

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

PRINTED: 09/27/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G165</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/18/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-WOODBRIDGE ROAD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5901 WOODBRIDGE ROAD CHARLOTTE, NC 28227</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	
E 007	<p>EP Program Patient Population CFR(s): 483.475(a)(3)</p> <p>[(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:]</p> <p>(3) Address patient/client population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.**</p> <p>*Note: ["Persons at risk" does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC, FQHC, or ESRD facilities.] This STANDARD is not met as evidenced by: Based on review of facility records and interviews, the facility failed to assure the Emergency Preparedness Plan (EPP) contained specific current information relative to the needs of 6 of 6 clients (#1, #2, #3, #4, #5 and #6) residing in the home. The finding is:</p> <p>Review on 9/17/19 of the facility's EPP manual, verified by the qualified intellectual disabilities professional (QIDP), titled "Res Care Emergency/Disaster Preparedness Manual Woodbridge Group Home" dated 7/21/17 and contained inside a purple binder, revealed for clients #2, #3, #4, #5 and #6, information relative to consumer profile sheets which show client behavioral concerns and diets, for example, were not current. Further review revealed for clients #2, #3, #4, #5 and #6, the medication administration records (MARs) were dated 7/2018. Continued review of the facility's EPP manual for client #1 who was admitted on 4/23/19</p>	E 007	<p><i>See attached</i></p> <p><b>RECEIVED</b></p> <p><b>OCT 14 2019</b></p> <p><b>DHSR NH L &amp; C</b> <b>Black Mountain / WRO</b></p>		

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

TITLE

(X6) DATE

*[Signature]*

*Executive Director*

*10.11.19*

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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E 007	Continued From page 1 to the facility revealed no information was found. Subsequent review of the facility's EPP manual revealed information was found for a client who was discharged from the facility on 4/19/19, per the program manager.  Interview on 9/17/19 with the home manager (HM) revealed the facility's EPP manual is contained inside a small black binder and this is the current EPP manual. Continued interview revealed the EPP information contained inside the small black binder is very similar to the EPP information contained inside the purple binder. Further interview with the HM revealed for clients #2, #3, #4, #5 and #6, information relative to consumer profile sheets which show client behavioral concerns and diets, for example, were not current. Further interview revealed for clients #2, #3, #4, #5 and #6, the medication administration records (MARs) were dated 7/2018. Continued interview revealed no information pertaining to client #1 who was admitted on 4/23/19 to the facility. Subsequent interview revealed information was found for a client who was discharged from the facility on 4/19/19, per the program manager.  Interview on 9/17/19 with the QIDP verified the facility's EPP manual did not have current specific information relative to the needs of 6 of 6 clients. Further interview with the QIDP verified the facility's current EPP should contain client specific information to aid persons unfamiliar with each client to provide appropriate, safe care. In addition, the QIDP verified the facility's current, EPP manual needed to be updated, as all information in the manual was not current.	E 007			
E 039	EP Testing Requirements	E 039			

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E 039	Continued From page 2 CFR(s): 483.475(d)(2)  (2) Testing. The [facility, except for LTC facilities, RNHCIs and OPOs] must conduct exercises to test the emergency plan at least annually. The [facility, except for RNHCIs and OPOs] must do all of the following:  *[For LTC Facilities at §483.73(d):] (2) Testing. The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do all of the following:]  (i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event. (ii) Conduct an additional exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based. (B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the	E 039			

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E 039	<p>Continued From page 3 [facility's] emergency plan, as needed.</p> <p>*[For RNHCIs at §403.748 and OPOs at §486.360] (d)(2) Testing. The [RNHCI and OPO] must conduct exercises to test the emergency plan. The [RNHCI and OPO] must do the following:</p> <p>(i) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is a group discussion led by a facilitator, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(ii) Analyze the [RNHCI's and OPO's] response to and maintain documentation of all tabletop exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed.</p> <p>This STANDARD is not met as evidenced by: Based on review of the facility's emergency preparedness plan (EPP) and interview, the facility failed to ensure EPP training for staff were sufficiently conducted. The finding is:</p> <p>Review on 9/17/19 of the facility's current EPP manual titled "Res Care Emergency/Disaster Preparedness Manual Woodbridge Group Home" and dated 7/21/17, revealed the most recent EPP staff training documentation was dated 7/6/18. Continued review of the 7/6/18 EPP staff training documentation revealed 12 staff signatures.</p> <p>Interview on 9/17/19 with the qualified intellectual disabilities professional (QIDP) revealed they have not conducted annual EPP staff training. Continued interview revealed while they have mostly conducted table top and simulated training on fire drills and natural disasters, such as</p>	E 039			

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E 039	Continued From page 4 tornados and hurricanes, they also have not conducted a mock, full-scale EPP exercise. Further interview with the QIDP confirmed the facility needs to provide staff more EPP training along with a mock, full-scale exercise.	E 039			



Woodbridge Plan of Correction  
5901 Woodbridge Road  
Charlotte, NC 28227  
Provider #34G165

E007 EP Program Patient Population  
CFR(s): 483.475(a)(3)

The facility's Emergency/Disaster Preparedness Manual will be updated to include the current individuals who live at the home. The facility's Emergency/Disaster Preparedness Manual will be reviewed at least annually by the Program Manager and will be updated as needed.

Persons Responsible: Qualified Professional, Residential Manager, Program Manager  
Projected Completion Date: November 14<sup>th</sup>, 2019.

E039 CFR(s): 483.475(d)(2)

The facility will conduct exercises to test the emergency plan at least annually. The facility will participate in a full-scale exercise that is community based or when a community-based exercise is not accessible, an individual, facility-based. The QP will conduct annual EPP staff training. The Program Manager will review the exercise documentation annually.

Persons Responsible: Qualified Professional, Residential Manager, Program Manager  
Projected Completion Date: November 14<sup>th</sup>, 2019.

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OCT 14 2019

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