

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

PRINTED: 03/20/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G193	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
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NAME OF PROVIDER OR SUPPLIER VOCA-SIMPSON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3017 SIMPSON DRIVE CHARLOTTE, NC 28205
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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 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews the facility failed to assure each employee receives sufficient training regarding behavior support plans (BSPs), documentation and incident reporting for 1 of 3 sampled clients (#6). The finding is:</p> <p>Observations on 3/10/20 of the group home's exterior revealed 2 windows with alterations located at the front, far-right of the house and the window adjacent at the end of the house. The front window had two 2" x 4" boards approximately 18" in length fastened with screws vertically at each side and an alarm could be seen on the inside of the window. Further observation revealed the adjacent exterior window at the right end of the house appeared to have an alarm and a board covering the window from inside. Continued observation inside the group home revealed client #6's bedroom at the end of the hallway to have a large piece of plywood fastened with screws that fully covered the window.</p> <p>Interview on 3/10/20 at 6:00 pm with the home manager (HM) revealed the room to be client #6's bedroom. Further interview with the HM revealed on 2/24/20 client #6 had a behavior and tore the window frame off and pushed out the window. Continued interview on 3/11/20 with the HM</p>	W 189	<p><i>Please see attached plan of correction</i></p> <p>DHSR-Mental Health</p> <p>JUN 17 2020</p> <p>Lic. & Cert. Section</p>	05/09/20
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Program Manager	(X6) DATE 03.11.2020
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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 189	<p>Continued From page 1</p> <p>revealed she notified the maintenance company on 2/24/20 to fix the window and notified the qualified individual disabilities professional (QIDP), program manager and behaviorist by email of the incident on 2/24/20. Subsequent interview with the HM revealed client #6 had damaged the same window on 3 other occasions during a behavioral episode since his admission 12/18/19. The HM was unable to give dates of the prior incidents. Subsequent interview with the HM revealed staff found out the window was damaged when they checked on client #6 and verified staff did not hear the window alarm at the time of damage.</p> <p>Review on 3/11/20 of facility incident reports for the last 6 months did not reveal documentation of property destruction or behavioral incidents involving client #6. Record review for client #6 revealed a BSP written 11/19/19 which indicated the client has a history of running and prying locks related to target behaviors including property destruction and elopement. Further review of the BSP revealed staff are to always monitor client #6 closely and all target behaviors including other behaviors will be documented on the behavior data log every time they occur. Review of client #6's behavior log for the last 3 months did not reveal documentation of behaviors involving property destruction of windows.</p> <p>Interview on 3/11/20 with the QIDP and program director revealed they had not been informed of client #6's behaviors or the destruction of his bedroom window and were unaware the windows to his room were blocked. Further interview with the program manager revealed all staff working with client #6 have been trained to document all</p>	W 189		
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W 189	Continued From page 2	W 189			
W 227	<p>behaviors and should have filled out an incident report for the damaged window.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the individual support plan (ISP) failed to include sufficient training objectives or interventions relative to behavior management for 1 of 3 sampled clients (#6). The finding is:</p> <p>Observations throughout the 3/10/20 to 3/11/20 survey revealed client #6 to participate in various activities with staff supervision. Continued observations revealed client #6 to have a staff accompany and/or monitor him at meal times, visits to the bathroom, various activities and time spent in his room. Further observations revealed one window being intact and fully covered by a wooden board from inside the window in client #6's bedroom. Additional observations revealed a second window in client #6's bedroom having two 2" x 4" pieces of plywood approximately 18" long and fixated with nails along the outer sides of the window frame. It is important to mention that during the observation period the window panes in client #6's bedroom were not broken or cracked.</p> <p>Review of records for client #6 revealed an</p>	W 227	<p><i>Please see attached plan of correction</i></p> <p><i>05/09/20</i></p>		

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W 227	<p>Continued From page 3</p> <p>individual support plan (ISP) dated 12/17/19 which included the following programs: hygiene (e.g. toothbrushing, handwashing, bathing), privacy, communication, and making his bed. Continued review of records for client #6 included a behavioral support plan (BSP) dated 11/19/19 which listed the following target behaviors: masturbation, anxiety/disruptions, verbal and physical aggression, non-compliance, elopement, property destruction of his clothing, and inappropriate toileting. Further review of the ISP revealed no programming or training objectives relative to property destruction of windows or the need for 1:1 staff supervision.</p> <p>Interview with the home manager (HM) on 3/10/20 revealed that client #6 has had a total of four incidents since his admission on 11/18/19 which included attempts to break or push out a window in his bedroom. Further interview with the HM revealed that a work order was placed on 2/24/20 due to client #6 pushing out his window with his hand, which led to the wooden board being placed over the window in his room. The HM confirmed via interview that client #6 should not have wooden boards or plywood to block egress or combat property destruction. Further interview with the HM verified that client #6 does not have any programming or training objectives relative to property destruction.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/11/20 verified that client #6 should not have boards on his windows to block egress or prevent property destruction. The QIDP confirmed that client #6 does not have any programming or training objectives relative to property destruction of windows. The QIDP additionally confirmed during the interview that</p>	W 227		
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W 227	Continued From page 4 client #6 could benefit from programming and/or training objectives relative to property destruction of his environment such as windows.	W 227		
W 287	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used for the convenience of staff.</p> <p>This STANDARD is not met as evidenced by: Based on observations and staff interviews, the facility failed to assure techniques used to manage inappropriate behavior for client #6 were not used for the convenience of staff for 1 of 3 sampled clients (#6). The finding is:</p> <p>Observations on 3/10/20 of the group home's exterior revealed 2 windows with alterations at the front, far-right of the house and the window adjacent at the end of the house. The front window had two 2" x 4" boards approximately 18" inches in length fastened with screws vertically over the front far-right window at each side and an alarm could be seen on the inside of the window. Further observation revealed the adjacent window at the right end of the group home appeared to have an alarm and a board covering the window from inside. Continued observation inside the group home revealed client #6's bedroom at the end of the hallway to have a large piece of plywood fastened with screws that fully covered the window.</p> <p>Interview on 3/10/20 with the home manager (HM) revealed on 2/24/20 client #6 was having a</p>	W 287	<p><i>Please see attached plan of Correction</i></p>	<p><i>05/16/20</i></p>

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W 287	<p>Continued From page 5</p> <p>behavior, tore the window frame off and pushed out the window. Further interview on 3/11/20 with the HM revealed she notified the maintenance company on 2/24/20 to fix the window and notified the qualified intellectual disabilities professional (QIDP), program manager and behaviorist by email of the incident and the request to have the window repaired. Continued interview with the HM revealed client #6 had damaged the same window during a behavior episode on 3 other occasions since his admission on 12/18/19. The HM was unable to give dates of the prior incidents and did not make out an incident report for the property destruction. Subsequent interview with the HM revealed on 2/24/20 a staff person found out the window was damaged when they checked on client #6 and verified staff did not hear the window alarm sound at the time of destruction.</p> <p>Review of records on 3/11/20 for client #6 revealed a behavior support plan (BSP) dated 11/19/19 listing restrictions that included medications, alarms and sensors on the bedroom door and windows due to elopement and a shadow box to protect his TV from property destruction. Further review of client #6's BSP revealed staff are to always monitor him closely and all target behaviors including other behaviors will be documented on the behavior data log every time they occur. Review of group home incident reports for the last 6 months and client #6's behavior log for the last 3 months revealed no documentation of behaviors and the destruction of his bedroom window.</p> <p>Interview on 3/11/20 with the QIDP and program director revealed they had not been informed of client #6's behaviors or the destruction of his</p>	W 287		
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W 287	Continued From page 6 bedroom window. Continued interview revealed the QIDP and program director were unaware the windows to client #6's room were blocked to prevent opening. Further interview with the program director revealed staff should have documented all behaviors for client #6 and completed incident reports for damage to the window. Additional interview with the QIDP revealed all staff have been trained on client #6's BSP and incident reporting.	W 287		
W 382	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interviews, the team failed to assure all medications and biologicals remain locked except when being prepared for medication administration for 1 of 3 sampled clients (#1). The finding is:</p> <p>Afternoon observations in the group home on 3/10/20 at 4:40 PM revealed client #1 to sit in the medication room and prepare for medication administration. Continued observation revealed staff D to state "I need to get some applesauce" and was observed to leave the medication room and enter the hallway. Client #1 was observed to be left unattended in the medication room with the medication basket on the counter and medication cabinet left open. It is important to mention that this surveyor stepped into the hallway and continued to monitor client #1 and the medication basket from the hallway.</p>	W 382	<p><i>Please see attached plan of correction</i></p>	<p><i>05/09/20</i></p>

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W 382	<p>Continued From page 7</p> <p>Subsequent observation revealed staff D was observed to return to the medication room with applesauce and proceed to administer medications to client #1.</p> <p>Interview with staff D on 3/10/20 revealed that there is always a staff member on the outside of the closed door to the medication room during medication administration to assist as necessary. Interview with the home manager (HM) on 3/11/20 confirmed that client #1 should not have been left in the medication room unsupervised with open access to the medication cabinet and medication basket. Interview with the HM also verified that if staff need assistance during medication administration they are to remain in the room with clients and call into the hallway for assistance until a staff member or management is available to assist. Interview with the qualified intellectual disabilities professional (QIDP) on 3/11/20 confirmed that all clients should remain supervised while in the medication room during medication administration times. The QIDP also confirmed during the interview that all medications should be locked at all times prior to medication administration.</p>	W 382		
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W189 STAFF TRAINING PROGRAM
CFR(s): 483.430(e)(1)

The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.

Community Alternatives of NC, specifically the Simpson Group Home, will provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.

The behaviorist will retrain all staff at the Simpson group home relative to client #6's Behavior Support Plan. Training will include, but not be limited to, identifying target behaviors, interventions, preventative techniques, documentation and notifications. Documentation will include the behavior log and incident report. Notification includes the guardian, behaviorist, Site Supervisor, and Program Manager. The Site Supervisor will immediately notify the Area supervisor and call Aramark to request immediate repairs. The Program Manager will be notified of any property destruction of physical aggression resulting in injury. The Site Supervisor will review the protocol and monthly staff meetings. The Behaviorist will review the behavior log 2 x weekly to ensure challenging behaviors are documented. The Clinical supervisor will review incident reports 2 x weekly to ensure all incidents are documented and reported in a timely manner. The Program Manager will review the behavior log and incident reports during monthly site reviews to ensure all challenging behaviors are documented and reported in a timely manner.

Person Responsible: Behaviorist, Site Supervisor, Clinical supervisor, Program Manager
Date to Be Completed: 05.09.2020

W227 INDIVIDUAL PROGRAM PLAN
CFR(s): 483.440(c)(4)

The program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (3) of this section.

Community Alternatives of NC, specifically the Simpson Group Home, will ensure the program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (3) of this section.

The Core Team will meet with the consulting psychologist and speech pathologist to develop program ideas to address client #6's property destruction. Proactive activities will be developed to assist with keeping him engaged/ the team will discuss possible triggers of the property destruction. A list of triggers that may lead to property destruction will be identified and a

structured activity schedule will be developed to keep client #6 physically active. The team will continue to attempt to increase more appropriate ways to express himself when feeling, angry, frustrated, or bored. The team will provide training to all staff to ensure consistency. The Clinical Supervisor will meet with the speech pathologist to develop an expressive communication objective. The Clinical supervisor will review the data collection 2 x weekly to ensure staff are implementing the objective as written and documenting accordingly. The Program manager will review the data collection during monthly site reviews to ensure staff are implementing the objective as written and documenting accordingly.

Person Responsible: Behaviorist, Clinical supervisor, Program Manager
Date to Be Completed: 05.09.2020

W287

MANAGEMENT IF INAPPROPRIATE CLIENT BEHAVIOR
CFR(s): 483.450(b)(3)

Techniques to manage inappropriate client behavior must never be used for the convenience of staff.

Community Alternatives of NC, specifically the Simpson Group Home, will ensure techniques to manage inappropriate client behavior is never be used for the convenience of staff.

The behaviorist will retrain all staff at the Simpson group home relative to client #6's Behavior Support Plan. Training will include, but not be limited to, identifying target behaviors, interventions, preventative techniques, documentation and notifications. Documentation will include the behavior log and incident report. Notification includes the guardian, behaviorist, Site Supervisor, and Program Manager. The Site Supervisor will immediately notify the Area supervisor and call Aramark to request immediate repairs. The Program Manager will be notified of any property destruction or physical aggression resulting in injury. The Site Supervisor will review the protocol and monthly staff meetings. The Behaviorist will review the behavior log 2 x weekly to ensure challenging behaviors are documented. The Clinical supervisor will review incident reports 2 x weekly to ensure all incidents are documented and reported in a timely manner. The Program Manager will review the behavior log and incident reports during monthly site reviews to ensure all challenging behaviors are documented and reported in a timely manner.

Person Responsible: Behaviorist, Site Supervisor, Clinical supervisor, Program Manager
Date to Be Completed: 05.09.2020

3017 Simpson Drive
Charlotte, NC 28205
Plan of Correction
Date of Recertification Survey: March 11, 2020
Provider # 34G193
Page 3 of 3

W382 DRUG STORAGE AND RECORDKEEPING
CFR(s): 483.460(l)(2)

The facility must keep all drugs and biologicals locked except when being prepared for administration.

Community Alternatives of NC, specifically the Simpson Group Home, will keep all drugs and biologicals locked except when being prepared for administration.

The Site Supervisor and Clinical Supervisor provided training to all staff to remain in the office at all time when administering medication to consumers. The medication cabinet is always to remain locked except when administering medication. All consumers will be supervised during medication administration. If the staff administering the medication needs assistance, he or she will call for another staff to come assist them. They will not leave the office if the medication cabinet is open or unlocked while a consumer is in the office. The Site Supervisor will conduct 3 random med pass observations per week to ensure the staff administering medication remains in the office while administering medication. The Program Manager will observe medication administration during monthly site reviews to ensure the staff administering medication remains in the office while administering medication.

Person Responsible: Site Supervisor, Program Manager
Date to Be Completed: 05.09.2020



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

March 23, 2020

Denise Derkowski, Executive Director
Rescare, Inc.
834 Tyvola Rd, Ste 112
Charlotte, NC 28217

Re: Recertification Completed March 11, 2020
VOCA-Simpson Group Home
Provider Number 34G193
MHL# 060-122
E-mail Address: dderkowski@rescare.com

Dear Ms. Derkowski:

Thank you for the cooperation and courtesy extended during the recertification survey completed March 11, 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 **May 9, 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.

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

March 20, 2020

VOCA-Simpson Group Home

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 Sherri Capps at (919) 703-6145.

Sincerely,

Sherri Capps, RN

Sherri Capps, RN
Nurse Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: qmemail@cardinalinnovations.org
DHSR@Alliancebhc.org



DHSR-Mental Health

JUN 12 2020

Lic. & Cert. Section

818 Tyvola Road
Suite 104
Charlotte, NC 28217
O 704-519-0077
F 704-519-0076
www.ResCare.com

March 30, 2020

Sherri Capps, RN
Facility Compliance I
Mental Health Licensure and Certification Section
952 Old US Highway 70
Black Mountain, NC 28711-4501

Dear Sherri,

Please find the enclosed plan of correction for the deficiencies cited during the recent recertification survey at the VOCA-Simpson Group Home on March 11, 2020. Implementation is currently in progress for all deficiencies they will be corrected by May 09, 2020.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Angie Hughes", with a long horizontal line extending to the right.

Angie Hughes
Program Manager