

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

PRINTED: 02/03/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/23/2020
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NAME OF PROVIDER OR SUPPLIER VOCA-SANDBURG GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 9317 SANDBURG AVENUE CHARLOTTE, NC 28213
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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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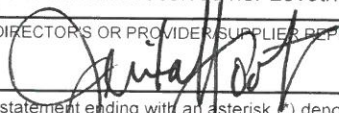
W 369	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 1 of 3 clients observed during drug administration (#1). The finding is:</p> <p>Morning observations in the group home on 1/23/2020 at 6:35 AM revealed client #1 sat at the dining table consuming her coffee. Further observations at 6:50 AM revealed client #1 sat at the dining table consuming her breakfast meal consisting of cereal with milk and whole toast.</p> <p>Medication observations in the group home on 1/23/2020 at 7:20 AM revealed the medication technician (staff A) administered client #1 her morning medications consisting of Pantoprazole, Metoprolol ER, Fluoxetine and Levothyroxine. During this time, client #1 was observed to swallow all medications administered.</p> <p>Review on 1/23/2020 revealed an individual support plan (ISP) dated 4/25/2019. Continued review revealed physician's orders (dated signed 1/8/2020) for client #1 which noted: Levothyroxine Sod 112 mcg tabs take one tab by mouth on an empty stomach every morning, daily at 8:00 AM.</p> <p>Interview with the medication technician (staff A) on 1/23/2020 at 7:33 AM revealed client #1 should have received her Levothyroxine before</p>	W 369	<p>W369</p> <p>The facility will ensure all drugs are administered without error for all clients including client#1. Nursing will inservice staff to give medications as prescribed including any medication which has need of being given on an empty stomach.</p> <p>To prevent further episodes: QP, Residential Manager and/or nursing will observe drug administration weekly to ensure all medications are given without error.</p> <p>To be completed y: 3/23/2020 Person(s) Responsible: Program Manager</p>	3/23/2020
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DHSR - Mental Health

FEB 14 2020

Lic. & Cert. Section

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



TITLE

Program Manager

(X6) DATE

2/8/2020

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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W 369	Continued From page 1 her breakfast meal on an empty stomach.	W 369	W 436 The facility will ensure clients will be taught to use and make informed choices relative to eye glasses and hearing aides. Program Manager will inservice QP to ensure clients are being taught to use and make informed choices about the use of eye glasses.	3/23/20203/23/
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to teach 2 of 3 sampled clients (#1 and #4) to use and make informed choices relative to eye glasses and hearing aides. The findings are: A. Client #1 is in need of programming to help her use eye glasses as prescribed. Observations in the group home throughout the survey period from 1/22/2020 through 1/23/2020 revealed client #1 did not wear eye glasses. Continued observations in the group home throughout the survey period revealed client #1 was not prompted to wear eye glasses. Review of the record for client #1 on 1/23/2020 revealed an individual support plan (ISP) dated 4/25/2019. Continued review the ISP revealed a	W 436	A. Specifically to Client #1 QP will formulate and implement a habilitation goal for Client #1 to wear eye glasses as prescribed. B. Specifically to Client #4 QP will formulate and implement a habilitation goal for Client #4 to wear both hearing aides as prescribed. To prevent further episodes: QP and/or Residential Manager will make observations weekly to ensure eye glasses and hearing aides are being taught to use as prescribed. To be completed y: 3/23/2020 Person(s) Responsible: Program Manager	

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W 436	<p>Continued From page 2</p> <p>vision examination dated 6/25/2019 which noted client #1's vision corrects to 20/25 in the right eye and 20/30 in the left eye. Further review of the 6/25/2019 vision examination revealed a prescription was given for new glasses for client #1.</p> <p>Ongoing review on 1/23/2020 of client #1's ISP dated 4/25/2019 revealed a community/home life assessment dated 4/12/2019. Review revealed an assessment which noted client #1 requires physical assistance for wearing, caring and the storage of her prescribed eye glasses. Further review on 1/23/2020 of client #1's current programs revealed no programming relative to the use and care of her eye glasses.</p> <p>Interview with the home manager on 1/23/2020 confirmed client #1 has prescribed eye glasses and they are kept in the office. Interview with the facility nurse and the qualified intellectual disabilities professional (QIDP) on 1/23/2020 confirmed client #1 had a 6/25/2019 vision examination. Continued interview with QIDP revealed client #1 has prescribed eye glasses but does not wear them. Subsequent interview with the QIDP confirmed client #1 is in need of programming to help the client use the eye glasses as prescribed and confirmed there was no previous programming relative to the use and care of client #1's eye glasses.</p> <p>B. Client #4 is in need of programming to help him use both his hearing aids as prescribed.</p> <p>Observations in the group home throughout the survey period from 1/22/2020 through 1/23/2020 revealed client #4 wore one hearing aid. Continued observations in the group home</p>	W 436		3/23/2020
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W 436	<p>Continued From page 3</p> <p>throughout the survey period revealed client #4 was not prompted to wear both hearing aids.</p> <p>Review of the record for client #4 on 1/23/2020 revealed an individual support plan (ISP) dated 12/27/2019. Continued review of the ISP revealed an audiological evaluation dated 12/31/2019. Further review of the 12/31/2019 audiological evaluation revealed binaural hearing aids are recommended and client #4 failed audiological behavioral observational testing to follow simple verbal commands and hear voice level conversations.</p> <p>Ongoing review on 1/23/2020 of client #4's ISP revealed a community/home life assessment dated 1/13/2020 which noted not applicable assessments for hearing aids. Further review on 1/23/2020 of client #4's current programs revealed a hearing aid device care program dated implemented 1/14/2020.</p> <p>Interview with the medication technician (staff A) on 1/23/2020 at 7:12 AM confirmed client #4 prefers to wear one hearing aid and his hearing aids are kept in the office. Interview with the QIDP revealed prior to client #4's admission to the facility, he was accustomed to wearing one hearing aid and the QIDP confirmed client #4 continues this practice. Continued interview with the QIDP confirmed while client #4 does have current programming to care for his hearing aids, he is in need of programming to wear both hearing aids, as prescribed.</p>	W 436		3/23/2020	



Community Alternatives North Carolina

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February 8, 2020

Ms. Stephanie DeGraffenreid
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR - Mental Health

FEB 14 2020

Lic. & Cert. Section

Dear Stephanie DeGraffenreid,

Please find the enclosed plan of correction for deficiencies cited during the recent annual recertification survey completed at the Sandburg Group Home on 1/23/2020. Deficiencies will be corrected as indicated in plan of correction.

We would like to request an invitation of return visit on or after March 23, 2020.

Thank you for all your assistance that you provide us in helping meet the needs of the people we serve.

Sincerely

Jenita Hooks
Program Manager

Respect and Care

Assisting People to Reach Highest Level of Independence