

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

PRINTED: 10/13/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 000	INITIAL COMMENTS	W 000			
W 104	<p>Intake #NC00163500, NC00163905, NC00168795</p> <p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to ensure maintenance of the facility was clean and in good repair. The finding is:</p> <p>Observations at the group home on 9/29/20 at 11:50 AM revealed the group home to have minimal cleaning supplies with no disinfectant, no soap in the kitchen with a half bottle of hand sanitizer on the counter and a half bottle of sanitizer in a common area of the group home. Observation of bathrooms A and B revealed no soap and continued observations of the storage room of the group home revealed no additional cleaning supplies. Subsequent observation of bathroom A revealed a substantial amount of standing water in the center of the floor. Interview with the facility home manager at the time of observations revealed she was planning to purchase cleaning supplies on the current day. Observation in the group home on 9/29/20 at 4:00 PM revealed the group home to be stocked with cleaning supplies that all staff consistently used throughout various rooms of the facility during the</p>	W 104			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 104	<p>Continued From page 1 survey observation periods on 9/29-9/30/20.</p> <p>Continued observations in and around the group home during the 9/29/20-9/30/20 survey period revealed damage to a window screen which was approximately 5 inches in diameter and located on the front right exterior of the home with broken glass also on the ground near the window. Further observations revealed multiple spider webs and insects covering windows and doors around the exterior of the group home. Outdoor observations of the group home additionally revealed a dilapidated dining room table and cushioned chairs in the back yard that were in poor condition with weather related damage. Observation of bathroom towels for the group home revealed multiple towels to have holes or stains. Additional observation of air vents in the group home revealed extensive dust and it was unknown when the last filter change for air vents had occurred.</p> <p>Interview with staff G on 9/30/20 verified that the table placed outdoors had been outside for a few weeks and clients use the table to draw and participate in various activities and board games. Interview with the Home Manager (HM) on 9/29/20 verified that the table had been outdoors at least a month and had been exposed to various weather conditions. Further interview with the HM confirmed that clients enjoy sitting at the table outside and utilizing the table for various activities.</p> <p>Interview with the Operations Manager on 9/30/20 verified that the table and chairs sitting outside the group home were not to be used for outdoor use and were supposed to be thrown away. Further interview with the Operations</p>	W 104			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 104	Continued From page 2 Manager confirmed that a maintenance order was not completed for the screen repair of the group home window, however, the window pane had been previously repaired. Continued interview with the Operations Manager confirmed that the outdoor perimeter of the group home needed extensive cleaning and a new outdoor table and chairs is needed for client use. Interview with the operations manager additionally verified the vents of the group needed to be cleaned and the current health pandemic had delayed various maintenance issues of the group home.	W 104			
W 136	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(11) The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities. This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the facility failed to have an effective system to assure 1 of 3 sampled clients (#1) was provided the opportunity to have meals from in a variety of community options. The finding is: Observations in the group home on 9/29/20 at 4:00 PM revealed clients #1, #2, #3 and #5 to have returned from an outing earlier in the day. Observation of multiple photos on the kitchen wall of the group home on 9/29/20 revealed various community outings clients in the group home had participated in. Further observation of the photos on the group home kitchen wall revealed client #1 to eat KFC mashed potatoes in all meal photos.	W 136			

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

PRINTED: 10/13/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 136	Continued From page 3 Review of records for client #1 on 9/30/20 revealed a nutritional assessment dated 9/1/20. Review of the 9/2020 nutritional assessment revealed client #1 has a prescribed pureed diet. A review of financial statements from the facility relative to community meal outings revealed client #1 is offered meal outings at KFC and Pizza Hut if the pizza is brought to the group home to be pureed. Further review revealed client #1's community meal option is limited to KFC restaurant. Interview with the qualified intellectual disabilities professional (QIDP) on 9/29/20 verified on the current day clients #1, #2, #3 and #5 had lunch in the community. Continued interview with the QIDP revealed all clients were taken to KFC due to client #1's pureed diet. Further interview with the QIDP revealed when client #1 has a meal outing he is taken to KFC as that is the only place that offers a pureed food option and the client gets mashed potatoes. Interview with the facility operations manager verified client #1 is taken to KFC for community meal outings due to a pureed diet consistency. Further interview with the facility Operations Manager verified client #1 should be offered the opportunity to have meals at a variety of restaurants during outings and a pureed diet should not limit client choice. Additional interview with the facility Operations Manager verified the facility had not considered the use of a portable blender to support increased community meal options for client #1.	W 136			
W 137	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12) The facility must ensure the rights of all clients.	W 137			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 137	<p>Continued From page 4</p> <p>Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that clothing fit properly for 1 of 3 sampled clients (#5). The finding is:</p> <p>Afternoon observations in the group home on 9/29/20 revealed client #5 in the kitchen assisting staff in preparing for the dinner meal. Further observations revealed client #5 to wear loose fitting denim shorts and bending over in the kitchen exposing his bare backside. At no point during the afternoon observations did staff instruct or assist client #5 to pull up his pants or offer him a belt.</p> <p>Morning observations in the group home on 9/30/20 revealed client #5 to participate in various activities, including grooming, outdoor activities, a writing activity, and participating in the breakfast meal. Observations at 7:50 AM revealed client #5 to have on large fitting pants. Further observations revealed several staff looking in client #5's room for a belt to secure his pants. Continued observations at 8:30 AM revealed client #5's pants continued to fall off of his waist.</p> <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 9/29/20 verified client #5 has a belt that could not be located at the time of the survey. Interview with the Operations Manager on 9/30/20 confirmed all clients should have clothing that is appropriately sized and supporting accessories such as a properly fitted belt.</p>	W 137			

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

PRINTED: 10/13/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 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 observation and interviews, the facility failed to ensure staff were sufficiently trained relative to knocking on client bedroom doors before entering. The finding is:</p> <p>Observation in the group home on 9/29/20 at 5:50 PM revealed client #5 to be in his bedroom with the door closed. Continued observation revealed the qualified intellectual disabilities professional (QIDP) to walk into client #5's bedroom without knocking and verbally prompt client #5 to make his bed. Subsequent observation revealed client #5 to refuse to make his bed and the QIDP to exit the bedroom.</p> <p>Observation in the group home on 9/30/20 at 7:55 AM revealed client #5 to go to his room to look for a belt to wear with his pants. Continued observation revealed staff to assist client #5 with looking for a belt. Staff F was further observed to exit client #5's room and to go to the laundry room and return to client #5's room while entering without knocking. Additional observation revealed the home manager and staff F to assist client #5 with looking for a belt while inconsistently entering and exiting client #5's room without knocking.</p> <p>Interview with the operations manager on 9/30/20 revealed all staff should knock on all client</p>	W 189			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 189	Continued From page 6	W 189			
W 227	<p>bedroom doors before entering.</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, review of records and interview the individual support plan (ISP) failed to have sufficient training objectives to meet identified client needs for 2 of 3 sampled clients (#3 and #5). The findings are:</p> <p>A. The ISP for 1 of 3 sampled client's (#3) failed to include objective training to address identified needs related to transportation, physical activity and entering others rooms. For example:</p> <p>1. Client #3 failed to have objective training related to transportation. For example:</p> <p>Observation at the group home on 9/29/20 at 11:40 AM revealed the qualified intellectual disabilities professional (QIDP) to assist with loading clients #1, #2, #3 and #5 onto the facility van. Continued observation revealed client #3 to sit near a window. Further observation revealed the QIDP to indicate the need to get going to prevent behaviors from starting.</p> <p>Review of incident reports on 9/29/20 from 3/2020 through 9/2020 revealed (3) incidents of aggression for client #3 during transport.</p>	W 227			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 227	<p>Continued From page 7</p> <p>Continued review of facility incident reports revealed on 6/18/20 client #3 became aggressive during transport and on 8/31/20 client #3 became loud and aggressive to other clients, started hitting window and staff had to pull over and sit with client #3. Review of incident report dated 9/7/20 revealed client #3 became aggressive, started hitting other clients (#2, #5) and staff had to pull over to stop him from hurting others.</p> <p>Review of records for client #3 on 9/30/20 revealed an ISP dated 2/29/20 with a diagnosis of Autism, Attention Deficit Hyperactivity Disorder, Obsessive Compulsive Disorder and Mood Disorder with aggression. Continued review of records revealed a revised behavior support plan (BSP) dated 4/20/20. Further review of the BSP revealed target behaviors of: cooperation difficulty, inappropriate social behavior, physical aggression, self injurious behavior, tantrum behavior, property destruction, PICA, AWOL, obsessive compulsive behavior and anxiety behavior. Subsequent review of client #3's BSP revealed preventative measures to behaviors to include: seating arrangements on the van may be a necessary action as client #3 is spontaneous and may attempt to exit the vehicle.</p> <p>Interview with staff A and B on 9/29/20 revealed client #3 does have behaviors sometimes during transport. Continued interview with staff A and B revealed when client #3 has behaviors during transport the best thing to do is pull over to calm him down. Interview with the facility operations manager on 9/30/20 verified client #3 to have a history of having behaviors during transport. Further interview with the operations manager verified client #3 had a history of hitting windows. The operations manager additionally verified</p>	W 227			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 227	<p>Continued From page 8</p> <p>client #3 to have no transportation guidelines to support safety during transport.</p> <p>2. Client #3 failed to have objective training related to exercise or physical activity. For example:</p> <p>Review of incident reports on 9/29/20 from 3/2020 through 9/2020 revealed multiple incidents of AWOL behavior for client #3 with running out a group home exit door and running into the street, across the street or around the facility. Review of records for client #3 on 9/30/20 revealed an ISP dated 2/29/20 with a diagnosis of Autism, Attention Deficit Hyperactivity Disorder, Obsessive Compulsive Disorder and Mood Disorder with aggression. Continued review of records revealed a revised behavior support plan (BSP) dated 4/20/20.</p> <p>Review of the revised BSP for client #3 revealed target behaviors of: cooperation difficulty, inappropriate social behavior, physical aggression, self injurious behavior, tantrum behavior, property destruction, PICA, AWOL, obsessive compulsive behavior and anxiety behavior. Continued review of the BSP revealed personal likes to include playing basketball at the YMCA and likes to run in a park. Further review of the BSP revealed prevention measures to include: exercise may be very helpful in releasing built up energy.</p> <p>Interview with the facility home manager (HM) and operations manager on 9/29/20 revealed client #3 enjoys the opportunity to run and they often use a local track to take the client for exercise. Continued interview with the HM and operation manager verified client #3 often also</p>	W 227			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 227	<p>Continued From page 9</p> <p>has AWOL behaviors at school and the teacher will support client #3 with going to the gym where he can run. Subsequent interview with the facility operations manager on 9/30/20 verified client #3 did not have a program for physical exercise. Additional interview with the operations manager verified client #3 could benefit from a physical exercise program.</p> <p>3. Client #3 failed to have objective training to address entering others rooms. For example:</p> <p>Observation in the group home on 9/30/20 at 7:55 AM revealed client #3 to walk down a hall of the group home and enter into the bedrooms of clients #2, #4 and #5 with the home manager supervising client #3. Continued observation revealed client #3 to enter each clients bedroom, physically move various items, sit on the bed and exit with the verbal prompting of the HM.</p> <p>Review of records for client #3 revealed an ISP dated 2/29/20. Continued review of the 2/2020 ISP revealed objectives relative to dental hygiene, community engagement, personal goals of choice, fire drill participation, clean place setting, clean kitchen table, bathing routine, make bed, assist with setting table for dinner, participation in medication routine and laundry. Further record review revealed a revised BSP dated 4/20/2020 for target behaviors of cooperation difficulty, inappropriate social behavior, physical aggression, self injurious behavior, tantrum behavior, property destruction, PICA, AWOL, obsessive compulsive behavior and anxiety behavior. Additional review of client #3's record revealed no training objective or program relative to entering other's rooms.</p>	W 227			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 227	<p>Continued From page 10</p> <p>Interview with the HM on 9/30/20 revealed client #3 commonly goes into the rooms of other clients and requires re-direction and prompting to leave. Interview with the operations manager on 9/30/20 verified client #3 is known to go into others rooms. Further interview verified client #3 had no training objective relative to entering other's rooms and the identified behavior was not identified in client #3's behavior program.</p> <p>B. The ISP failed to include objective training to address identified needs related to rate of eating and bedmaking for 1 of 3 sampled client's (#5). For example:</p> <p>1. The facility failed to have sufficient training for client #5 relative to bedmaking and bedwetting. For example:</p> <p>Afternoon observations in the group home on 9/29/20 at 12:40 PM revealed client #5's room smelling of urine. Further observations revealed client #5's bed was not made and his sheets, mattress cover, and bedspread were not on his bed and placed on top of his dresser.</p> <p>Record review for client #5 revealed an individual support plan (ISP) dated 4/1/20, which included the following program goals: complete exercise routine, complete laundry, volunteer in the community, make a purchase in the community, fire drill participation, follow bathing routine, participate in personal goals of his choice, and complete medication routine. Continued review of the ISP for client #5 did not include programming relative to bedmaking and bedwetting.</p> <p>Interview with the Home Manager (HM) on</p>	W 227			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 227	<p>Continued From page 11</p> <p>9/29/20 verified that once client #5 has a toileting accident in his bed, staff will remove his bedding, allow his mattress to air dry and make his bed for him. Further interview with the HM confirmed that client #5 does not have training objectives relative to bedmaking. Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 9/29/20 verified that client #5 often refuses to make his bed. Interview with the Operations Manager on 9/30/20 verified that client #5 does not have any programs relative to bedmaking. Continued interview with the Operations Manager confirmed that client #5 could benefit from sufficient objectives relative to bedmaking.</p> <p>2. The facility failed to have objective training for client #5 as it relates to rate of eating. For example:</p> <p>Afternoon observations in the group home on 9/29/20 from 4:00 PM to 7:30 PM revealed client #5 to participate in various activities such as a coloring activity, assisting with meal preparation and participating in the dinner meal. Further observations at 5:30 PM revealed client #5 to participate in the dinner meal. Client #5 was observed having the following menu items: two hamburgers, two large portions of tater tots, a bowl of carrots, jello pudding, water, and red juice drink. Further observations revealed staff to redirect client #5 several times to slow his rate of eating and to drink water in between bites throughout the dinner meal.</p> <p>Review of records for client #5 on 9/30/20 revealed an individual support plan dated 4/1/20 which includes the following programs: complete exercise routine, participate in personal goals of his choice, complete laundry, make a purchase in</p>	W 227			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 227	Continued From page 12 the community, fire drill participation goal, follow bathing routine, volunteer in the community, and complete medication routine. Review of the record for #5 did not reveal a current Community Life Skills Assessment. Continued review of the ISP did not include programming or guidelines relative to rate of eating during meals. Interview with the Operations Manager on 9/30/20 revealed client #5 has no current programming or guidelines to slow his rate of eating during meals. Further interview with the Operations Manager verified that the Community Life Skills Assessment for client #5 could not be located during the survey period. Continued interview with the Operations Manager confirmed that client #5 could benefit from programming relative to slow the rate of eating during meals.	W 227			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure techniques used to manage inappropriate behavior for 1 of 6 clients (#3), were not used as a substitute for an active treatment program. The finding is: Observation in the group home on 9/29/20 at 11:50 AM revealed bathroom A and bathroom B to have no paper products such as paper towels or toilet paper. Continued observation of hygiene	W 288			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 288	<p>Continued From page 13</p> <p>items for each client's shower box revealed no soap products or hair shampoo. Interview with the home manager on 9/29/20 revealed paper products are not kept in the bathrooms due to behaviors of client #3 with stuffing the toilets. Continued interview revealed client #3 will go into the room of other clients and pour out soap products from hygiene boxes.</p> <p>Observation in the group home on 9/29/20 at 4:15 PM revealed the shower boxes of client's #1, #2, #4 and #5 to have new bottles liquid soap. Additional observation revealed bathrooms A and B to inconsistently have paper products throughout the rest of survey observations on 9/29-9/30/20.</p> <p>Review of records for client #3 on 9/30/20 revealed an individual support plan (ISP) dated 2/29/20. Review of client #3's ISP revealed a behavior support program (BSP) dated 4/20/20. Review of client #3's BSP revealed target behaviors of cooperation difficulty, inappropriate social behavior, physical aggression, self-injurious behavior, tantrum behavior, property destruction, PICA, AWOL, obsessive compulsive behavior and anxiety symptoms. Continued review of the 4/2020 BSP revealed property destruction to include damaging toilets. Subsequent review of client #3's BSP revealed no specific behaviors or behavior definitions relative to hygiene product misuse.</p> <p>Interview with the facility operations manager on 9/29/20 and 9/30/20 revealed the removal of paper products from the group home bathrooms was not a formal intervention strategy of the BSP for client #3 to reduce property destruction. Further interview with the operations manager</p>	W 288			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 288	Continued From page 14 verified client #3 did not have a behavior guideline relative to restricting access to soap/shampoo to other clients due to client #3's hygiene misuse.	W 288			
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on review of records and interview, the facility failed to show evidence of quarterly fire drills conducted for the third shift of personnel. The finding is: Review of the facility's fire evacuation drill reports for 12 months ranging from 9/2019 to present revealed multiple fire drills missing over the course of the review year. Further review of fire evacuation drill reports revealed no evacuation drills completed for 3rd shift during the 12-month review period. Interview with the Home Manager (HM) on 9/29/20 revealed that all fire drills were completed on all shifts during the year. Interview with the Operations Manager on 9/30/20 verified that all fire evacuation drills were completed during the year, however, the evacuation drill forms could not be located at the time of the survey. Further interview with the Operations Manager confirmed that all shifts should participate and document fire evacuation drills quarterly over the course of the review year according to the facility rotation schedule for conducting fire evacuation drills.	W 440			
W 460	FOOD AND NUTRITION SERVICES	W 460			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 460	<p>Continued From page 15 CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to provide a specifically prescribed diet for 2 of 3 sampled clients (#3 and #5). The finding is:</p> <p>A. The facility failed to provide a specifically prescribed diet for client #5. For example:</p> <p>Afternoon observations in the group home on 9/29/20 at 5:30 PM revealed client #5 participating in the dinner meal which consisted of the following: Hamburgers, Tater Tots, Carrots, Jello Pudding, red juice drink, milk, and water. Further observations revealed client #5 requesting two hamburgers and extra tater tots. Further observations revealed staff providing client #5 with two hamburgers, a bowl of carrots, and (2) large servings of tater tots. Continued observations revealed client #5 to finish his meal and request an additional serving of tater tots, in which staff C provided him with a large third serving of tater tots. Client #5 was observed to finish his tater tots and staff to give him a jello pudding for dessert.</p> <p>Review of the record for client #5 on 9/30/20 revealed an Individual Support Plan (ISP) dated 4/1/20. Further review of the ISP revealed a Nutritional Evaluation dated 9/1/20 which stated that client #5's current weight is 237.4 lbs. and his ideal body weight (IBW) is between 155 -176 lbs.</p>	W 460			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 460	<p>Continued From page 16</p> <p>Further review of the nutritional evaluation stated that client #5 should receive no concentrated sweets (NCS) to help reduce weight and no seconds should be added to his diet.</p> <p>Interview with the facility Nurse and Operations Manager on 9/30/20 confirmed that client #5's diet should be followed according to the current nutritional assessment. Continued interview verified client #5 should not have been served second servings of tater tots and hamburgers. B. The facility failed to provide a specifically prescribed diet for client #3. For example:</p> <p>Observation in the group home on 9/29/20 at 5:25 PM revealed client #3 to participate in the dinner meal that consisted of hamburgers, tater tots, carrots, jello pudding, red juice drink, milk, and water. Continued observation revealed client #3 to eat two hamburgers with other menu items. Observation on 9/30/20 at 7:05 AM revealed client #3 to participate in the breakfast meal that consisted of a choice of cold cereal. Continued observation revealed client #3 to eat (2) bowls of cereal. Subsequent observation revealed staff to assist client #3 with pouring a third bowl of cereal and the home manager to inform staff the client should not be allowed (3) bowls of cereal. Additional observation revealed client #3 to eat the third bowl of cereal and to then take his dishes to the kitchen.</p> <p>Review of records on 9/30/20 for client #3 revealed a nutritional assessment dated 9/1/20. Review of the nutritional assessment revealed client #3 is 10 lbs above body weight range, has a good appetite and has been on a regular diet but no seconds should be added due to weight gain; He needs to lose weight. A review of client #3's</p>	W 460			

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

PRINTED: 10/13/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 460	Continued From page 17 weight history revealed in 2/2020 the client weighed 125.6 lbs and in 8/2020 client #3 weighed 158 lbs. Interview with the facility operations manager on 9/30/20 verified client #3 should receive a diet in accordance with the current nutritional orders. Continued interview verified client #3 should not have received seconds at the dinner meal on 9/29/20 or the breakfast meal on 9/30/20.	W 460		