STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G271	A. BUILDING _____ B. WING _____	08/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-ROLLINS GROUP HOME	297 BOB ROLLINS ROAD FOREST CITY, NC 28043

(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 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observations, interview, and record review, the team failed to ensure the individual support plan (ISP) for 1 of 3 sampled clients (#5) included objective training to address observed needs relative to privacy. The finding is: Observations in the group home on 8/20/19 at 6:55 AM revealed client #5 to exit her bedroom wearing only an incontinence brief and a t-shirt, and then entering a bathroom directly across the hallway without knocking before entering. Further observations at 7:35 AM revealed client #5 entering the same bathroom without knocking. Staff (D) was behind the client as she entered the bathroom and re-directed the client out of the bathroom and demonstrated knocking on the door for the client. Interview with staff D at that time revealed she had re-directed the client out of the bathroom because she did not know if another client was in the bathroom. Continued observations at 7:39 AM revealed client #5 to enter the same bathroom again without knocking and staff D was observed re-directing the client to knock.	W 242		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G271	A. BUILDING _____ B. WING _____	08/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-ROLLINS GROUP HOME	297 BOB ROLLINS ROAD FOREST CITY, NC 28043

(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 242	Continued From page 1 Review of the record for client #5 on 8/20/19 revealed an ISP dated 1/7/19. Review of the current program objectives revealed objectives for communication, dining, laundry, medication administration, packing lunch, and brushing teeth. Review of the current "Community/Home Life Assessment" revealed the client required verbal cueing for observing privacy and verbal cueing for appropriate dressing and un-dressing. Interview with the facility program manager on 8/20/19 confirmed client #5 did not have a current objective related to privacy and confirmed the client lacked skills and needed training for observing privacy related to appropriate dress and knocking before entering.	W 242		