

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

PRINTED: 09/13/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G281	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/12/2019
NAME OF PROVIDER OR SUPPLIER VOCA-GREENWOOD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 105 GREENWOOD CIRCLE 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 263}	Continued From page 1 confirming client #5 was appointed a Guardian of the Person on 5/24/19 to act on her behalf. Review on 9/12/19 of the informed consent for this program dated 8/1/19 indicates there is no written consent for this BSP from the legal Guardian of the Person. Interview on 9/12/19 with the Residential Manager (RM) confirmed the legal guardian for client #5 should sign all consents on her behalf. Further interview revealed there is not verbal consent or an updated written consent from client #5's legal guardian for her BSP.	{W 263}			

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

FAX

To: <u>Kim M Casull</u>	From: <u>J. Kearny</u>
Fax: <u>919-715-8028</u>	Pages: <u>3</u>
Phone: <u>919-855-3795</u>	Date: <u>10/18/19</u>
Re:	CC:

- Urgent
 For Review
 Please Comment
 Please Reply
 Please Recycle

Thank you

Comments: *I apologize for the delay*



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October 18, 2019

Kimberly C. McCaskill, MSW
Facility Survey Consultant I
Mental Health Licensure and Certification section
NC Division of Health Services Regulations
2718 Mail Service Center
Raleigh NC 27699-27118
919.855.3795 office
919.715.8078 fax

RE: Follow-up Survey Conducted: September 12, 2019
VOCA-Greenwood
05 Greenwood Circle, Smithfield NC 27577
Provider Number 34G281
MHL# 051-036

Kimberly C. McCaskill, MSW

We appreciate the courtesy extended by you while surveying the VOCA-Greenwood Home, North Carolina.

As indicated on the Plan of Correction, we will have the Standard Level Deficiencies corrected for, the Complaint Survey conducted on September 12, 2019 it will be completed October 23, 2019. The recite will be completed October 23, 2019.

We are committed to providing the highest possible care for the people we serve at VOCA-Greenwood Home

If you have questions, please contact JerMaine Kearney, Program Manager 984.205.2633. I will be functioning as the Program Manager. Marika Whack as the Executive Director.

Sincerely,



Marika Whack, Executive Director
Community Alternatives North Carolina- Southeast Region
1001 Navaho Drive, Suite 101
Raleigh, North Carolina, 27609
919.827.2790 cell
984.205.2634 office
984.205.2643 fax
mawhack@rescare.com