

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	<p>W189 This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> a. Staff will be trained on documenting on the medication administration record (MAR) b. Staff will effectively administer all medication follow the 6 rights. c. RN will train d. Management will monitor weekly documenting the knowledge of staff as it relates to documenting on the MAR <p style="text-align: center;">RECEIVED JUL 15 2019 DHSR-MH Licensure Sect</p>	08.30.2019
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 Maeika Whuck TITLE Executive Director (X6) DATE 7/15/19

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.

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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 / days a week." Additional review indicated, "Discharge Plan: She requires 24 hour</p>	W 249	<p>W.249 This deficiency will be corrected by the following actions:</p> <ol style="list-style-type: none"> All IPP will be reviewed by the qualified personnel All people served will be afford continuous active treatment Adequate supervision will be provided for consumers. Staff will be in-service on ensuring that all consumers are being monitored, assess and provided active treatment Residential Manager will monitor one time a week. Qualified Professional will monitor one time a week. 	08.30.2019

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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 7:39am, Staff A left the medication area. Further observations revealed	W 382	W.382 This deficiency will be corrected by the following actions: a. All medications will be locked and secured unless being administered. b. No medications will be left unattended. c. Staff will be in serviced on ensuring that all medication remains locked except during administration. d. Medication Monitor Closet sheets will be completed weekly. e. Residential Manager will monitor one time a week. f. Qualified Professional will monitor one time a week.	08.30.2019

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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.	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	W.436 This deficiency will be corrected by the following actions: a. All equipment will be maintained in good working conditions, and cleaned b. All people served will have full access to all equipment c. All staff will be in-service on their equipment working conditions, and proper cleaning on said equipment d. Residential Manager will monitor one time a week. e. Qualified Professional will monitor one time a week	08.30.2019

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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			