

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

PRINTED: 09/26/2019  
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  R 09/26/2019
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 000	INITIAL COMMENTS  A revisit was conducted on 9/26/19 for all previous deficiencies cited on 7/1 - 2/19. All deficiencies have been corrected, but new noncompliance was found. The facility is not in compliance with all regulations surveyed.	W 000	<p style="text-align: center;"><b>RECEIVED</b> <b>SEP 30 2019</b> DHSR-MH Licensure Sect</p>	
W 130	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure privacy for 1 of 2 audit clients (#1) residing in the home. The finding is:</p> <p>Client #1 was not afforded privacy while in her bedroom.</p> <p>During morning observations in the home on 9/26/19 at approximately 7am, client #1 was observed laying on her bed. Further observations revealed client #1 was naked from the waist down. At 7:04am, Staff A walked into client #1's bedroom, turned on the light, turned client #1 on her side; with her buttocks visible, removed a bed pan from underneath her, walked into the bathroom and emptied the bed pan and returned her bedroom and pulled up her pants. During the entire observation client #1's bedroom door remained open.</p> <p>During an immediate interview, Staff A revealed whenever client #1's bedroom door is closed or if</p>	W 130		<p>This deficiency will be corrected by the following actions:</p> <ol style="list-style-type: none"> <li>a. All community/ home assessment will be reviewed to look at all current needs of persons served.</li> <li>b. Team will address all privacy issues via written training program.</li> <li>c. All person served will be afforded the opportunity for privacy.</li> <li>d. Adequate supervision will be provided for consumers to ensure privacy</li> <li>e. Consumer's will be in-service on requesting privacy.</li> <li>f. staff will be in-service on ensuring that all consumers are being monitored, assess and provided active treatment and privacy</li> <li>g. Residential Manager will monitor on time a week.</li> <li>h. Qualified Professional will monitor one time a week.</li> </ol>

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

TITLE

(X6) DATE

*Marika Whack*

*Executive Director 9/30/19*

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: 09/26/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/26/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-SIXTH STREET GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 NORTH SIXTH STREET SANFORD, NC 27330</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 130	Continued From page 1 a "dignity cloth" is placed over her, she will scream. Further interview revealed "she never wants the door closed."  Review on 9/26/19 of client #1's community/home life assessment dated 11/14/18 indicated she requires physical assistance from staff to observe her privacy.  During an interview on 9/26/19, the qualified intellectual disabilities professional (QIDP) revealed staff should have shut client #1's bedroom door. Further interview revealed if client #1 begins to scream staff are to follow her behavior support plan.	W 130		
W 247	<b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(6)(vi)  The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 2 audit clients (#6) was provided the opportunity of choice. The finding is:  Client #6 was not afforded choice and freedom of movement in his home environment.  During morning observations in the home on 9/26/19 at approximately 7:11am, client #6 followed two staff into the bedroom of another client. Further observations revealed the 2 staff transferring the other client from their bed to their wheelchair. Further observations revealed Staff A telling client #6, "Stand over there [Client #6]."	W 247		

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

PRINTED: 09/26/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/26/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-SIXTH STREET GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 NORTH SIXTH STREET SANFORD, NC 27330</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 247	<p>Continued From page 2</p> <p>During an immediate interview, Staff A revealed she had client #6 come into the other client's bedroom to "keep him from wandering." Staff A stated client #6 is allowed freedom of movement in his home. Staff A also stated, "He won't sit down like everyone else" and wander. Additional interview revealed he will have accidents on himself. When asked what happens if client #6 had a accident Staff A reported he would get "cleaned up."</p> <p>Review on 9/26/19 of client #6's community/home life assessment dated 3/28/19 revealed he is independent when it comes to affording others personal space and observing the privacy of others.</p> <p>During an interview on 9/26/19, the home manager (HM) revealed the home has door alarms and if the alarms go off, staff will check who is going out or coming in. Further interview revealed client #6 has never left the home on his own.</p> <p>During an interview on 9/26/19, the qualified intellectual disabilities professional (QIDP) revealed client #6 should not have been required to stand in another client's bedroom and he should have been allowed freedom of movement within his home.</p>	W 247	<p>W/247 This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> <li>a. All community/ home assessment will be reviewed to look at all current needs of persons served.</li> <li>b. Team will address all restrictive movement issues via written training program, HRC and Behavior support guidelines</li> <li>c. All person served will be afforded the opportunity for freedom of movement</li> <li>d. Adequate supervision will be provided for consumers to ensure safety movement in their home</li> <li>e. staff will be in-service on ensuring that all consumers are being monitored, assess and have freedom of movement</li> <li>f. Residential Manager will monitor on time a week.</li> <li>g. Qualified Professional will monitor one time a week.</li> </ul>	11.25.2019

Community Alternatives - NC  
Southeast Region  
1001 Navaho Drive Suite 101  
Raleigh, NC 27609  
Phone: 984-205-2630  
FAX: 984-205-2643

# FAX

To: <u>Ludina Barnes</u>	From: <u>Jermaine Kearny</u>
Fax: <u>919 715-8028</u>	Pages: _____
Phone: <u>919 855 3795</u>	Date: <u>9/30/19</u>
Re: <u>SURVIV</u>	CC: _____

Urgent   
  For Review   
  Please Comment   
  Please Reply   
  Please Recycle

Comments:



CONFIDENTIALITY NOTICE: This Fax, including attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, or disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender immediately and destroy all copies of the original message.

September 30, 2019

Eugina Barnes, BSW, QIDP  
Facility Survey Consultant I  
Mental Health Licensure and Certification section  
NC Division of Health Services Regulations  
2718 Mail Service Center  
Raleigh NC 27699-2718  
919.855.3795 office  
919.715.8078 fax

RE: **Plan of Correction for Follow-up Survey conducted: September 26, 2019**  
**VOCA- Sixth Street Group Home**  
**201 N. Sixth Street, Sanford, NC 27330**  
**Provider Number 34G270**  
**MHL# 053-023**

Dear Ms. Eugina Barnes

We appreciate the courtesy extended by you while surveying the **VOCA- Sixth Street Group Home** North Carolina.

As indicated on the Plan of Correction, we will have the Deficiencies corrected for, the Annual survey conducted On **September 26, 2019**, it will be completed **November 25, 2019**

We are committed to providing the highest possible care for the people we serve at **VOCA- Sixth Street Group Home**

If you have questions, please contact JerMaine Kearney, Program Manager 984.205.2630 ext 403

Sincerely,



Marika Whack, Executive Director  
Community Alternatives North Carolina- Southeast Region  
1001 Navaho Drive Suite 101  
Raleigh, North Carolina, 27609  
919.827.2790 cell  
984.205.2630 ext. 405  
[mawhack@rescare.com](mailto:mawhack@rescare.com)