# This deficiency will be corrected with the following actions <u>W-122 The Facility will ensure that</u> <u>specific client protection requirements are met:</u>

Management team including but not limited to Executive Director, QA, HR, PM, QP and RM will meet to review current client protection policies to ensure that they meet minimum protection requirements. Team will review policy **7.1 Standards of Conduct** to evaluate implementation of such policy as it relates to employee behavior that could affect client protections as well as determine corrective action for noted findings.

Management team including but not limited to Executive Director, QA, HR, PM, QP and RM will meet to review current client protection policies to ensure that they meet minimum protection requirements. Team will review policy **7.3 Progressive Corrective Action** to evaluate implementation of such policy as it relates to employee behavior that could affect client protections as well as determine corrective action for noted findings.

Management team including but not limited to Executive Director, QA, HR, PM, QP and RM will meet to review current client protection policies to ensure that they meet minimum protection requirements. Team will review policy **7.4 Separation from Employment** to evaluate implementation of such policy as it relates to employee behavior that could affect client protections as well as determine corrective action for noted findings.

Management team including but not limited to Executive Director, QA, HR, PM, QP and RM will meet to review current client protection policies to ensure that they meet minimum protection requirements. Team will review policy **7.6 Conducting Investigation** to evaluate implementation of such policy as it relates to employee behavior that could affect client protections as well as determine corrective action for noted findings. Team will also review **past investigations** to ensure that 'Recommendations and Administrative View' form is reviewed and completed by required parties as well as recommended corrective actions and/or system changes are implemented as written. If there are any findings of corrective actions that were not completed correctly, they will be immediately implemented by local HR and regional HR.

Management team including but not limited to Executive Director, QA, HR, PM, QP and RM will meet to review current client protection policies to ensure that they meet minimum protection requirements. Team will review policies on **C4.5** Abuse, Neglect and Exploitation to evaluate implementation of such policy as it relates to employee behavior that could affect client protections as well as determine corrective action for noted findings.

Responsible Party: IDT Team, OM, QP, GHS, ED

Completion Date: March 13, 2020

PRINTED: 02/08/2020 FORM APPROVED

AND PLAN OF CORRECTION  IDENTIFICATION NUMBER:  A. BUILDING  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  301 COLLEGE STREET  WILKESBORO, NC 28697  (X3) DATE SURVEY COMPLETED  O1/29/2020  (X4) ID PREFIX FREEFIX	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			OMB NO. 0938-0
NAME OF PROVIDER OR SUPPLIER  VOCA-COLLEGE STREET  VOCA-COLLEGE STREET  VILKESBORO, NC 28697  VILKESBORO, NC 2	AND PLAN OF	F CORRECTION	IDENTIFICATION NUMBER:			(X3) DATE SURVEY
VOCA-COLLEGE STREET    SIMMARY STATEMENT OF DEFICIENCIES   SUMMARY STATEMENT OF DEFICIENCIES   GEACH DEFICIENCY MUST SEE PRECEDED BY FILL   FROM   FR			34G154	B. WING		
W 000  INITIAL COMMENTS  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 #NCOOL59326. The complaint survey intake		LLEGE STREET			301 COLLEGE STREET	01/29/2020
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 survey for Intake #NC00159326. The complaint allegations were substantiated.  CLIENT PROTECTIONS  CFR(s): 483.420  The facility must ensure that specific client protections requirements are met.  This CONDITION is not met as evidenced by: The facility failed to ensure implementation of written policies and procedures that prohibit mistreatment, neglect or abuse of clients (W149) and failed to ensure appropriate corrective action was taken relative to a verified finding of neglect (W157).  The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated client protections.  STAFT TREATMENT OF CLIENTS  CFR(s): 483.420(d)(1)  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.  W 149  This STANDARD is not met as evidenced by: Based on review of facility records and staff interviews, the facility failed to assure its policies and procedures prevented neglect by not	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	RE COMPLETION
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 122 CLIENT PROTECTIONS CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.  W 122 This CONDITION is not met as evidenced by: The facility failed to ensure implementation of written policies and procedures that prohibit mistreatment, neglect or abuse of clients (W149) and failed to ensure appropriate corrective action was taken relative to a verified finding of neglect (W157).  The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated client protections.  STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1)  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.  This STANDARD is not met as evidenced by: Based on review of facility records and staff interviews, the facility records and staff interviews, the facility reprevented neglect, by not	W 000	INITIAL COMMENTS		W 000		
The facility failed to ensure implementation of written policies and procedures that prohibit mistreatment, neglect or abuse of clients (W149) and failed to ensure appropriate corrective action was taken relative to a verified finding of neglect (W157).  The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated client protections.  STAFF TREATMENT OF CLIENTS  CFR(s): 483.420(d)(1)  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.  This STANDARD is not met as evidenced by: Based on review of facility records and staff interviews, the facility failed to assure its policies and procedures prevented neglect, by not	W 122	with the recertification Deficiencies were cited complaint survey for In complaint allegations v CLIENT PROTECTION CFR(s): 483.420 The facility must ensure	survey on 1/29/2020. If as a result of the stake #NC00159326. The vere substantiated. Its specific client	W 122	DHSR - Mental Health	
resulted in the facility's failure to provide statutorily mandated client protections.  W 149 STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1)  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.  This STANDARD is not met as evidenced by: Based on review of facility records and staff interviews, the facility failed to assure its policies and procedures prevented neglect, by not	v r e v ('	The facility failed to en- written policies and pro- mistreatment, neglect of and failed to ensure app was taken relative to a v W157).	sure implementation of cedures that prohibit r abuse of clients (W149) propriate corrective action verified finding of neglect		Lic. & Cert. Section	
policies and procedures that prohibit mistreatment, neglect or abuse of the client.  This STANDARD is not met as evidenced by: Based on review of facility records and staff interviews, the facility failed to assure its policies and procedures prevented neglect, by not	W 149 S	esulted in the facility's f statutorily mandated clie STAFF TREATMENT OI CFR(s): 483.420(d)(1)	ailure to provide ent protections. F CLIENTS	W 149		
Based on review of facility records and staff interviews, the facility failed to assure its policies and procedures prevented neglect, by not	p	olicies and procedures	that prohibit			
and and	in ar	Based on review of facil Iterviews, the facility fail and procedures prevente	ity records and staff led to assure its policies ed neglect, by not			

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

TITLE

(X6) DATE

This deficiency will be corrected by the following actions w-149 – The facility will develop and implement written policies and procedures that prohibit mistreatment, neglect of abuse of the client.

Management team including but not limited to Executive Director, QA, HR, PM, QP and RM will meet to review current client protection policies to ensure that they meet minimum protection requirements. Team will review policy **7.1 Standards of Conduct** to evaluate implementation of such policy as it relates to employee behavior that could affect client protections as well as determine corrective action for noted findings. Clinical staff and DSP staff will receive re training/in servicing on the understanding and implementation of policy as well as implementation of level of corrective action to ensure policy is adhered to.

Management team including but not limited to Executive Director, QA, HR, OM, QP and RM will meet to review current client protection policies to ensure that they meet minimum protection requirements. Team will review policy **7.3 Progressive Corrective Action** to evaluate implementation of such policy as it relates to employee behavior that could affect client protections as well as determine corrective action for noted findings. Clinical staff and DSP staff will receive re training/in servicing on the understanding and implementation of policy as well as implementation of level of corrective action to ensure policy is adhered to.

Management team including but not limited to Executive Director, QA, HR, PM, QP and RM will meet to review current client protection policies to ensure that they meet minimum protection requirements. Team will review policy **7.4 Separation from Employment** to evaluate implementation of such policy as it relates to employee behavior that could affect client protections as well as determine corrective action for noted findings. Clinical staff and DSP staff will receive re training/in servicing on the understanding and implementation of policy as well as implementation of level of corrective action to ensure policy is adhered to.

Management team including but not limited to Executive Director, QA, HR, PM, QP and RM will meet to review current client protection policies to ensure that they meet minimum protection requirements. Team will review policy **C7.6 Conducting Investigation** to evaluate implementation of such policy as it relates to employee behavior that could affect client protections as well as determine corrective action for noted findings. Team will also review past investigations to ensure that 'Recommendations and Administrative View' form is reviewed and completed by required parties as well as recommended corrective actions and/or system changes are implemented as written. Clinical staff and DSP staff will receive re training/in servicing on the understanding and implementation of policy as well as implementation of level of corrective action to ensure policy is adhered to.

Management team including but not limited to Executive Director, QA, HR, PM, QP and RM will meet to review current client protection policies to ensure that they meet minimum protection requirements. Team will review policy **C4.5 Abuse, Neglect and Exploitation** to evaluate implementation of such policy as it relates to employee behavior that could affect client protections as well as determine corrective action for noted findings. Clinical staff and DSP staff will receive re training/in servicing on the understanding and implementation of policy as well as implementation of level of corrective action to ensure policy is adhered to.

Operation Manager will implement, heightened, observation schedule with observation form to be completed at each observation for up to the next 60 days. Schedule will include varied unannounced

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(1/0) 1411			OWR N	O. 0938-039	<del>)</del> 1
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					DEFICIENCY)		540 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
W 149	supervision were follow	1 wed to ensure the safety of #3, #4, #5 and #6). The	W 1	49				
	investigation dated 12/ abuse and neglect. Re investigation revealed sleeping and not provid Review of the investiga the suspension of staff clients, guardians and	an allegation of staff (G) ding needed supervision. ation procedure revealed G and interviews with group home personnel.						
	have health, medication that have inhibited her in responsibilities. Conting findings revealed "it appremember incidents or lit appears" a growing payor with staff G and that over the concerning as distracted, lethargic, and concentrating. Subseque findings revealed "it appstaff at College Street gradistressed and frightenes and regardless of the positional compromised.	"it appears" Staff G may not, or situational difficulties from performing her job ued review of the internal pears" staff G may not periods of falling asleep, problem has developed er the past two shift have become apparent as staff G appears d is having trouble uent review of internal pears" consumers and roup home have been ad by the actions of staff G possible cause for staff G's her job responsibilities, er safety must not be						
c k	of abuse is "The act or fa	nternal investigation r agency policy on nd Neglect, the definition ailure to act, that results cional or physical injury to						

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the vice of the control of the contr	Continued review of the 12/5/19 investigation redocumentary evidence evidence supportive to College Street home by and requirements are nunattended. Interviews evidence collected indict to neglect in that staff Gresponsive state on several monitoring or providing potential for grievous has addition, operating a vertical forms without being the consumers without being the 12/5/19 investigation investigator's signature at a review of interviews of the had concerns about the guardian of client #6 was the had concerns about the guardians interview of client back to College the client back to College the continued in the college that the college tha	to the definition of seed in agency policies and reglect is substantiated.  The internal conclusion of the exealed interviews and a collected indicate neglect of consumers at a staff G. Internal policy not to leave consumers and documentary cate evidence supportive was not in a conscious or a veral occasions while care resulting in the farm to consumers. In thicle to transporting fully alert and in dire consequences to aff on board the vehicle. The internal conclusion of the revealed the internal and date of 12/11/19.  The producted during the strong at the consumers of the consumers of the consumers of the consumers of the consumer of the consumers of the consumer of the consumer of the consumer in the content of the consumer of the consumers	W 1	149	DEFICIENCY)			
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W 149	Continued From page	3					
			W.	149			
	quardian of all and #0	nternal interview of the					
	guardian of client #6 re	evealed the guardian to					
	state start G appears t	o be "out of it" and had					1
	difficulty placing a blan	nket for client #6 in a bag					1
	and seemed desponde	ent. Additional review					
	revealed the guardian	of client #6 to state					
	concerns for client #6	and other consumers in the					
	nome as they were no	t being monitored and she					
	questioned the safety	of the consumers.					
	0						
	Continued review of inf	terviews conducted during					
	the 12/5/19 internal inv	estigation revealed					
	interviews with clients	#3 and #4. A review of the					
	internal interview with o	client #3 revealed the client					
	to state staff G could no	ot 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 int	ernal interview per the					
	12/5/19 investigation re	port that he was waiting to					1
	receive his medication	and staff G leaned forward					
	with her head on the sc	reen to apparently sleep					
	and he kept waiting for	his medications.					
	Desire to the second	10.7					
	Review of the internal i	nterview with client #4					
	revealed the client to sta	ate he was on the van					
	when it appeared staff (	G fell asleep and she was					
	driving. Client #4 furthe	er stated two staff were on					1
	the van and he was ver	y afraid. Client #4 further					1
1	stated during the interna	al interview that they ran					1
	up on the curve and tha	t as the van was stopped					
3	at a stoplight, the vehicle	e behind the van had to					- 1
1	olow the horn to get stat	f G to pull forward.					
!	Additional interview with	client #4 during the					1
	nternal interview revealed	ed the client to state staff					1
(	G sleeps often and he ju	ist leaves her alone.					
	Client #4 was also docur	mented to state he was					
C	concerned staff G was g	iving him the correct					1
n	nedications during a me	ed pass as he seemed to					
h	ave one pill too many.						

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W 149	Continued From page	4	W	149		
F	the 12/5/19 internal in interviews with staff C interview with staff C reshe had difficulties wo asleep a lot and staff C further reported through staff G did not help with activities of the consurred revealed the staff to staff E and other staff C while a consumer went consumer was having off the van. Staff E was internal investigation to van staff G was running almost hitting them and stoplights, and almost hitting them and stoplights. Staff E stanyone else drive and staff D medications, fell asleep to which staff G response mean to go to sleep, Drimedications." Staff D for documented interview that shown up for work adoor and could not get it responsive and staff D whome manager.	p. D. E and F. Internal revealed the staff to state rking with staff G falling G is "out of it" often. Staff C gh internal interview that the showers or other mers.  Interview with staff E ate on 11/15/19 staff G left on the van with consumers to into a seizure and another a behavior and trying to get is further documented in the preport while driving the grup on the back of cars to closing her eyes at this an orange and white lated staff G would not let would indicate she was sinternal interview with to state staff G gave and had to be wakened ded "I'm sorry I did not changed my urther stated per that there were times she and would beat on the n because staff G was not would have to call the				
t	he staff to state she wo	rks with staff G almost				

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V0) MIII	TIDLE		OMB I	NO. 0938-0391
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	every rotation and ever and is hard to wake up to also state on one or and drifted into a turning and and jerked the variane. Documented into revealed concerns with #4 has stated "Hey, W staff G would close her when the light turned go their horns at them. So had offered to drive and Staff F subsequently strinterview that client #4 scared and did not warn Internal interview with statements to client #5 facility van and staff G is the van alone and furth makes mistakes on documedications and counts. A review of the internal intellectual disabilities phome manager relative investigation revealed the been brought up that states distracted and dozes off documented to also states G and she informed him and they make her tired with her doctor to "fix" it was documented to state was and internal to state with her doctor to "fix" it was documented to state was a state of the process of the control of the process of the control of the process of	eryday staff G falls asleep by. Staff F was documented coasion, staff G was driving and lane, slightly hit the curb in back over into the correct erview with staff F further in staff G's driving and client aske up". Staff F stated reyes at traffic lights and ireen, people would honk traff F further stated she distaff G would refuse. Staff G would refuse that staff G to drive anymore. Staff F revealed referenced having a seizure on the leaving staff F and E on er stated that staff G comentation for a have been off.  Interview with the qualified refessional (QIDP) and to the 12/5/19 internal in eqIDP to state it had aff G had been very at times. The QIDP was the had talked with staff in she has prescriptions and she was working. The QIDP additionally the that it was told to him iff on the van while driving med errors and in his rhealth issues which	W	49			

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	0/00 100			OMB N	NO. 0938-0391
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i i	Documented interview (HM) in the 12/5/19 in to state the guardian of her to report when the back to the group home consumer answered the a chair sleeping and disclient #6 was back. Further professional opinion not capable of doing the for ensuring the consumented in the 12/5 revealed staff G to denigher for ensuring job duties to van. Staff G was documented in the 12/5 revealed staff G to denigher forming job duties to van. Staff G was documented a lot and she did in difficulty with her alerthed documented by the intelleft a phone message where investigation that was very difficult to understate and speech during the indocumented by the intelleft, slow and somew.  Review of the personner revealed an original hire re-hire date of 12/13/16. Decisionnel record for state corrective actions for the action form dated 10/12/violations for sleeping at the 10/2015 corrective a	with the home manager vestigation revealed the HM of client #6 had contacted guardian brought client #6 e (date unknown) another he door and staff G was in id not wake up to know that urther review of the internal revealed the HM to state in an she believed staff G is e required care necessary mers needs are met or interview with staff G as 5/19 internal investigation by sleeping while include driving the facility mented to state she was not remember having less. Staff G was small investigator during as gargled, slurred and land. Staff G's demeanor investigation interview was small investigator to be that distracted.  If file for staff G on 1/29/20 and date of 8/15/14 and a continued review of the ff G revealed previous as staff. A corrective 1/15 revealed policy work. Further review of ction revealed staff G to was asleep on 10/12/15	W	149			

STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDED OF PROVIDENCES				OMB	NO. 0938-0391
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W 14	made her sleepy; She ask permission to go her job done. It should personnel action were (confirmed by the HM) group home. Addition corrective action revea on the severity of the aterminated from emploisater over ruled by Hur. Continued review of er 10/12/15 corrective action reveau previous agency executuman resources (HR) terminating staff G. Reexecutive director reveon staff G, the no call mon the job it is my fear back and she were to pand fail to provide adectonsumers and someon looked at pretty harsh be Further review of the pand fail. Review of the form revealed staff G to warning for behavior relevant of staff G revealed G was working at Collectient #2 wandered awarning to both the group home by taken to Wilkes Regional	didn't call her supervisor to home because she still got do be noted with this pictures of staff G a sleeping on a couch of a all review of the 10/12/15 alled a statement that based actions, staff G will be hyment, this decision was man Resources 10/15/15.  mails associated with the tion of staff G revealed the utive director to email with concerns of not eview of emails of the past alled "with the drivers call ho show and now sleeping if we allow her to come possibly go to sleep again quate supervision to the ne get hurt that we may be by the state."  Personnel file for staff G on ective action form dated at 11/2018 corrective action form dated at 11/2018 corrective action or receive a final written lative to sleeping during of the 11/2018 corrective ad on 11/18/18 while staff age Street group home, by from the group home coximately 1/10th of a mile of Wilkesboro Police and all Medical Center ER, are that client #2 was not the nasked by the HM is	W	149			

AND PLAN OF CORRECTION    A SULTIME CONSTRUCTION   A SULTIME CONSTRUCTION   COMPLETED	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				OMB I	NO. 0938-039 <sup>-</sup>
NAME OF PROVIDER OR SUPPLIER  VOCA-COLLEGE STREET  XA41D  XA41D  XA41D  REGULATORY OR LSC IDENTIFYING INFORMATION)  WILESBORO, NC 2897  WILKESBORO, NC 2897  WILKESBORO, NC 2897  DEFICIENCY AND RESCRIPTIVE REGULATORY OR LSC IDENTIFYING INFORMATION)  WILESBORO, NC 2897  WILKESBORO, NC 2897  DEFICIENCY ACTION SHOULD BE COMPARED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  WILESBORO, NC 2897  WILKESBORO, NC 2897  DEFICIENCY ACTION SHOULD BE COMPARED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  WILESBORO, NC 2897  WILKESBORO, NC 2897  DEFICIENCY ACTION SHOULD BE COMPARED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  WILESBORO, NC 2897  WILKESBORO, NC 2897  DEFICIENCY ACTION SHOULD BE COMPARED BY PULL REGULATORY OR LSC INFORMATION IN A PROPORTIATE DEFICIENCY  TAG  PREFIX TA	AND PLAN	OF CORRECTION	IDENTIFICATION NI IMBED		(X3) DA CO	TE SURVEY MPLETED		
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W 149  Continued From page 8 been getting drowsy on occasion at work.  A review of an internal investigation dated 11/19/18 relative to client #2 leaving the problem investigation revealed an unsubstantiated finding of neglect.  A review of the internal policy on Abuse, Neglect and 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 as the fallure 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.  Interview with the operations manager and HM on 1/28/20 verified staff G is still employed by the facility. Interview with client #2 leaving the group of the provision of the 1/12/18 internal policy on 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.  Interview with the operations manager and HM on 1/28/20 verified staff G is still employed by the facility. Interview with client #2 leaving the group home unsupervised. Further interview with the operations manager revealed with regard to the 1/2/2019 investigation of staff G sleeping, that neglect was substantiated and termination was recommended althrough HR did not approve the termination. Interview with the interv					30	01 COLLEGE STREET	01/29/202	
W 149  Continued From page 8  been getting drowsy on occasion at work.  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 her onclusion of the 11/2018 internal policy on Abuse, neglect and Exploitation on 1/29/20 revealed 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 on 1/29/20 revealed 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 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 englect 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.  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 truther verified staff G is dad a previous corrective action for alleged sleeping during the 1/12018 incident with client #2 leaving the group home unsupervised. Further interview with the operations manager revealed with regard to the 1/2/2019 investigation of staff G sleeping, that neglect was substantiated and termination was recommended although HR did not approve the termination. Interview with the carnal to the termination was over ruled by HR as two clinical staff were unable to observe staff G.					W	ILKESBORO, NC 28697		
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observations, to be completed by RM, QP, RN, Behaviorist, QA and PM to ensure that active habilitation including but not limited to client safety and protections are always being followed by staff. Any identified client safety and protection issue will be reported immediately, and investigation will be started as necessary and corrective action will be implemented per CANC Policy and Procedures, as necessary.

Program Manager will meet at least, but not limited to, once weekly with RM and QP of each group home, for up to the next 60 days or as needed, to discuss observation findings and any other noted issues and develop a written plan of correction with objective and expected completion for determined correction. The purpose of this is to verify that policies, procedures, reporting is occurring as policy is written. At any time that it is recognized that policy/procedure have not been or are not being followed, additional training or corrective action will occur.

Responsible Party: IDT Team, OM, QP, GHS, ED

Completion Date: March 13, 2020

This deficiency will be corrected by the following actions w-157 – If the alleged violation is verified, appropriate corrective action will be taken:

Management team including but not limited to Executive Director, QA, HR, PM, QP and RM will meet to review current client protection policies to ensure that they meet minimum protection requirements. Team will review policy **7.1 Standards of Conduct** to evaluate implementation of such policy as it relates to employee behavior that could affect client protections as well as determine corrective action for noted findings. Clinical staff and DSP staff will receive re training/in servicing on the understanding and implementation of policy as well as implementation of level of corrective action to ensure policy is adhered to.

Management team including but not limited to Executive Director, QA, HR, PM, QP and RM will meet to review current client protection policies to ensure that they meet minimum protection requirements. Team will review policy **7.3 Progressive Corrective Action** to evaluate implementation of such policy as it relates to employee behavior that could affect client protections as well as determine corrective action for noted findings. Clinical staff and DSP staff will receive re training/in servicing on the understanding and implementation of policy as well as implementation of level of corrective action to ensure policy is adhered to.

Management team including but not limited to Executive Director, QA, HR, PM, QP and RM will meet to review current client protection policies to ensure that they meet minimum protection requirements. Team will review policy **7.4 Separation from Employment** to evaluate implementation of such policy as it relates to employee behavior that could affect client protections as well as determine corrective action for noted findings. Clinical staff and DSP staff will receive re training/in servicing on the understanding and implementation of policy as well as implementation of level of corrective action to ensure policy is adhered to.

Management team including but not limited to Executive Director, QA, HR, PM, QP and PM will meet to review current client protection policies to ensure that they meet minimum protection requirements.

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W 149	Continued From page	0					
	oontinaca i rom page	9	W	149			
	Interview with HP staff	f revealed when a staff					
	receives a corrective of	action, the corrective action					
	lasts one year. Intervi	iow with HP stoff					
	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 histo	ry of allegations related to					
	sleeping at work since	10/2015 as evidenced by					
	pictures. Additional inte	erview with the operations					
	manager, behaviorist, l	HM, QIDP and HR					
	revealed with the concl	lusion of the 12/2019					
	substantiated finding of	f neglect that in-service					
	training had been cond	lucted relative to timely					
	reporting of abuse/negl	lect (12/17/19) and a					1
	medication training had	been provided					
	documentation issues	o medication errors and					
	documentation issues a	alleged in the investigation.					
	Based upon review of t	he internal investigation					
	dated 12/5/19 and the r	review of staff personnel					
	records the facility was	neglectful by continuing to					
	allow a staff person, wit	th repeated substantiated					
	issues of failing to provi	de adequate care and					
	supervision to the client	s, to work in direct contact					1
	with the clients in the gr	oup home.					
W 157	STAFF TREATMENT O	F CLIENTS	W 15	57			
	CFR(s): 483.420(d)(4)						
	If the alleged violation is	s verified, appropriate					
	corrective action must b	e taken.					
	This STANDARD :-						1
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	corrective action was to	iled to assure appropriate ken after a substantiated					
	oon conve action was tak	cen alter a substantiated					1
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Team will review policy **C7.6 Conducting Investigation** to evaluate implementation of such policy as it relates to employee behavior that could affect client protections as well as determine corrective action for noted findings. Team will also review past investigations to ensure that 'Recommendations and Administrative View' form is reviewed and completed by required parties as well as recommended corrective actions and/or system changes are implemented as written. Clinical staff and DSP staff will receive re training/in servicing on the understanding and implementation of policy as well as implementation of level of corrective action to ensure policy is adhered to.

Management team including but not limited to Executive Director, QA, HR, PM, QP and RM will meet to review current client protection to ensure that they meet minimum protection requirements. Team will review **policy C4.5 Abuse, Neglect and Exploitation** to evaluate implementation of such policy as it relates to employee behavior that could affect client protections as well as determine corrective action for noted findings. Clinical staff and DSP staff will receive re training/in servicing on the understanding and implementation of policy as well as implementation of level of corrective action to ensure policy is adhered to.

Regional QA Manager will revise **Policy C6.5 Investigations** to include review of personnel file for corrective actions as part of the investigative procedure.

Operation Manager will implement, heightened, observation schedule with observation form to be completed at each observation for up to the next 60 days. Schedule will include varied unannounced observations, to be completed by RM, QP, RN, QA, Behaviorist and PM to ensure that active habilitation including but not limited to client safety and protections are always being followed by staff. Any identified client safety and protection issue will be reported immediately, and investigation will be started as necessary and corrective action will be implemented per CANC Policy and Procedures, as necessary.

Program Manager will meet at least, but not limited to, once weekly with RM and QP of each group home, for up to the next 60 days or as needed, to discuss observation findings and any other noted issues and develop a written plan of correction with objective and expected completion for determined correction. The purpose of this is to verify that policies, procedures, reporting is occurring as policy is written. At any time that it is recognized that policy/procedure have not been or are not being followed, additional training or corrective action will occur.

Program Manager will revisit the initial reason for the investigation. As well as doing individualized staff interviews to ensure **the C4.15 Abuse, Neglect and Exploitation** policy is being followed as written. Ensuring we are following the reporting policy and on call policy. In addition to determining if corrective actions are warranted up to termination for noted findings.

Responsible Party: IDT Team, QP, OM, GHS, ED

Completion Date: March 13, 2020

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 02/08/2020 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED C 34G154 B. WING 01/29/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **VOCA-COLLEGE STREET 301 COLLEGE STREET** WILKESBORO, NC 28697 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX (X5) (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) W 157 Continued From page 10 W 157 finding of neglect to ensure safety for 6 of 6 clients (#1, #2, #3, #4, #5 and #6). The finding is: 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. 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. 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

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1 0/00 144			OMB	NO. 0938-039
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i i g s s c t t v v 2 2 d d h f t c t t t	abuse/neglect as defin procedures, Abuse/Ne  Continued review of the 12/5/19 investigation redocumentary evidence evidence supportive to College Street home by and requirements are nunattended. Interviews evidence collected indict to neglect in that staff Coresponsive state on several monitoring or providing potential for grievous had addition, operating a veconsumers without bein responsive could result both consumers and sta Subsequent review of the 12/5/19 investigation investigator's signature in A review of interviews of 12/5/19 internal investigation and concerns about of the guardians interview he client back to College the consumer back to College the consumer back to College the consumer and the concerns about of the guardians interview he client back to College the consumer and the concerns about of the guardians interview he client back to College the consumer and the concerns about of the guardians interview he client back to College the consumer and the concerns about of the guardians interview he client back to College the consumer and the concerns about of the guardians interview he client back to College the consumer and the concerns about of the guardians interview he client back to College the consumer and the concerns about of the guardians interview he client back to College the consumer and the concerns about the consumer and the concerns about the consumer and the concerns about the consumer and the consum	ded in agency policies and glect is substantiated.  e internal conclusion of the evealed interviews and collected indicate neglect of consumers at y staff G. Internal policy not to leave consumers and documentary cate evidence supportive was not in a conscious or veral occasions while care resulting in the farm to consumers. In hicle to transport g fully alert and in dire consequences to aff on board the vehicle. The internal conclusion of a revealed the internal and date of 12/11/19.  Inducted during the action revealed an an of client #6. The se documented to indicate client #6's care. Review we revealed in returning the extraction of the street from a home to the times the nother consumer in the inclient #6's guardian red that consumers without supervision in the had been sleeping.	W	157			

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	state staff G appears to difficulty placing a blar and seemed desponder revealed the guardian concerns for client #6 home as they were no questioned the safety of the 12/5/19 internal interviews with clients internal interview with constate staff G could not as her leg and hip were sat down and appeared further stated during interceive his medication with her head on the scand he kept waiting for Review of the internal revealed the client to state when it appeared staff driving. Client #4 further the van and he was verstated during the internal up on the curve and that at a stoplight, the vehicle blow the horn to get standditional interview with internal interview reveal G sleeps often and he jucclient #4 was also documencerned staff G was get a staff G was get and the second of the concerned staff G was get and the second of the concerned staff G was get and the second of the concerned staff G was get and the second of the concerned staff G was get and the second of the concerned staff G was get and the second of the concerned staff G was get and the second of the concerned staff G was get and the second of the concerned staff G was get and the second of the concerned staff G was get and the second of the concerned staff G was get and the second of the concerned staff G was get and the second of the concerned staff G was get and the second of the concerned staff G was get and the second of the concerned staff G was get and the second of the concerned staff G was get and the second of the concerned staff G was get and the second of the concerned staff G was get and the concerned staff G was	evealed the guardian to to be "out of it" and had neet for client #6 in a bag ent. Additional review of client #6 to state and other consumers in the tobeing monitored and she of the consumers.  Iterviews conducted during restigation revealed #3 and #4. A review of the client #3 revealed the client of help him with his shower to hurting her and staff G to be sleeping. Client #3 ternal interview per the export that he was waiting to and staff G leaned forward creen to apparently sleep his medications.  Interview with client #4 are he was on the van G fell asleep and she was er stated two staff were on y afraid. Client #4 further all interview that they ran at as the van was stopped to behind the van had to ff G to pull forward.  In client #4 during the end to state he was mented to state he was	W	157			

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W	the 12/5/19 internal in interviews with staff C interview with staff C she had difficulties we asleep a lot and staff further reported through staff G did not help with activities of the consultant Review of the internative revealed the staff to staff E and other staff while a consumer went consumer was having off the van. Staff E was internal investigation to van staff G was running almost hitting them and stoplights, and almost traffic barrel. Staff E sanyone else drive and okay.  Review of documented staff D medications, fell asleep to which staff G response mean to go to sleep. D medications." Staff D f documented interview that shown up for work door and could not get responsive and staff D home manager.	nterviews conducted during livestigation revealed in prevention of the staff to state orking with staff G falling G is "out of it" often. Staff C gh internal interview that the showers or other mers.  I interview with staff E rate on 11/15/19 staff G left on the van with consumers at into a seizure and another a behavior and trying to get is further documented in the grup on the back of cars of closing her eyes at that an orange and white tated staff G would not let would indicate she was  I internal interview with to state staff G gave or and had to be wakened ded "I'm sorry I did not rechanged my urther stated per that there were times she and would beat on the in because staff G was not would have to call the orks with staff F revealed orks with staff G almost	W1	57				

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	and is hard to wake up to also state on one or and drifted into a turning and and jerked the variane. Documented interevealed concerns with #4 has stated "Hey, W staff G would close her when the light turned go their horns at them. Staff F subsequently strinterview that client #4 scared and did not war Internal interview with statements to client #5 facility van and staff G is the van alone and furth makes mistakes on documented to also stated and dozes off documented to also stated G and she informed him and they make her tired with her doctor to "fix" it, was documented to stated and dozes that was documented to stated and documented to stated with her doctor to "fix" it, was documented to stated and documented to stated and documented to stated and documented to stated with her doctor to "fix" it.	coasion, staff G was driving and lane, slightly hit the curb in back over into the correct erview with staff F further in staff G's driving and client aske up". Staff F stated reyes at traffic lights and ireen, people would honk taff F further stated she distaff G would refuse, atted through documented reported to her he was at staff G to drive anymore, staff F revealed referenced having a seizure on the leaving staff F and E on er stated that staff G cumentation for a have been off.  Interview with the qualified rofessional (QIDP) and to the 12/5/19 internal the QIDP to state it had aff G had been very fat times. The QIDP was seen he had talked with staff in she has prescriptions and she was working. The QIDP additionally the that it was told to him iff on the van while driving med errors and in his rhealth issues which her to work and be	W	157			

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PRE	EFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	D.BE COMPLETIO			
W	to state the guardian of her to report when the back to the group hom consumer answered the a chair sleeping and delient #6 was back. From interview with the HM her professional opinion to capable of doing the for ensuring the consument of the interview of the interval documented in the 12/revealed staff G to demperforming job duties to van. Staff G was documented a lot and she did in difficulty with her alerth documented by the interval documented	vestigation revealed the HM of client #6 had contacted guardian brought client #6 ne (date unknown) another he door and staff G was in iid not wake up to know that urther review of the internal revealed the HM to state in on she believed staff G is ne required care necessary mers needs are met or  interview with staff G as 5/19 internal investigation by sleeping while of include driving the facility mented to state she was not remember having less. Staff G was ernal investigator during as gargled, slurred and and. Staff G's demeanor investigation interview was ernal investigator to be what distracted.  If file for staff G on 1/29/20 le date of 8/15/14 and a le Continued review of the ff G revealed previous le staff. A corrective /15 revealed policy the work. Further review of lection revealed staff G to was asleep on 10/12/15	W	157					

STATEMENT OF DEFICIENCIES		(X4) DD0/4D5D/01/DD1/55/01/D				OMB NO. 0938-0391		
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		ONSTRUCTION		ATE SURVEY MPLETED	
		34G154	B. WING			C		
NAME OF PROVIDER OR SUPPLIER  VOCA-COLLEGE STREET			•	301	EET ADDRESS, CITY, STATE, ZIP CODE COLLEGE STREET KESBORO, NC 28697	1 0	1/29/2020	
(X4) ID PREFIX TAG	D SUMMARY STATEMENT OF DEFICIENCIES ID P IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH REGULATORY OR LISC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE		
	ask permission to gother job done. It should personnel action were (confirmed by the HM) group home. Addition corrective action revea on the severity of the aterminated from emploisater over ruled by Hur Further review of the p1/29/20 revealed a cor 11/28/18. Review of the form revealed staff G to warning for behavior rework. Additional review action of staff G revealed G was working at Collectient #2 wandered awand was picked up app from the group home betaken to Wilkes Region without staff G being avain the group home. What G had been asleed been getting drowsy on A review of an internal in 11/19/18 relative to client home without staff know interview with client #4. client #4 revealed earlied like staff G was sleeping the ad on the desk in the conclusion of the 11/20 revealed an unsubstanting revealed an unsubstanting the staff of the staff of the staff of the staff G was sleeping the ad on the desk in the conclusion of the 11/20 revealed an unsubstanting the staff of the sta	nome because she still got do be noted with this pictures of staff G sleeping on a couch of a all review of the 10/12/15 alled a statement that based actions, staff G will be syment, this decision was nan Resources 10/15/15.  ersonnel file for staff G on rective action form dated are 11/2018 corrective action or receive a final written elative to sleeping during of the 11/2018 corrective and on 11/18/18 while staff ge Street group home, any from the group home roximately 1/10th of a mile by Wilkesboro Police and all Medical Center ER, were that client #2 was not been asked by the HM is on, staff G stated she had occasion at work.  Investigation dated and Internal interview with the rin the morning it looked go in the office with her dark. A review of the 18 internal investigation ated finding of neglect.	W	157				

STATEMENT OF DEFICIENCIES (X		(X1) PROVIDER/SUPPLIER/CLIA	0.451.441		OMB NO. 0938-039	
AND DI ANI OF CORPE		IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION  NG	_	(X3) DATE SURVEY COMPLETED
34G154		B. WING			С	
NAME OF PROVIDER OR SUPPLIER  VOCA-COLLEGE STREET				STREET ADDRESS, CITY, 301 COLLEGE STREET WILKESBORO, NC 2	30.000 (#604000A)	01/29/2020
PRE	EFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDE (EACH COR	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION TE DATE
W	and HM on 1/29/20 fure previous corrective actioning the 11/2018 incompleted the group home unsurposited that neglect was substrated the termination. Interview and the termination of the same time two clinical staff were usleeping at the same time time the same time time the same time time time time time time time ti	the operations manager rither verified staff G had a tion for alleged sleeping cident with client #2 leaving pervised. Further interview anager revealed with regard gation of staff G sleeping, antiated and termination shough HR did not approve ew with the facility QIDP on was over ruled by HR as unable to observe staff G me.  revealed when a staff ction, the corrective action ew with HR staff staff G had not had a to the 12/5/19 investigation interview with HR staff staff G's personnel record, by of allegations related to 10/2015 as evidenced by rview with the operations and HR usion of the 12/2019 neglect that in-service fucted relative to timely ext (12/17/19) and a been provided a medication errors and leged in the investigation.  The operations manager, and HR verified no geen provided to staff G lities and no formal lable to reflect an	W	57		

STATEMENT	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1		OMB N	O. 0938-039
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION  MG		E SURVEY MPLETED
		34G154	B. WING_			С
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	01	1/29/2020
VOCA-CI	OLLEGE STREET			301 COLLEGE STREET		
L TOOK-O	OLLEGE STREET			WILKESBORO, NC 28697		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID			
PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPROFICIENCY)	) RF	(X5) COMPLETION DATE
W 157	Continued From page	18				
575.53			W 1	57		
W 189	that resulted in a subs		W 18	39		
	initial and continuing tremployee to perform hefficiently, and competed.  This STANDARD is not assed on observation failed to ensure staff we relative to monitoring for the finding is:  Observation in the group AM revealed client #4 to with preparing his break hot cereal. Continued or revealed the client to post aff E assistance. Subservation of the client#4's breakfast revealed staff E to assis grits. Observation of the client#4's breakfast revealed staff E to assis grits. Observation of the client#4's breakfast revealed staff E to assis grits. Observation of the client#4's breakfast revealed staff E to assis grits. Observation of the client#4's breakfast revealed of 1/29/20. It should assisted with discarding the preparation of additionew gallon carton after it manager (HM) by this substitute with the HM or expired milk should not be further interview with the HM or expired milk should not be further interview with the HM or expired milk should not be further interview with the HM or expired milk should not be further interview with the head of the further interview with the further	and interview, the facility and interview, the facility are sufficiently trained and/dairy expiration dates.  In home on 1/29/20 at 7:10 to participate in the kitchen afast meal that included abservation of client #4 and milk into a blender with assequent observation at client #4 with making the milk carton used for the ealed an expiration date of the date of the current survey to be noted client #4 was at the expired milk and with onal grits with milk from a interview with the home curveyor.  In 1/29/20 revealed the in the group home.  The HM verified staff should the production of the current surveyor.		This deficiency will be correct following actions: W 189 – The provide each employee with in continuing training that enables to perform his or her duties effective efficiently, and competently - T GHS will ensure staff receive monitoring foods and storing outing newer foods to the back the older food to the front. All dated the date of purchase as a provide another check. Staff we they are always checking the edates on foods again when they assisting consumers in meal promise GHS will complete three slobservations each week to assuimplementation of training inition QIDP will complete two observations.  Responsible Party: IDT Team Completion Date: March 29,	e facility vertial and the employment of the emp	oyee and on ling I be
	assisted with discarding the preparation of additinew gallon carton after imanager (HM) by this substitution with the HM or expired milk should not be	the expired milk and with onal grits with milk from a interview with the home urveyor.  1/29/20 revealed be in the group home. HM verified staff should and dairy items in the		Responsible Party: IDT Tear	n	ţ

STATEMENT	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		200.100		OMB NO. 0938-039		
AND PLAN OF CORRECTION IDEN		IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
NAME OF	22014252 22	34G154	B. WING		1	C / <b>29/2020</b>	
	PROVIDER OR SUPPLIER OLLEGE STREET		1	STREET ADDRESS, CITY, STATE, ZIP CODE 301 COLLEGE STREET WILKESBORO, NC 28697	1 01/	29/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	Ē NTE	(X5) COMPLETION DATE	
	the facility operations is staff should always che food/dairy items althout available to reflect trainexpiration dates of food PROGRAM MONITOR CFR(s): 483.440(f)(1)(  The individual program least by the qualified morpofessional and revises but not limited to situatifailing to progress towar after reasonable efforts.  This STANDARD is no Based on review of rectain failed to ensure the adaptive equipment I support plan (ISP) for 1 were revised in a timely identified need of the clip.  A. The team failed to the objective for client #5 rehearing aid when lack of finding is:  Review of the 2/7/19 IS an objective to maintain hearing aid with 100% a months. Review of the contains a staff of the clip.	manager and HM revealed eck expiration dates of 19th no formal training was ning of staff relative to ditems.  ING & CHANGE  iii)  plan must be reviewed at ental retardation and as necessary, including, ons in which the client is redidentified objectives have been made.  It met as evidenced by: Fords and interview, the enining objectives relative isted in the individual of 4 sampled clients (#5) manner to address ent. The findings are:  mely revise a training lative to maintaining a f progress occurred. The  P for client #5 revealed proper care of his occuracy for 3 consecutive objective revealed an 1/2019. Further review of 7/2019 No data; lost in 8/2/19: Received new est hearing aid, can not service to desire the service of the s	W 257	This deficiency will be corrected by following actions: W-257-The Incorporate program plan will be reviewed at 1 the qualified mental retardation professional and revised as necessarincluding, but not limited to situate which the client is failing to progrestoward identified objectives after reasonable efforts have been made.	dividual least by ary, ions in less		

1	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA					OMB NO. 0938-039	
	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILD	TIPLE CONSTRUCTION	(X3) DAT	E SURVEY PLETED
34G154			B. WING			С	
ľ	NAME OF	PROVIDER OR SUPPLIER	040104	B. WING		01	/29/2020
l	VOCA-C	OLLEGE STREET			STREET ADDRESS, CITY, STATE, ZIP CO 301 COLLEGE STREET	DDE	
L		OLLEGE STREET			WILKESBORO, NC 28697		
	(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID			
	PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
		Broke. In 9/2019 data a 8/29/19; being fixed. In run.  Interview with the qualiprofessional (QIDP) on client #5 currently does as it is lost. Continued verified client #5 does raid, has a history of implevice. Subsequent inverified the training objective for progress his hearing aid. The QI training relative to client a need for the client as care and storage.  B. The team failed to time objective for client #5 relack of progress occurred.  Review of the 2/7/19 ISR objective to maintain progresses with 100% a months. Review of the climplementation date of 3 the objective revealed in 8/2019; Broken. In 9/2011/2019; physically unable 12/2019; Lost (40% new interview with the qualifier.	reflected: Broke hearing aid in 11/2019: lost unable to iffed intellectual disabilities in 1/29/20 revealed that is not have his hearing aid interview with the QIDP not like to wear his hearing proper care of the auditory terview with the QIDP excive for client #5 has not in 19 to address client #5's is with properly caring for in 19 additionally indicated in the training aid remains evidenced by improper in 19. The finding is:  In for client #5 revealed an in 19. Of the fi	W2	(A). The QIDP will in written training progroper care of needer equipment for consurce Staff will receive appring the understanding objective, how object trained and to optimit opportunities when the with consumers.  (2.) Support Staff will with adaptive equipment to QIDP and discuss a the training program.  (B) The QIDP will ensure training programs of the training goal each will ensure training programs. Will ensure training programs as monitoring goal each will ensure training programs. The GHM will complete the complementation of training programs are the graphication of staff training programs. The GHM will complete the complementation of training programs are training programs. The GHM will complete the complementation of training programs are training programs. The GHM will complete the complementation of training programs are training programs. The GHM will complete the complementation of training programs are training programs. The GHM will complete the complementation of training programs are training programs. The GHM will complete the complementation of training programs are training programs. The GHM will complete the complementation of training programs are training programs. The GHM will complete the complementation of training programs are training programs.	gram to teach d adaptive mer. (1). Support of the propriate training of training ive should be ize training objective. I report issues the properties of the	es y th

STATEMENT	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION				OMB NO. 0938-0391		
AND PLAN C	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			ITIPLE	(X3) DATE SURVEY COMPLETED				
34G154			B. WING			С			
NAME OF PROVIDER OR SUPPLIER  VOCA-COLLEGE STREET				30	TREET ADDRESS, CITY, STATE, ZIP CODE 01 COLLEGE STREET VILKESBORO, NC 28697	1 0	01/29/2020		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACTIVE ACTIV		TION SHOULD BE THE APPROPRIATE			
W 257	eyeglasses. Subsequ verified the training ob been revised 6/2019 to	ent interview with the QIDP jective for client #5 has not	W	257	DEFICIENCY)				

# **ResCare**

1005 Spring Street Wilkesboro, NC 28697 336.838.8791 · www.ResCare.com

2/14/2020

**DHSR** - Mental Health

FEB 19 2020

Lic. & Cert. Section

Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2178

Dear Kaila,

Enclosed you will find the plan of correction for the deficiencies cited at the annual onsite survey at the VOCA College Street Group Home conducted on January 29, 2020. The deficiencies will be corrected by no later than March 13, 2020 as requested. Thank you for your time and attention. Please do not hesitate to call with questions regarding the plan of correction.

Sincerely,

Sandi P. Houg

Operations Manager

(336)-902-8310 (Cell)

(336)-838-8791 (Office)

Sandi.houg@rescare.com



ROY COOPER · Governor

MANDY COHEN, MD, MPH . Secretary

MARK PAYNE • Director, Division of Health Service Regulation

February 10, 2020

Anthony Devore, Executive Director Community Alternatives of North Carolina PO Box 150 Wilkesboro, NC 28697

Re:

Recertification and Complaint Investigation Survey January 29, 2020

Voca-College Street

Provider Number #34G154

MHL#097-047

E-mail Address: adevore@rescare.com

Complaint Intake #NC00159326

**DHSR** - Mental Health

FEB 19 2020

Lic. & Cert. Section

Dear Mr. Devore:

Thank you for the cooperation and courtesy extended during the recertification and complaint investigation survey completed on January 29, 2020.

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

- Condition Level deficiencies are for §483.420 Client Protections W122; W149 and
- Standard level deficiencies were also cited (W189 and W257).

#### Time Frames for Compliance

- The condition level deficiencies must be corrected within 45 days from the exit date of the survey, which is March 13, 2020. You must request in writing a revisit indicating credible allegation of compliance no later than 45 days following the survey.
- If the facility is not in compliance at the time of the follow-up a recommendation for termination from the Medicaid program will be made effective within ninety (90) days from the last date surveyed.
- Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed condition level deficiencies by the 45th day from the date of the survey may result in the assessment of an administrative penalty of \$400.00 (Four Hundred) against Voca-College Street for each day the deficiency remains uncorrected.

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

Standard level deficiencies must be corrected within 60 days from the exit of the survey, which is March 29, 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.).
- 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)

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

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) 750-2664.

Sincerely,

Kaila Mitchell

Facility Compliance Consultant II

Mental Health Licensure & Certification Section

**Enclosures** 

Cc:

qmemail@cardinalinnovations.org

DHSR@Alliancebhc.org QM@partnersbhm.org dhhs@vayahealth.com



1005 Spring Street Wilkesboro, NC 28697 336.838.8791 · www.ResCare.com

2/14/2020

Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2178

Dear Kaila,

Enclosed you will find the plan of correction for the deficiencies cited at the annual onsite survey and the complaint survey at the VOCA College Street Group Home conducted on January 29, 2020. We would like to invite you back to the VOCA College Street Group home to lift the condition. The deficiencies will be corrected by no later than March 13, 2020 as requested. Thank you for your time and attention. Please do not hesitate to call with questions regarding the plan of correction.

Sincerely,

Sandi P. Houg

Operations Manager (336)-902-8310 (Cell)

(336)-838-8791 (Office)

Sandi.houg@rescare.com