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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G269	A. BUILDING _____ B. WING _____	12/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY II GROUP HOME	322 HICKORY AVE SANFORD, NC 27330

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 190	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2) For employees who work with clients, training must focus on skills and competencies directed toward clients' developmental needs. This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to assure direct care staff was adequately trained with regard to transferring 1 of 3 non-ambulatory clients into the van. This affected audit client #3. The finding is: Direct Care staff did not demonstrate competence in transferring client #3 into the van. During observations on 12/4/19 at 9:30am a van arrived at the facility to pick up audit clients #3 and #5. Two direct care staff sat in the van. Two direct care staff propelled client #5's wheelchair, which he was sitting in, outside and rolled it up the ramp. One staff walked behind the wheelchair and secured client #5's wheelchair into the van securing two tie downs in front attached to the wheelchair frame and two in back attached to the frame of the wheelchair. Direct care staff B told Direct care staff A they would have to transfer audit client #3 into the seated section of the van because for this van, there were not sufficient tie downs to secure audit client #3's wheelchair. Direct care staff B propelled audit client #3's wheelchair, with her seated in it, around the van so that her wheelchair was parallel with the van door. Direct care staff B stood up on the step of the van while direct care staff A reached under audit client #3's left arm and tried to prompt her to stand up. Direct care staff A tried five times to get audit client #3 to stand up. Each time she sat	W 190	W.190 This deficiency will be corrected by the following actions: a. All ISP will be reviewed for b. PT will review all orders for non-ambulatory consumers and van safety. c. Each person will be assessed for their non-ambulatory needs d. Van will be assessed for additional safety measures—i.e. tied downs e. All staff will be in serviced on van safety/protocol f. All staff will be in-service on lifting and transferring g. Residential Manager will monitor one time a week. h. Qualified Professional will monitor one time a week RECEIVED FEB 06 2020 DHSR-MH Licensure Sect	02.03.2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Marika Whack LPA | Executive Director | 12/11/19

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 190	Continued From page 1 back down. During one attempt, audit client #3 leaned over and with assistance was sitting on the van step. At no time, did either direct care staff sitting in the van offer to help direct care staff A or direct care staff B with audit client #3. Finally, direct care staff A and direct care staff B made the decision to reposition audit client #3 back into her wheelchair and take her back in the facility. Direct care staff A told the other staff sitting on the van, they would need to make another trip to pick audit client #3 up to take her to work. Review on 12/4/19 of audit client #3's record revealed she has a diagnosis of Cerebral Palsy, Osteoporosis and Moderate Intellectual Disability and uses a wheelchair for mobility. Further review revealed she can propel her wheelchair for short distances. Interview on 12/4/19 with the Qualified Intellectual Disabilities Professional (QIDP) and the Residential Manager(RM) revealed direct care staff were using another facility's van because one of their clients had a physician appointment out of town . Further interview revealed if there were not sufficient wheelchair tie downs in the van, direct care staff should not have attempted to get audit client #3 to stand up and transfer. Additional interview confirmed audit client #3 is at risk for falls. The QIDP and RM stated staff in the van should have assisted staff A and staff B and the decision should have been made initially to make two trips to transport clients #3 and #5 to work.	W 190		
W 224	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must	W 224		

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W 224	Continued From page 2 include adaptive behaviors or independent living skills necessary for the client to be able to function in the community. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #3 and client #5's comprehensive functional assessments (CFA) included an assessment of their meal preparation skills. This affected 2 of 3 audit clients. The finding is: The CFA's for clients #3 and #5 did not address meal preparation skills. During observations of meal preparation on 12/3/19 at 4:50pm, direct care staff C used the food processor to blend quiche and Brussel sprouts for clients #3 and #5. Client #4 was in the kitchen assisting with meal preparation. During this time clients #3 and #5 were seated in the living room in their wheelchairs watching television. During observations of breakfast preparation on 12/4/19 at 6:15am direct care staff B blended pancakes, eggs and fruit in the food processor for clients #3 and #5. During this time client #3 was getting medication in the office and client #5 was seated in his wheelchair in the living room. a) Review on 12/3/19 of client #5's nutritional evaluation dated 3/8/19 revealed he receives a regular mechanically soft diet with double portions with pieces not to exceed 1/4 inch in size. Review on 12/3/19 of client #5's occupational therapy evaluation (OT) dated 10/16/19 revealed	W 224	W.224 This deficiency will be corrected by the following actions: a. Community and home life assessment will be completed on each person served b. Each person will be assessed for their ability to increase independence via preparing food while at meal time. To use any and all adaptive equipment to assist with independence. c. Clinical Supervisor will review and add WTP as needed to increase independence d. All staff will be in-service on WTP. e. All staff will be in-service on meal preparation f. Residential Manager will monitor one time a week. g. Qualified Professional will monitor one time a week	02.03.2020

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W 224	Continued From page 3 he uses a high low plate and can scoop with built up angled spoon. Review on 12/3/19 of client #5's community home life assessment dated 4/4/19 revealed "NA" for use of all kitchen appliances. b) Review on 12/3/19 of client #3's OT evaluation dated 10/16/19 that she eats a bite sized consistency diet with all foods precut before they arrive at the dining room table. Further review revealed she utilizes a high low dish with youth sized spoon with a foam handle. Review on 12/3/19 of client #3's community home life assessment dated 3/22/19 revealed she requires complete physical assistance in using any kitchen appliance. Review on 12/3/19 of client #3's individual program plan (IPP) dated 4/4/19 revealed her diet is cut into bite sized pieces 1/2-1 inch pieces with seconds as desired. Interview on 12/4/19 with the residential manager (RM) revealed both clients #3 and #5 could assist with modifying their food textures with hand over hand assistance or with the use of an adaptive switch. Interview on 12/4/19 with the qualified intellectual disabilities professional (QIDP) revealed neither client #3 or client #5 had been assessed for using the food processor to assist in modifying the textures of their food. Additional interview revealed both clients were capable of using an adaptive switch or hand over hand use of the food processor to modify their food textures.	W 224		

Community Alternatives - NC
Southeast Region
1200 Navaho Drive
Raleigh, NC 27609
Phone: 919-850-2117
FAX: 919-954-7367

FAX

To: Kimberly C. McCaskill, MSW From: Hickory 2

Fax: Pages: 5

Phone Date:

Re: Plan of Correction CC:

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

December 11, 2019

Kimberly C. McCaskill, MSW
Facility Survey Consultant I
Mental Health Licensure and Certification section
NC Division of Health Services Regulations
809 Ruggles Drive,
2701 Mail Service Center,
Raleigh NC 27699-2701
919.855.3750 office
919.733.2757 fax

RE: **Plan of Correction for Annual Survey conducted: December 04, 2019**
VOCA—Hickory 2
322 Hickory Ave, Sanford, NC 27332
Provider Number 34G269
MHL# 053022

Dear Ms. McCaskill

We appreciate the courtesy extended by you while surveying the VOCA— Hickory 2 North Carolina.

As indicated on the Plan of Correction, we will have the Deficiencies corrected for, the Annual survey conducted On **December 04, 2019**, it will be completed **February 03, 2020**

We are committed to providing the highest possible care for the people we serve at VOCA— Hickory 2.

If you have questions, please contact JerMaine Kearney, Program Manager
984.205.2630 ext 403

Sincerely,

Marika Whack

Marika Whack, Executive Director
Community Alternatives North Carolina- Southeast Region
1001 Navaho Drive suite 101
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984.205.2630 ext. 405
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