STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G287	A. BUILDING _____ B. WING _____	01/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-LAUREL GROUP HOME	51 LAUREL STREET GRANITE FALLS, NC 28630

(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 218	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include sensorimotor development. This STANDARD is not met as evidenced by: Based on observations, interview, and record review, the individual support plans (ISPs) for 2 of 5 sampled clients (#3 and #5) failed to include an occupational therapy (OT) re-assessment, and for 1 of 5 sampled clients (#1) failed to include a physical therapy (PT) re-assessment. The findings are: A. The ISP failed to include an OT re-assessment for client #5. For example: Observation throughout the 1/28-29/20 survey revealed client #5 to have significant contractures in both hands. Further observation of the morning meal on 1/29/20 at 7:35 AM revealed client #5's place setting to include a regular plate, bowl, and regular utensils. The breakfast meal consisted of a chopped banana, toast with jelly and cereal. Continued observations revealed staff B used hand over hand in assisting client #5 with scooping banana pieces onto a spoon. The client was observed eating the toast pieces and cereal without hand over hand assistance. Review of the record for client #5 on 1/29/20 revealed an ISP dated 2/19/19 which included documentation indicating the client uses a scoop plate to assist with eating for meals and for snacks. Further review of the ISP revealed quarterly physician orders dated 12/6/19 which included a scoop plate. Continued review of the record did not reveal an OT assessment.	W 218		

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
	34G287	A. BUILDING _____ B. WING _____	01/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-LAUREL GROUP HOME	51 LAUREL STREET GRANITE FALLS, NC 28630

(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 218	Continued From page 1 Interview with the facility nurse on 1/29/20 revealed an OT assessment had not been completed since 2004 and that assessment was not available for review. Interview with the home manager and the qualified intellectual disabilities professional on 1/29/20 confirmed no current OT assessment, and confirmed client #5 needs an OT re-assessment. B. The ISP failed to include a PT re-assessment for client #1. For example: Observations on 1/28/20 revealed client #1 to use a wheelchair and requiring assistance transferring to and from the wheelchair. Further observations at 4:15 PM and 4:30 PM revealed staff D and staff C assisting the client with transfers and were observed using a gait belt. Continued observations on 1/29/20 did not reveal the client wearing a gait belt during the observations in the home or when the client left to go to day programming. Review of the record for client #1 on 1/29/20 revealed an ISP dated 10/14/19. Further review of the ISP revealed a health care summary section which indicated a PT assessment should be completed annually, and included a wheelchair and a gait belt as adaptive equipment. Continued review of the ISP revealed the last time a PT assessment was completed was 8/10/17, and it did not contain documentation related to a gait belt. Gait belt guidelines also were not available in the record. Interview with the facility nurse and home manager on 1/29/20 confirmed the last physical therapy assessment was more than two years	W 218		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G287	A. BUILDING _____ B. WING _____	01/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-LAUREL GROUP HOME	51 LAUREL STREET GRANITE FALLS, NC 28630

(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 218	Continued From page 2 old, and confirmed a physical therapy assessment should be completed annually for client #1. C. The ISP failed to include an OT assessment for client #3. For example: Observations of the breakfast meal on 1/29/20 at 7:50 AM revealed client #3 to sit at the dining table eating a chopped banana and toast with jelly with staff assistance. Further observation revealed client #3's place setting to include a fork, large spoon, and a scoop plate. Review of the record on 1/29/20 for client #3 revealed an ISP dated 5/8/19. Further review of the ISP listed adaptive equipment for client #3 to include a scoop plate, bell on bedroom door, and plate guard. Continued review of the ISP for client #3 did not reveal an OT assessment included in the client record. Interview with the facility nurse and home manager (HM) on 1/29/20 verified that the whereabouts of the OT assessment for client #3 were unknown. Further interview with the facility nurse and HM confirmed that a current OT assessment is necessary for client #3. Interview with the qualified intellectual disabilities professional (QIDP) verified that client #3 did not have an OT assessment in the client record. The QIDP further confirmed during the interview that a current OT assessment for client #3 should be completed.	W 218		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR	W 288		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G287	A. BUILDING _____ B. WING _____	01/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-LAUREL GROUP HOME	51 LAUREL STREET GRANITE FALLS, NC 28630

(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 288	Continued From page 3 CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure all techniques to manage inappropriate behavior were included in an active treatment program for 1 of 3 sampled clients (#3). The finding is: Morning observations on 1/29/20 from 6:45 AM to 8:15 AM revealed various clients (#1, #2, #3, #4, #5, #6) being prompted by staff to use both facility bathrooms and take showers. Further observations on 1/29/20 at 8:30 AM of both hallway bathrooms in the facility revealed no toilet paper located on the toilet paper dispensers and throughout morning observations. Continued observations revealed the toilet paper supply in both facility bathrooms were stored in plastic bins and inaccessible to clients. Review of the client record for client #3 revealed an individual support plan (ISP) dated 5/8/19 which included a behavioral support plan (BSP). Review of the BSP for client #3 identifies target behaviors including: rips and tears clothing, throwing or in some way destroying property, physical aggression, shirt in mouth, self-injurious behavior (SIB), compulsively arranging and rearranging things, rearranging trash, and invasion of privacy. Review of the BSP and ISP revealed no target behaviors relative to stuffing and flushing objects in the toilet drain or throwing non-trash items into the trashcan.	W 288		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G287	A. BUILDING _____ B. WING _____	01/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-LAUREL GROUP HOME	51 LAUREL STREET GRANITE FALLS, NC 28630

(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 288	Continued From page 4 Interview with the House Manager (HM) on 1/29/20 confirmed a supply of toilet paper located in a plastic bin underneath the sink of the second bathroom. Continued interview with the HM revealed client #3 has a history of stuffing and flushing objects down the toilet drain and throwing non-trash items away, therefore toilet paper products are not kept on toilet paper dispensers in either bathroom of the facility. Further interview with the HM verified client #3's behavior of stuffing paper and flushing objects down the toilet drain and throwing away non-trash items is not listed in the BSP. The HM subsequently verified no formal interventions have been implemented for client #3 except to remove toilet paper from dispensers and store toilet paper in plastic bins. Interview with the qualified intellectual disabilities professional (QIDP) on 1/29/20 confirmed client #3's behavior of stuffing and flushing toilet paper and inappropriate objects in the toilet drain, and throwing non trash objects away are not included in the client's active treatment plan. Interview with the QIDP further verified that removing toilet paper from the bathroom dispensers restricts access to needed supplies which affects all clients in the facility.	W 288		
W 484	DINING AREAS AND SERVICE CFR(s): 483.480(d)(3) The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. This STANDARD is not met as evidenced by: Based on observation, interview and record	W 484		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G287	A. BUILDING _____ B. WING _____	01/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-LAUREL GROUP HOME	51 LAUREL STREET GRANITE FALLS, NC 28630

(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 484	Continued From page 5	W 484		

review, the facility failed to provide prescribed adaptive dining equipment for 1 of 5 sampled clients (#5). The finding is:

Observation throughout the 1/28/20-1/29/20 survey revealed client #5 to have significant contractures in both hands. Further observation of the morning meal on 1/29/20 at 7:35 AM revealed client #5's place setting to include a regular plate, bowl, and regular utensils. The breakfast meal consisted of a chopped banana, toast with jelly and cereal. Continued observations revealed staff B to use hand over hand in assisting client #5 with scooping banana pieces onto a spoon. The client was observed eating the toast pieces and cereal without hand over hand assistance.

Review of the record for client #5 on 1/29/20 revealed an ISP dated 2/19/19 which included documentation indicating the client uses a scoop plate to assist with eating for meals and for snacks. Further review of the ISP revealed quarterly physician orders dated 12/6/19 which included a scoop plate.

Interview with the qualified intellectual disabilities professional and the home manager on 1/29/20 confirmed client #5 had a prescribed scoop plate and should have been using it at every meal or snack.