STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G282	A. BUILDING _____ B. WING _____	05/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-LAURELWOOD	200 LAURELWOOD DR SMITHFIELD, NC 27577

(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	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure staff were sufficiently trained regarding the locking of client #4's wheelchair. This affected 1 of 3 audit clients. The finding is: Staff were not sufficiently trained regarding the locking of client #4's wheelchair. During evening observations in the home on 5/28/19 from 6:10 until 6:20pm, client #4's wheelchair was locked by Staff A. Further observations revealed client #4 rocking her wheelchair back and forth using her feet which were on the floor. At 6:16pm, Staff A were observed putting client #4's feet on the footrests of her wheelchair and telling her to keep them there. Further observations revealed Staff A telling client #4 not to tip over her wheelchair. During observations at 6:22pm, client #4 self propelled her wheelchair from the living room into the kitchen. During an interview on 5/28/19, Staff A stated client #4's wheelchair is locked because she will go in front of the television and sit there. Further interview revealed client #4 can be redirected when given a verbal request. Further interview with Staff A revealed she is a PRN (as needed) staff and really does not know if client #4's	W 189	DHSR - Mental Health JUN 25 2019 Lic. & Cert. Section W 189 This deficiency will be corrected by the following actions: A. The RM will complete an in-service training for all staff on physical therapist recommendations concerning wheel-chair mobility during 6/20/19 staff meeting. B. All new hires will receive on-the-job training during orientation regarding wheelchairs and PT reccomendations C. RM will monitor staff X2 per week to assure proper compliance.	6/20/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Executive Director (X6) DATE: 6/10/19

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 189	Continued From page 1 wheelchair should be locked or not. During an interview on 5/28/19, Staff B revealed she is a PRN (as needed) staff and has not really worked with client #4 before. Review on 5/28/19 of client #4's individual program plan (IPP) dated 10/1/18 indicated she is able to independently propel her wheelchair using her feet. Further review revealed "[Client #4] can follow simple directions." During an interview on 5/28/19, the home manager (HM) revealed client #4's wheelchair should not have been locked. The HM further stated staff have been trained to only lock wheelchairs if client #4 is engaged in a activity, eating or being transferred out of her wheelchair. During an interview on 5/29/19, management staff revealed staff should be trained in when it would be appropriate to lock client #4's wheelchair.	W 189		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, 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. This STANDARD is not met as evidenced by:	W 249		

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W 249	Continued From page 2 Based on observation, interviews and record reviews, the facility failed to ensure each client received a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) in the area of safety and eyeglasses. This affected 2 of 3 audit clients (#1, #4). The findings are: 1. Client #4 was not afforded safety. During afternoon observations in the home on 5/28/19 at approximately 4:39pm, the facility's nurse propelled client #4's wheelchair from the van and into the home. The nurse exited the home, the door closing behind her and returned to the van to assist with helping the staff with taking another client from the van and into the home. Further observations revealed client #4 was alone in the home from 3 minutes. During an immediate interview, the facility nurse revealed she should not have left client #4 alone in the home. During an interview on 5/28/19, the home manager (HM) confirmed at no time should client #4 be left alone in the home. Review on 5/28/19 of client #4's IPP date 10/1/18 stated, "Continue to provide [Client #4] with a safe...living environment." Review on 5/28/19 of client #4's human development assessment dated 9/14/18 revealed she does not have a understanding of self protection. Review on 5/28/19 of client #4's community/home life assessment dated 9/4/18 she does not know	W 249	W 249 A. RM will provide in-service training for all staff on 6/20/19 regarding supervision requirements for all clients. B. Core Team will develop loading and unloading protocol that identifies specifications regarding keeping back door proped open during process until all clients have been transferred either into or out of the home, unless a 3rd staff member is inside the home to supervise any clients in the home. All staff will be provided in-service training on this protocol during 6/20/19 meeting. C. RM will monitor loading or unloading X2 per week to assure compliance	6/20/19

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W 249	Continued From page 3 who or how to call for help. During an interview on 5/29/19, management staff confirmed client #4 should not have been left alone in the home. 2. Client #1 was not prompted to wear his eyeglasses. During evening observations in the home on 5/28/19 from 6:15pm until 7:25pm, client #1 did not wear his eyeglasses. At no time was client #1 prompted to wear his eyeglasses. During an interview on 5/29/19, Staff C stated client #1 wears his eyeglasses "when he's probably going to the day program." Review on 5/29/19 of client #1's visual examination dated 4/12/19 stated he wears his "glasses full time." Review on 5/29/19 of client #1's nursing summary for May 2019 revealed, "Glasses @ times." During an interview on 5/29/19, management staff revealed staff should have prompted client #1 to wear his eyeglasses.	W 249	W 249 A. Core Team will consult with Client's optometrist regarding requirements of eyeglass use. Physician provided order stating "use as tolerated" since this resident only "requires" eyeglasses for distance vision. B. Core Team reviewed client's rights and history to discover that he is allowed use of glasses for "close vision" and can self-select use at other times. C. Staff will receive in-service training on 6/20/19 regarding balancing client right to decline use of glasses and use gentle reminders to use personal equipment. D. RM will monitor interaction to assure client right is respected.	6/20/19