

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

PRINTED: 02/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G154</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><br><b>01/29/2020</b> |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-COLLEGE STREET</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 COLLEGE STREET</b><br><b>WILKESBORO, NC 28697</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 000  | INITIAL COMMENTS<br><br>A complaint survey was completed in conjunction with the recertification survey on 1/29/2020. Deficiencies were cited as a result of the complaint survey for Intake #NC00159326. The complaint allegations were substantiated.  | W 000   |   |                      |   |
| W 122  | CLIENT PROTECTIONS<br>CFR(s): 483.420<br><br>The facility must ensure that specific client protections requirements are met.   | W 122   |   |                      |   |
| W 149  | STAFF TREATMENT OF CLIENTS<br>CFR(s): 483.420(d)(1)<br><br>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.<br><br>This STANDARD is not met as evidenced by:<br>Based on review of facility records and staff interviews, the facility failed to assure its policies and procedures prevented neglect, by not ensuring procedures to ensure client safety and | W 149   |   |                      |   |

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

TITLE

(X6) DATE

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: 02/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G154</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><br><b>01/29/2020</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-COLLEGE STREET</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 COLLEGE STREET</b><br><b>WILKESBORO, NC 28697</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 149  | <p>Continued From page 1</p> <p>supervision were followed to ensure the safety of 6 of 6 clients (#1, #2, #3, #4, #5 and #6). The finding is:</p> <p>Review of internal records on 1/28/20 revealed an investigation dated 12/5-12/11/2019 for possible abuse and neglect. Review of the 12/5/19 investigation revealed an allegation of staff (G) sleeping and not providing needed supervision. Review of the investigation procedure revealed the suspension of staff G and interviews with clients, guardians and group home personnel.</p> <p>A review of the findings of the 12/5/19 internal investigation revealed: "it appears" Staff G may have health, medications, or situational difficulties that have inhibited her from performing her job responsibilities. Continued review of the internal findings revealed "it appears" staff G may not remember incidents or periods of falling asleep, "it appears" a growing problem has developed with staff G and that over the past two shift rotations her difficulties have become apparent and more concerning as staff G appears distracted, lethargic, and is having trouble concentrating. Subsequent review of internal findings revealed "it appears" consumers and staff at College Street group home have been distressed and frightened by the actions of staff G and regardless of the possible cause for staff G's difficulties in performing her job responsibilities, the standard of consumer safety must not be compromised.</p> <p>A review of the 12/5/19 internal investigation conclusion revealed: Per agency policy on protection from Abuse and Neglect, the definition of abuse is "The act or failure to act, that results in or could result in emotional or physical injury to</p> | W 149   |   |                      |   |

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

PRINTED: 02/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G154</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>01/29/2020</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-COLLEGE STREET</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 COLLEGE STREET</b><br><b>WILKESBORO, NC 28697</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 149  | <p>Continued From page 2</p> <p>another." As it relates to the definition of abuse/neglect as defined in agency policies and procedures, Abuse/Neglect is substantiated.</p> <p>Continued review of the internal conclusion of the 12/5/19 investigation revealed interviews and documentary evidence collected indicate evidence supportive to neglect of consumers at College Street home by staff G. Internal policy and requirements are not to leave consumers unattended. Interviews and documentary evidence collected indicate evidence supportive to neglect in that staff G was not in a conscious or responsive state on several occasions while monitoring or providing care resulting in the potential for grievous harm to consumers. In addition, operating a vehicle to transport consumers without being fully alert and responsive could result in dire consequences to both consumers and staff on board the vehicle. Subsequent review of the internal conclusion of the 12/5/19 investigation revealed the internal investigator's signature and date of 12/11/19.</p> <p>A review of interviews conducted during the 12/5/19 internal investigation revealed an interview with the guardian of client #6. The guardian of client #6 was documented to indicate she had concerns about client #6's care. Review of the guardians interview revealed in returning the client back to College Street from a home visit, the weekend before Thanksgiving between 2:00 and 3:00 PM, and several other times the door was answered by another consumer in the home. The interview with client #6's guardian further revealed it appeared that consumers could leave the premises without supervision in that staff G was asleep or had been sleeping.</p> | W 149   |   |                      |   |

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

PRINTED: 02/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G154</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><br><b>01/29/2020</b> |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-COLLEGE STREET</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 COLLEGE STREET</b><br><b>WILKESBORO, NC 28697</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 149  | <p>Continued From page 3</p> <p>Further review of the internal interview of the guardian of client #6 revealed the guardian to state staff G appears to be "out of it" and had difficulty placing a blanket for client #6 in a bag and seemed despondent. Additional review revealed the guardian of client #6 to state concerns for client #6 and other consumers in the home as they were not being monitored and she questioned the safety of the consumers.</p> <p>Continued review of interviews conducted during the 12/5/19 internal investigation revealed interviews with clients #3 and #4. A review of the internal interview with client #3 revealed the client to state staff G could not help him with his shower as her leg and hip were hurting her and staff G sat down and appeared to be sleeping. Client #3 further stated during internal interview per the 12/5/19 investigation report that he was waiting to receive his medication and staff G leaned forward with her head on the screen to apparently sleep and he kept waiting for his medications.</p> <p>Review of the internal interview with client #4 revealed the client to state he was on the van when it appeared staff G fell asleep and she was driving. Client #4 further stated two staff were on the van and he was very afraid. Client #4 further stated during the internal interview that they ran up on the curve and that as the van was stopped at a stoplight, the vehicle behind the van had to blow the horn to get staff G to pull forward. Additional interview with client #4 during the internal interview revealed the client to state staff G sleeps often and he just leaves her alone. Client #4 was also documented to state he was concerned staff G was giving him the correct medications during a med pass as he seemed to have one pill too many.</p> | W 149   |   |                      |   |

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

PRINTED: 02/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G154</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><br><b>01/29/2020</b> |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-COLLEGE STREET</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 COLLEGE STREET</b><br><b>WILKESBORO, NC 28697</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 149  | <p>Continued From page 4</p> <p>Additional review of interviews conducted during the 12/5/19 internal investigation revealed interviews with staff C, D, E and F. Internal interview with staff C revealed the staff to state she had difficulties working with staff G falling asleep a lot and staff G is "out of it" often. Staff C further reported through internal interview that staff G did not help with showers or other activities of the consumers.</p> <p>Review of the internal interview with staff E revealed the staff to state on 11/15/19 staff G left staff E and other staff on the van with consumers while a consumer went into a seizure and another consumer was having a behavior and trying to get off the van. Staff E was further documented in the internal investigation to report while driving the van staff G was running up on the back of cars almost hitting them and closing her eyes at stoplights, and almost hit an orange and white traffic barrel. Staff E stated staff G would not let anyone else drive and would indicate she was okay.</p> <p>Review of documented internal interview with staff D revealed staff D to state staff G gave medications, fell asleep and had to be wakened to which staff G responded "I'm sorry I did not mean to go to sleep, Dr. changed my medications." Staff D further stated per documented interview that there were times she had shown up for work and would beat on the door and could not get in because staff G was not responsive and staff D would have to call the home manager.</p> <p>Review of internal interview with staff F revealed the staff to state she works with staff G almost</p> | W 149   |   |                      |   |

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

PRINTED: 02/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G154</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>01/29/2020</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-COLLEGE STREET</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 COLLEGE STREET</b><br><b>WILKESBORO, NC 28697</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 149  | <p>Continued From page 5</p> <p>every rotation and everyday staff G falls asleep and is hard to wake up. Staff F was documented to also state on one occasion, staff G was driving and drifted into a turning lane, slightly hit the curb and and jerked the van back over into the correct lane. Documented interview with staff F further revealed concerns with staff G's driving and client #4 has stated "Hey, Wake up". Staff F stated staff G would close her eyes at traffic lights and when the light turned green, people would honk their horns at them. Staff F further stated she had offered to drive and staff G would refuse. Staff F subsequently stated through documented interview that client #4 reported to her he was scared and did not want staff G to drive anymore. Internal interview with staff F revealed referenced statements to client #5 having a seizure on the facility van and staff G leaving staff F and E on the van alone and further stated that staff G makes mistakes on documentation for medications and counts have been off.</p> <p>A review of the internal interview with the qualified intellectual disabilities professional (QIDP) and home manager relative to the 12/5/19 internal investigation revealed the QIDP to state it had been brought up that staff G had been very distracted and dozes off at times. The QIDP was documented to also state he had talked with staff G and she informed him she has prescriptions and they make her tired and she was working with her doctor to "fix" it. The QIDP additionally was documented to state that it was told to him that staff G had dozed off on the van while driving and there had been two med errors and in his opinion staff G has major health issues which have made it difficult for her to work and be attentive to consumers.</p> | W 149   |   |                      |   |

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

PRINTED: 02/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G154</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>01/29/2020</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-COLLEGE STREET</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 COLLEGE STREET</b><br><b>WILKESBORO, NC 28697</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 149  | <p>Continued From page 6</p> <p>Documented interview with the home manager (HM) in the 12/5/19 investigation revealed the HM to state the guardian of client #6 had contacted her to report when the guardian brought client #6 back to the group home (date unknown) another consumer answered the door and staff G was in a chair sleeping and did not wake up to know that client #6 was back. Further review of the internal interview with the HM revealed the HM to state in her professional opinion she believed staff G is not capable of doing the required care necessary for ensuring the consumers needs are met or their safety.</p> <p>Review of the internal interview with staff G as documented in the 12/5/19 internal investigation revealed staff G to deny sleeping while performing job duties to include driving the facility van. Staff G was documented to state she was tired a lot and she did not remember having difficulty with her alertness. Staff G was documented by the internal investigator to have left a phone message with the investigator during the investigation that was gargled, slurred and very difficult to understand. Staff G's demeanor and speech during the investigation interview was documented by the internal investigator to be stifled, slow and somewhat distracted.</p> <p>Review of the personnel file for staff G on 1/29/20 revealed an original hire date of 8/15/14 and a re-hire date of 12/13/16. Continued review of the personnel record for staff G revealed previous corrective actions for the staff . A corrective action form dated 10/12/15 revealed policy violations for sleeping at work. Further review of the 10/2015 corrective action revealed staff G to indicate the reason she was asleep on 10/12/15 was because she was tired and her medicine</p> | W 149   |   |                      |   |

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

PRINTED: 02/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G154</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>01/29/2020</b> |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-COLLEGE STREET</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 COLLEGE STREET</b><br><b>WILKESBORO, NC 28697</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 149  | <p>Continued From page 7</p> <p>made her sleepy; She didn't call her supervisor to ask permission to go home because she still got her job done. It should be noted with this personnel action were pictures of staff G (confirmed by the HM) sleeping on a couch of a group home. Additional review of the 10/12/15 corrective action revealed a statement that based on the severity of the actions, staff G will be terminated from employment, this decision was later over ruled by Human Resources 10/15/15.</p> <p>Continued review of emails associated with the 10/12/15 corrective action of staff G revealed the previous agency executive director to email human resources (HR) with concerns of not terminating staff G. Review of emails of the past executive director revealed "with the drivers call on staff G, the no call no show and now sleeping on the job it is my fear if we allow her to come back and she were to possibly go to sleep again and fail to provide adequate supervision to the consumers and someone get hurt that we may be looked at pretty harsh by the state."</p> <p>Further review of the personnel file for staff G on 1/29/20 revealed a corrective action form dated 11/28/18. Review of the 11/2018 corrective action form revealed staff G to receive a final written warning for behavior relative to sleeping during work. Additional review of the 11/2018 corrective action of staff G revealed on 11/18/18 while staff G was working at College Street group home, client #2 wandered away from the group home and was picked up approximately 1/10th of a mile from the group home by Wilkesboro Police and taken to Wilkes Regional Medical Center ER, without staff G being aware that client #2 was not in the group home. When asked by the HM is staff G had been asleep, staff G stated she had</p> | W 149   |   |                      |   |

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

PRINTED: 02/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G154</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><br><b>01/29/2020</b> |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-COLLEGE STREET</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 COLLEGE STREET</b><br><b>WILKESBORO, NC 28697</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 149  | <p>Continued From page 8<br/>been getting drowsy on occasion at work.</p> <p>A review of an internal investigation dated 11/19/18 relative to client #2 leaving the group home without staff knowledge revealed an interview with client #4. Internal interview with client #4 revealed earlier in the morning it looked like staff G was sleeping in the office with her head on the desk in the dark. A review of the conclusion of the 11/2018 internal investigation revealed an unsubstantiated finding of neglect.</p> <p>A review of the internal policy on Abuse, Neglect and Exploitation on 1/29/20 revealed abuse, neglect or exploitation is not tolerated and appropriate corrective action will be taken to ensure prevention of any further occurrence. Continued review of the internal policy on abuse, neglect and exploitation revealed neglect to be defined as the failure of an individual to provide the treatment, care, goods or services that are necessary to maintain the health or safety of a person we support.</p> <p>Interview with the operations manager and HM on 1/28/20 verified staff G is still employed by the facility. Interview with the operations manager and HM on 1/29/20 further verified staff G had a previous corrective action for alleged sleeping during the 11/2018 incident with client #2 leaving the group home unsupervised. Further interview with the operations manager revealed with regard to the 12/2019 investigation of staff G sleeping, that neglect was substantiated and termination was recommended although HR did not approve the termination. Interview with the facility QIDP revealed the termination was over ruled by HR as two clinical staff were unable to observe staff G sleeping at the same time.</p> | W 149   |   |                      |   |

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

PRINTED: 02/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G154</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>01/29/2020</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-COLLEGE STREET</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 COLLEGE STREET</b><br><b>WILKESBORO, NC 28697</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 149  | Continued From page 9<br><br>Interview with HR staff revealed when a staff receives a corrective action, the corrective action lasts one year. Interview with HR staff subsequently revealed staff G had not had a corrective action prior to the 12/5/19 investigation since 11/2018. Further interview with HR staff verified, as reflected in staff G's personnel record, that staff G has a history of allegations related to sleeping at work since 10/2015 as evidenced by pictures. Additional interview with the operations manager, behaviorist, HM, QIDP and HR revealed with the conclusion of the 12/2019 substantiated finding of neglect that in-service training had been conducted relative to timely reporting of abuse/neglect (12/17/19) and a medication training had been provided (12/23-24/19) relative to medication errors and documentation issues alleged in the investigation.<br><br>Based upon review of the internal investigation dated 12/5/19 and the review of staff personnel records the facility was neglectful by continuing to allow a staff person, with repeated substantiated issues of failing to provide adequate care and supervision to the clients, to work in direct contact with the clients in the group home. | W 149   |   |                      |   |
| W 157  | STAFF TREATMENT OF CLIENTS<br>CFR(s): 483.420(d)(4)<br><br>If the alleged violation is verified, appropriate corrective action must be taken.<br><br>This STANDARD is not met as evidenced by:<br>Based on review of facility records and staff interviews, the facility failed to assure appropriate corrective action was taken after a substantiated   | W 157   |   |                      |   |

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

PRINTED: 02/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G154</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>01/29/2020</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-COLLEGE STREET</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 COLLEGE STREET</b><br><b>WILKESBORO, NC 28697</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 157  | <p>Continued From page 10</p> <p>finding of neglect to ensure safety for 6 of 6 clients (#1, #2, #3, #4, #5 and #6). The finding is:</p> <p>Review of internal records on 1/28/20 revealed an investigation dated 12/5-12/11/2019 for possible abuse and neglect. Review of the 12/5/19 investigation revealed an allegation of staff (G) sleeping and not providing needed supervision. Review of the investigation procedure revealed the suspension of staff G and interviews with clients, guardians and group home personnel.</p> <p>A review of the findings of the 12/5/19 internal investigation revealed: "it appears" Staff G may have health, medications, or situational difficulties that have inhibited her from performing her job responsibilities. Continued review of the internal findings revealed "it appears" staff G may not remember incidents or periods of falling asleep, "it appears" a growing problem has developed with staff G and that over the past two shift rotations her difficulties have become apparent and more concerning as staff G appears distracted, lethargic, and is having trouble concentrating. Subsequent review of internal findings revealed "it appears" consumers and staff at College Street group home have been distressed and frightened by the actions of staff G and regardless of the possible cause for staff G's difficulties in performing her job responsibilities, the standard of consumer safety must not be compromised.</p> <p>A review of the 12/5/19 internal investigation conclusion revealed: Per agency policy on protection from Abuse and Neglect, the definition of abuse is "The act or failure to act, that results in or could result in emotional or physical injury to another." As it relates to the definition of</p> | W 157   |   |                      |   |

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

PRINTED: 02/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G154</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>01/29/2020</b> |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-COLLEGE STREET</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 COLLEGE STREET</b><br><b>WILKESBORO, NC 28697</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 157  | <p>Continued From page 11</p> <p>abuse/neglect as defined in agency policies and procedures, Abuse/Neglect is substantiated.</p> <p>Continued review of the internal conclusion of the 12/5/19 investigation revealed interviews and documentary evidence collected indicate evidence supportive to neglect of consumers at College Street home by staff G. Internal policy and requirements are not to leave consumers unattended. Interviews and documentary evidence collected indicate evidence supportive to neglect in that staff G was not in a conscious or responsive state on several occasions while monitoring or providing care resulting in the potential for grievous harm to consumers. In addition, operating a vehicle to transport consumers without being fully alert and responsive could result in dire consequences to both consumers and staff on board the vehicle. Subsequent review of the internal conclusion of the 12/5/19 investigation revealed the internal investigator's signature and date of 12/11/19.</p> <p>A review of interviews conducted during the 12/5/19 internal investigation revealed an interview with the guardian of client #6. The guardian of client #6 was documented to indicate she had concerns about client #6's care. Review of the guardians interview revealed in returning the client back to College Street from a home visit, the weekend before Thanksgiving between 2:00 and 3:00 PM, and several other times the door was answered by another consumer in the home. The interview with client #6's guardian further revealed it appeared that consumers could leave the premises without supervision in that staff G was asleep or had been sleeping.</p> <p>Further review of the internal interview of the</p> | W 157   |   |                      |   |

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

PRINTED: 02/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G154</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>01/29/2020</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-COLLEGE STREET</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 COLLEGE STREET</b><br><b>WILKESBORO, NC 28697</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 157  | <p>Continued From page 12</p> <p>guardian of client #6 revealed the guardian to state staff G appears to be "out of it" and had difficulty placing a blanket for client #6 in a bag and seemed despondent. Additional review revealed the guardian of client #6 to state concerns for client #6 and other consumers in the home as they were not being monitored and she questioned the safety of the consumers.</p> <p>Continued review of interviews conducted during the 12/5/19 internal investigation revealed interviews with clients #3 and #4. A review of the internal interview with client #3 revealed the client to state staff G could not help him with his shower as her leg and hip were hurting her and staff G sat down and appeared to be sleeping. Client #3 further stated during internal interview per the 12/5/19 investigation report that he was waiting to receive his medication and staff G leaned forward with her head on the screen to apparently sleep and he kept waiting for his medications.</p> <p>Review of the internal interview with client #4 revealed the client to state he was on the van when it appeared staff G fell asleep and she was driving. Client #4 further stated two staff were on the van and he was very afraid. Client #4 further stated during the internal interview that they ran up on the curve and that as the van was stopped at a stoplight, the vehicle behind the van had to blow the horn to get staff G to pull forward. Additional interview with client #4 during the internal interview revealed the client to state staff G sleeps often and he just leaves her alone. Client #4 was also documented to state he was concerned staff G was giving him the correct medications during a med pass as he seemed to have one pill too many.</p> | W 157   |   |                      |   |

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

PRINTED: 02/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G154</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><br><b>01/29/2020</b> |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-COLLEGE STREET</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 COLLEGE STREET</b><br><b>WILKESBORO, NC 28697</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 157  | <p>Continued From page 13</p> <p>Additional review of interviews conducted during the 12/5/19 internal investigation revealed interviews with staff C, D, E and F. Internal interview with staff C revealed the staff to state she had difficulties working with staff G falling asleep a lot and staff G is "out of it" often. Staff C further reported through internal interview that staff G did not help with showers or other activities of the consumers.</p> <p>Review of the internal interview with staff E revealed the staff to state on 11/15/19 staff G left staff E and other staff on the van with consumers while a consumer went into a seizure and another consumer was having a behavior and trying to get off the van. Staff E was further documented in the internal investigation to report while driving the van staff G was running up on the back of cars almost hitting them and closing her eyes at stoplights, and almost hit an orange and white traffic barrel. Staff E stated staff G would not let anyone else drive and would indicate she was okay.</p> <p>Review of documented internal interview with staff D revealed staff D to state staff G gave medications, fell asleep and had to be wakened to which staff G responded "I'm sorry I did not mean to go to sleep, Dr. changed my medications." Staff D further stated per documented interview that there were times she had shown up for work and would beat on the door and could not get in because staff G was not responsive and staff D would have to call the home manager.</p> <p>Review of internal interview with staff F revealed the staff to state she works with staff G almost every rotation and everyday staff G falls asleep</p> | W 157   |   |                      |   |

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

PRINTED: 02/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G154</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><br><b>01/29/2020</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-COLLEGE STREET</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 COLLEGE STREET</b><br><b>WILKESBORO, NC 28697</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 157  | <p>Continued From page 14</p> <p>and is hard to wake up. Staff F was documented to also state on one occasion, staff G was driving and drifted into a turning lane, slightly hit the curb and and jerked the van back over into the correct lane. Documented interview with staff F further revealed concerns with staff G's driving and client #4 has stated "Hey, Wake up". Staff F stated staff G would close her eyes at traffic lights and when the light turned green, people would honk their horns at them. Staff F further stated she had offered to drive and staff G would refuse. Staff F subsequently stated through documented interview that client #4 reported to her he was scared and did not want staff G to drive anymore. Internal interview with staff F revealed referenced statements to client #5 having a seizure on the facility van and staff G leaving staff F and E on the van alone and further stated that staff G makes mistakes on documentation for medications and counts have been off.</p> <p>A review of the internal interview with the qualified intellectual disabilities professional (QIDP) and home manager relative to the 12/5/19 internal investigation revealed the QIDP to state it had been brought up that staff G had been very distracted and dozes off at times. The QIDP was documented to also state he had talked with staff G and she informed him she has prescriptions and they make her tired and she was working with her doctor to "fix" it. The QIDP additionally was documented to state that it was told to him that staff G had dozed off on the van while driving and there had been two med errors and in his opinion staff G has major health issues which have made it difficult for her to work and be attentive to consumers.</p> <p>Documented interview with the home manager</p> | W 157   |   |                      |   |

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

PRINTED: 02/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G154</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>01/29/2020</b> |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-COLLEGE STREET</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 COLLEGE STREET</b><br><b>WILKESBORO, NC 28697</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 157  | <p>Continued From page 15</p> <p>(HM) in the 12/5/19 investigation revealed the HM to state the guardian of client #6 had contacted her to report when the guardian brought client #6 back to the group home (date unknown) another consumer answered the door and staff G was in a chair sleeping and did not wake up to know that client #6 was back. Further review of the internal interview with the HM revealed the HM to state in her professional opinion she believed staff G is not capable of doing the required care necessary for ensuring the consumers needs are met or their safety.</p> <p>Review of the internal interview with staff G as documented in the 12/5/19 internal investigation revealed staff G to deny sleeping while performing job duties to include driving the facility van. Staff G was documented to state she was tired a lot and she did not remember having difficulty with her alertness. Staff G was documented by the internal investigator to have left a phone message with the investigator during the investigation that was gargled, slurred and very difficult to understand. Staff G's demeanor and speech during the investigation interview was documented by the internal investigator to be stifled, slow and somewhat distracted.</p> <p>Review of the personnel file for staff G on 1/29/20 revealed an original hire date of 8/15/14 and a re-hire date of 12/13/16. Continued review of the personnel record for staff G revealed previous corrective actions for the staff . A corrective action form dated 10/12/15 revealed policy violations for sleeping at work. Further review of the 10/2015 corrective action revealed staff G to indicate the reason she was asleep on 10/12/15 was because she was tired and her medicine made her sleepy; She didn't call her supervisor to</p> | W 157   |   |                      |   |

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

PRINTED: 02/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G154</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><br><b>01/29/2020</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-COLLEGE STREET</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 COLLEGE STREET</b><br><b>WILKESBORO, NC 28697</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 157  | <p>Continued From page 16</p> <p>ask permission to go home because she still got her job done. It should be noted with this personnel action were pictures of staff G (confirmed by the HM) sleeping on a couch of a group home. Additional review of the 10/12/15 corrective action revealed a statement that based on the severity of the actions, staff G will be terminated from employment, this decision was later over ruled by Human Resources 10/15/15.</p> <p>Further review of the personnel file for staff G on 1/29/20 revealed a corrective action form dated 11/28/18. Review of the 11/2018 corrective action form revealed staff G to receive a final written warning for behavior relative to sleeping during work. Additional review of the 11/2018 corrective action of staff G revealed on 11/18/18 while staff G was working at College Street group home, client #2 wandered away from the group home and was picked up approximately 1/10th of a mile from the group home by Wilkesboro Police and taken to Wilkes Regional Medical Center ER, without staff G being aware that client #2 was not in the group home. When asked by the HM is staff G had been asleep, staff G stated she had been getting drowsy on occasion at work.</p> <p>A review of an internal investigation dated 11/19/18 relative to client #2 leaving the group home without staff knowledge revealed an interview with client #4. Internal interview with client #4 revealed earlier in the morning it looked like staff G was sleeping in the office with her head on the desk in the dark. A review of the conclusion of the 11/2018 internal investigation revealed an unsubstantiated finding of neglect.</p> <p>Interview with the operations manager and HM on 1/28/20 verified staff G is still employed by the</p> | W 157   |   |                      |   |

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

PRINTED: 02/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G154</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>01/29/2020</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-COLLEGE STREET</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 COLLEGE STREET</b><br><b>WILKESBORO, NC 28697</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 157  | <p>Continued From page 17</p> <p>facility. Interview with the operations manager and HM on 1/29/20 further verified staff G had a previous corrective action for alleged sleeping during the 11/2018 incident with client #2 leaving the group home unsupervised. Further interview with the operations manager revealed with regard to the 12/2019 investigation of staff G sleeping, that neglect was substantiated and termination was recommended although HR did not approve the termination. Interview with the facility QIDP revealed the termination was over ruled by HR as two clinical staff were unable to observe staff G sleeping at the same time.</p> <p>Interview with HR staff revealed when a staff receives a corrective action, the corrective action lasts one year. Interview with HR staff subsequently revealed staff G had not had a corrective action prior to the 12/5/19 investigation since 11/2018. Further interview with HR staff verified, as reflected in staff G's personnel record, that staff G has a history of allegations related to sleeping at work since 10/2015 as evidenced by pictures. Additional interview with the operations manager, behaviorist, HM, QIDP and HR revealed with the conclusion of the 12/2019 substantiated finding of neglect that in-service training had been conducted relative to timely reporting of abuse/neglect (12/17/19) and a medication training had been provided (12/23-24/19) relative to medication errors and documentation issues alleged in the investigation.</p> <p>Further interview with the operations manager, behaviorist, HM, QIDP and HR verified no additional training had been provided to staff G regarding job responsibilities and no formal documentation was available to reflect an increase in clinical supervision with the</p> | W 157   |   |                      |   |

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

PRINTED: 02/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G154</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>01/29/2020</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-COLLEGE STREET</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 COLLEGE STREET</b><br><b>WILKESBORO, NC 28697</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 157  | Continued From page 18  | W 157   |   |                      |   |
| W 189  | <p>conclusion of the 12/2019 internal investigation that resulted in a substantiated finding of neglect.</p> <p><b>STAFF TRAINING PROGRAM</b><br/>CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by:<br/>Based on observation and interview, the facility failed to ensure staff were sufficiently trained relative to monitoring food/dairy expiration dates. The finding is:</p> <p>Observation in the group home on 1/29/20 at 7:10 AM revealed client #4 to participate in the kitchen with preparing his breakfast meal that included hot cereal. Continued observation of client #4 revealed the client to pour milk into a blender with staff E assistance. Subsequent observation revealed staff E to assist client #4 with making grits. Observation of the milk carton used for client#4's breakfast revealed an expiration date of 1/27/20, two days expired as of the current survey date of 1/29/20. It should be noted client #4 was assisted with discarding the expired milk and with the preparation of additional grits with milk from a new gallon carton after interview with the home manager (HM) by this surveyor.</p> <p>Interview with the HM on 1/29/20 revealed expired milk should not be in the group home. Further interview with the HM verified staff should verify the date on food and dairy items in the kitchen during meal preparation. Interview with</p> | W 189   |   |                      |   |

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

PRINTED: 02/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G154</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>01/29/2020</b> |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-COLLEGE STREET</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 COLLEGE STREET</b><br><b>WILKESBORO, NC 28697</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 189  | Continued From page 19<br>the facility operations manager and HM revealed staff should always check expiration dates of food/dairy items although no formal training was available to reflect training of staff relative to expiration dates of food items.  | W 189   |   |                      |   |
| W 257  | PROGRAM MONITORING & CHANGE<br>CFR(s): 483.440(f)(1)(iii)<br><br>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.<br><br>This STANDARD is not met as evidenced by:<br>Based on review of records and interview, the team failed to ensure training objectives relative to adaptive equipment listed in the individual support plan (ISP) for 1 of 4 sampled clients (#5) were revised in a timely manner to address identified need of the client. The findings are:<br><br>A. The team failed to timely revise a training objective for client #5 relative to maintaining a hearing aid when lack of progress occurred. The finding is:<br><br>Review of the 2/7/19 ISP for client #5 revealed an objective to maintain proper care of his hearing aid with 100% accuracy for 3 consecutive months. Review of the objective revealed an implementation date of 1/2019. Further review of the objective revealed in 7/2019 No data; lost hearing aid. In 8/2019 on 8/2/19: Received new replacement, 8/21/19: lost hearing aid, can not complete data, 8/29/19: Found hearing aid/ | W 257   |   |                      |   |

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

PRINTED: 02/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G154</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><br><b>01/29/2020</b> |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-COLLEGE STREET</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 COLLEGE STREET</b><br><b>WILKESBORO, NC 28697</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 257  | <p>Continued From page 20</p> <p>Broke. In 9/2019 data reflected: Broke hearing aid 8/29/19; being fixed. In 11/2019: lost unable to run.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 1/29/20 revealed that client #5 currently does not have his hearing aid as it is lost. Continued interview with the QIDP verified client #5 does not like to wear his hearing aid, has a history of improper care of the auditory device. Subsequent interview with the QIDP verified the training objective for client #5 has not been revised since 7/2019 to address client #5's ongoing lack of progress with properly caring for his hearing aid. The QIDP additionally indicated training relative to client #5's hearing aid remains a need for the client as evidenced by improper care and storage.</p> <p>B. The team failed to timely revise a training objective for client #5 relative to eyeglasses when lack of progress occurred. The finding is:</p> <p>Review of the 2/7/19 ISP for client #5 revealed an objective to maintain proper care of his eyeglasses with 100% accuracy for 3 consecutive months. Review of the objective revealed an implementation date of 3/2018. Further review of the objective revealed in 6/2019: lost glasses. In 8/2019: Broken. In 9/2019: 0%, refused. In 11/2019: physically unable to wear, broken. In 12/2019: Lost (40% new baseline).</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 1/29/20 revealed client #5 has a history of improper care of his eyeglasses. Further interview with the QIDP verified client #5 continues to demonstrate improper care of his</p> | W 257   |   |                      |   |

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

PRINTED: 02/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G154</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                              |   | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>01/29/2020</b> |
|--|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-COLLEGE STREET</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 COLLEGE STREET</b><br><b>WILKESBORO, NC 28697</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 257  | Continued From page 21<br>eyeglasses. Subsequent interview with the QIDP verified the training objective for client #5 has not been revised 6/2019 to address client #5's ongoing lack of progress with properly caring for his eyeglasses. | W 257   |   |   |