

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

PRINTED: 02/17/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G263	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/12/2020
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NAME OF PROVIDER OR SUPPLIER VOCA-YOUNG GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 211 YOUNG STREET SHELBY, NC 28150
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(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
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W 247	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide opportunities for choice and self management for 1 of 5 sampled clients (#6). The finding is:</p> <p>Observations in the group home on 2/12/20 at 7:00 AM revealed staff A assisting client #6 with preparing cereal as a part of the breakfast meal. Staff A was observed in the kitchen assisting client #6 with pouring cereal and pouring milk into the cereal. Continued observations revealed the facility home manager to enter the kitchen and prompt the client for medications. Client #6 then went to the medication room and staff A covered the cereal bowl and put it in the refrigerator. It should be noted that client #6 was administered a pre-meal medication during medication administration. Further observations at 7:30 AM revealed staff A taking the cereal bowl from the refrigerator and assist the client with taking it to the table along with other breakfast items. Client #6 was not offered the opportunity to prepare a new bowl of cereal and milk.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) and the facility program manager (PM) on 2/12/20 confirmed client #6 should have been offered the opportunity to assist with preparing a new bowl of cereal. The QIDP and the PM confirmed the bowl of cereal prepared at approximately 7:00 AM would be soggy after sitting in the refrigerator until 7:30 AM. Therefore, the facility failed to assure</p>	W 247	<p>① Staff will be inserviced on correct meal prep and serving guidelines for consumers. Who: Clinical Supervisor Date: February 28, 2020</p> <p>② Staff will be inserviced on any clients food left unattended will be replaced Who: Clinical Supervisor Date: February 28, 2020</p>	
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DHSR - Mental Health
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Program Mgr - 2/18/2020

(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.

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NAME OF PROVIDER OR SUPPLIER VOCA-YOUNG GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 211 YOUNG STREET SHELBY, NC 28150		
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W 247 W 289	Continued From page 1 client choice and self management. MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(4) The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure interventions used to manage inappropriate client behaviors were incorporated into the individual service plans (ISP) for 1 of 5 sampled clients (#1). The finding is: Observations in the group home on 2/11/20 at 5:15 PM revealed client #1 exiting the home through the front door. The qualified intellectual disabilities professional (QIDP) was observed to immediately follow the client and attempt to redirect client #1 back in to the home verbally and with physical prompting. The client was observed to resist redirection and attempt to stand by the door of the facility transportation van. Further observations on 2/12/20 at 7:25 AM and 7:40 AM revealed client #1 to exit the front door of the home with the QIDP following the client and attempting to re-direct the client back into the home with the client being resistant. Continued observations at 8:00 AM revealed client #1 to again exit the front door followed by Staff C who followed the client around the group home	W 247 W 289	① Attempted AWOZ will be added to Client 1 Behavior Support Plan. This will include the description of the target behavior of Attempted AWOZ and redirection techniques. Who: Behaviorist By:tc February 28, 2020 ② Staff will be inserviced on Client 1 Behavior Support Plan of the target behavior		

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W 289	<p>Continued From page 2</p> <p>parking lot and attempted to re-direct the client back into the home to change his shirt.</p> <p>Review of the record for client #1 on 2/12/20 revealed an individual support plan (ISP) dated 8/7/19. Further review of the ISP revealed a team meeting occurred on 12/17/19 related to increased client behaviors. The documentation indicated 1:1 supervision had been initiated on 10/17/19 due to increased aggressive behavior and attempts to run out the front door of the group home and the day program. The recommendations included continuing the 1:1 supervision at arms length due to continued aggression and AWOL attempts. Further review of the record revealed a team meeting on 1/15/20 which indicated a decrease in client #1's behaviors and a recommendation to end the 1:1 supervision.</p> <p>Continued review of the ISP revealed a behavior support plan (BSP) dated 2/12/10 which included target behaviors of verbal disruption, physical aggression, self injurious behavior and non-compliance. The BSP did not contain AWOL as a target behavior. Further review of the BSP revealed interventions for target behaviors to include 1:1 staff supervision if significantly agitated or aggressive behavior continued for 10 minutes. The BSP did not contain specific interventions for AWOL behavior.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 2/12/10 revealed client #1 had undergone medication changes in August or September of 2019 and this had changed client #1's behavior. The QIDP indicated that overall the behaviors had decreased, but the client continued to have occasions of attempting AWOL</p>	W 289	<p><i>of Attempted AWOL and redirection techniques.</i></p> <p><i>Who: Behaviorist</i></p> <p><i>Date: February 28, 2020</i></p>		

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W 289	Continued From page 3 at the group home and at the day program. The QIDP indicated there had been no occasions of AWOL that were not witnessed by staff and immediately followed up with. Interview with the QIDP and the facility behaviorist on 2/12/20 confirmed that AWOL was not included as a target behavior in the BSP and confirmed interventions for staff to prevent and intervene relative to the management of AWOL behavior also were not included in client #1's BSP.	W 289		

Community Alternatives of NC

301 10th Street NW, Suite B101

Conover NC 28163

Phone: (828) 466-6023 Fax: (828) 466-6025

DHSR - Mental Health

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Lic. & Cert. Section

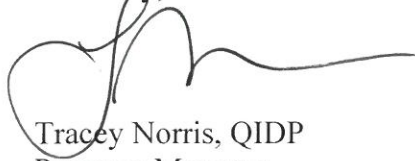
February 18, 2020

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718
Attention: Shyluer Holder-Hansen Facility Survey Consultant 1

Dear: Ms. Holder-Hansen :

Please find the enclosed Plan of Correction for the deficiencies cited during the annual re-certification survey at our Young Street group home in Shelby, NC. Hopefully our corrections will be acceptable. Please accept our invitation to return to our facility on April 12, 2020 to follow up and ensure compliance. If you have any questions please contact me either via email at tfinger@rescare.com or my cell phone at 704 349 2376.

Sincerely,



Tracey Norris, QIDP
Program Manager



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

February 18, 2020

DHSR - Mental Health

Mr. Mike Penland, Executive Director
Community Alternative of North Carolina
301 10th Street NW, Suite B 101
Conover, NC 28613

FEB 24 2020

Lic. & Cert. Section

Re: Recertification Completed February 12, 2020
VOCA Young Group Home 211 Young Street Shelby, NC 28150
Provider Number 34G263
MHL# 023-018
E-mail Address: mpenland@rescare.com

Dear Mr. Penland:

Thank you for the cooperation and courtesy extended during the recertification survey completed February 12, 2020. This survey was required for continued participation in the Medicaid program.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practices that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiencies were cited.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is April 12, 2020.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the CMS-2567 Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

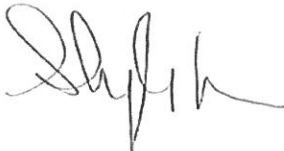
Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call me at (828) 750-2702.

Sincerely,



Shyluer Holder-Hansen
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: QM@partnersbhm.org
_DHSR_Letters@sandhillscenter.org