findings are:</p> <p>Staff were not effectively trained regarding documenting on the medication administration record (MAR).</p> <p>During observations in the home on 7/1/19 at 5:21pm, Staff B signed the MAR prior to client #4 consuming his medications.</p> <p>During an interview on 7/1/19, Staff B confirmed she had signed the MAR prior to client #4 consuming his medications. Further interview revealed Staff B had been trained to only sign the MAR after a client had consumed their medications.</p> <p>During an interview on 7/1/19, the qualified intellectual disabilities professional (QIDP) confirmed staff had been trained to only sign the MAR after a client had consumed their medications.</p> | W 189 | | | |
| W 249 | <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan,</p> | W 249 | | | |

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

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.

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| W 249 | <p>Continued From page 1</p> <p>each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 3 audit clients (#1) received a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) in the area of supervision. The finding is:</p> <p>Staff did not provide adequate supervision for client #1.</p> <p>During morning observations at the home on 7/1/19 at 9am until 9:02am, client #1 was left in the home unsupervised. Additional observations revealed three staff, including the home manager (HM) escorting 5 clients outside to the van. Further observations revealed two staff assisting clients inside of the van and the HM assisting a client with their wheelchair onto the wheelchair lift. At no time was client #1 provided with supervision while she was laying in her bed.</p> <p>Review on 7/1/19 of client #1's IPP dated 12/13/18 stated, "[Client #1] would need 24/7 care to help her maintain some level of independency yet ensure her safety..." Further review revealed, "[Client #1] must be supervised 24 hours a day 7 days a week." Additional review indicated, "Discharge Plan: She requires 24 hour</p> | W 249 | | | |

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| W 249 | Continued From page 2 supervision..." Review on 7/1/19 of client #1's community/home life assessment dated 11/14/18 stated she is dependent upon staff for the following: distinguishing what steps to take in emergency situations, participating in drills in the home and knows who and how to call for help. During an interview on 7/1/19, the HM confirmed client #1 should not have been left unsupervised in the home. Further interview revealed client #1 relies on staff to manually lift her out of her bed when she gets in her wheelchair. During an interview on 7/1/19, the qualified intellectual disabilities professional (QIDP) confirmed client #1 should not have been left supervised. | W 249 | | | |
| W 382 | DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all medications remained locked. The finding is: The medications were left unsecured and unsupervised. During morning medication administration in the facility on 7/1/19 at 7:38am, Staff A left the medication area. Further observations revealed | W 382 | | | |

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| W 382 | Continued From page 3 there were pill bubble packs in a box on the floor and on the desk. During an immediate interview, Staff A confirmed she had left the medications unattended. Further interview revealed Staff A had been trained not to leave medications unattended. During an interview on 7/1/19, the qualified intellectual disabilities professional (QIDP) confirmed staff have been trained not to leave medications unattended. | W 382 | | | |
| 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 observations, record review and interviews, the facility failed to ensure the wheelchair of 1 of 3 audit clients (#1) was cleaned. The finding is: Client #1's wheelchair was not cleaned. During observations in the home on 7/1/19 at 8:48am, client #1's electronic wheelchair was observed to have dried food on the foot rests. During an interview on 7/1/19, the home manager (HM) revealed second shift staff should have | W 436 | | | |

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| W 436 | Continued From page 4 noticed the food and cleaned it off. Further interview revealed the HM had also spoken with third shift in the past to ensure they are cleaning the wheelchairs during their shift. | W 436 | | | |