

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G128	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2020	
NAME OF PROVIDER OR SUPPLIER VOCA-KIMSEY		STREET ADDRESS, CITY, STATE, ZIP CODE 1305 OLD HWY 60 WILKESBORO, NC 28697		
(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>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 team failed to ensure the individual support plan (ISP) for 1 of 3 sampled clients (#6) included training to address needs relative to coughing/choking. The finding is:</p> <p>Observation in the group home on 9/15/20 at 5:35 PM revealed client #6 to sit at the dining table and to participate in the dinner meal. Continued observation revealed the place setting for client #6 to include a regular plate, regular cups and regular eating utensils. Further observation revealed at 5:48 PM client #6 began to cough after taking a bite of his dinner. Subsequent observation revealed staff A to verbally prompt client #6 to keep coughing and then direct staff B to take client #6 down the hall for a walk to help clear his throat. Client #6 was then observed to walk the hallway of the group home until he stopped coughing. Additional observation revealed client #6 to return to the dinner table at 5:52 PM and to continue his dinner meal.</p> <p>Review of records for client #6 on 9/16/20 revealed an ISP dated 3/6/20. Review of the ISP for client #6 revealed training objectives relative to personal goals, social skills, money management, safely eating (rate of eating), medication management, nail care, handwashing,</p>	W 227	<p>This deficiency will be corrected by the following actions: W-227- The Individual Support 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. The Team will train with the staff in the group home to ensure client # 6 needs are met.</p> <p>1. The RN will review all documentation regarding recommendations and observations for choking/coughing and the objectives contained in the ISP for client #6 and will develop a comprehensive training guide based on them. This will include mealtime prevention, incidents and medication administration. (a.) The Registered Nurse will add the interventions related to medication administration into the QuickMAR system for instruction/reminders during medication administration. (b.) All staff assigned to client #6 will be trained by the Registered Nurse, regarding the interventions and training objectives related to coughing/choking as contained in the comprehensive training guide. The training will also include instructions to document and report to the nurse any choking or coughing incident. Proof of this will be documentation of the content provided along with the signatures of the instructor and the staff assigned to the client.</p> <p>2. The Registered Nurse for the Operation and the Program Manager will review training documentation for any clients who have a known history of choking or</p>	

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

Sandi P. Hous, SPHous

TITLE

PM

(X6) DATE

10/2/2020

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 227	<p>Continued From page 1</p> <p>wearing a face mask and activity participation. Review of the training objective for client #6 relative to safely eating revealed steps to include: sit upright with good posture, use of a fork and spoon to obtain bite size portions, completely chew and swallow portion before obtaining more, take a sip of a drink periodically and clear throat during meals. Review of the medication management training objective for client #6 revealed steps to include: Find MAR, name medications, scan medications, state purpose of medications, state side effects of medications, punch medications and take medication.</p> <p>Continued review of records for client #6 on 9/16/20 revealed a choking assessment dated 3/6/20 that noted descriptive mealtime behavior of distractible, reduced chewing ability with few teeth and rapid spooning on modified chopped diet. Review of a nutritional assessment dated 1/28/20 revealed client #6 has had some coughing spells, chest x-ray was clear; Nurse practitioner feels coughing is related to COPD. Further review of records for client #6 revealed a history of emergency room visits for coughing/choking on 6/17/18 and 12/24/19. Subsequent record review revealed client #6 had a swallow study 3/16/20 that revealed recommendations to include: Continue current diet, soft solid, thin liquids; aspiration precautions and administer medications one at a time.</p> <p>Interview with staff B on 9/15/20 revealed client #6 often coughs with his meals. Continued interview with staff B revealed when client #6 starts to cough the client sits at the table until he stops coughing or staff get him up to walk until he stops. Interview with staff A revealed she had not been trained to walk client #6 with coughing and</p>	W 227	<p>coughing to assure that proper education was completed as per the ISP and that all interventions and recommendations provided have been included.</p> <p>(a.) If any negative findings are found, the Registered Nurse will develop a comprehensive training guide and all staff will be trained who are assigned to those specific clients. Proof of this will be the documentation of the content provided along with the signatures of the instructor and the staff assigned to the client. (b.) All staff will be re-educated by the Registered Nurse/QP/GHS on: (i.) Including all recommendations and interventions received for the client into the Individual Support Plan (ISP) when developed/updated. (ii.) Following the ISP training objectives specific to the client consistently and not developing your own independent interventions. (iii.) All staff assigned to each client must receive client specific training per the ISP prior to caring for them. C. Proof of this will be documentation of the content provided along with the signatures of the instructor and the staff assigned to the client.</p> <p>3. The Registered Nurse/QIDP/GHS will observe Client #6 at mealtime three times a week for 6 weeks to assure that appropriate interventions are followed. Proof of this will be documentation of specific dates and times along with the observation details. (a.) This documentation will be reviewed weekly by the Registered Nurse/Program Manager to determine if compliance has been</p>		

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

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FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER VOCA-KIMSEY	STREET ADDRESS, CITY, STATE, ZIP CODE 1305 OLD HWY 60 WILKESBORO, NC 28697
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W 227	<p>Continued From page 2</p> <p>she developed the intervention on her own as she noticed that it worked in the past when she had walked the client during coughing. Further interview with staff A and staff B revealed coughing incidents of client #6 were not usually documented and sometimes the nurse was notified.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) and facility nurse on 9/16/20 verified client #6 does have a history of coughing with his meals and had been treated in the ER for coughing/choking incidents. Further interview with the QIDP verified aspiration precautions had been developed for client #6 relative to the safe eating objective although guidelines to address incidents of coughing/choking had not been developed. Further interview with the QIDP verified client #6 should get medications one at a time during medication administration and this was not part of the guidelines for the medication administration of client #6.</p>	W 227	<p>achieved or if additional training, further observations or other interventions need to occur as per policy.</p> <p>4. QIDP for the Operation and the Program Manager will review ISP and written training program for safe eating information for Client #6 to ensure it includes all the recommendations and objectives for the coughing/choking guidelines. (a.) QIDP will ensure ISP's are updated to include any changes in health and written training programs are updated to meet Client # 6 needs. (b.) QIDP will ensure all staff assigned to Client #6 will be trained on updated ISP and written training programs.</p> <p>Responsible Party: IDT team</p> <p>Completion Date: 11/16/2020</p>	
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ResCare

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

9/30/2020

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

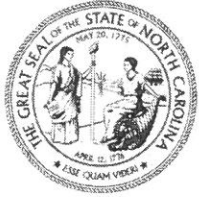
Dear Kaila,

Enclosed you will find the plan of correction for the deficiencies cited at the annual on-site survey and at the VOCA Kimsey Group Home conducted on September 16, 2020. We would like to invite you back to the VOCA Kimsey Group home to lift the deficiencies. The deficiencies will be corrected by no later than November 16, 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



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

September 28, 2020

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

Re: Recertification Completed September 16, 2020
Voca-Kimsey
Provider Number #34G528
MHL# 097-053
E-mail Address: adevore@rescare.com

Dear Mr. Devore:

Thank you for the cooperation and courtesy extended during the recertification survey completed September 16, 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 practice that does 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 deficiency was cited.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is November 16, 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

September 28, 2020
VOCA-Kimsey
Mr. Anthony Devore

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 me at (828) 750-2664.

Sincerely,



Kaila Mitchell
Facility Compliance Consultant II
Mental Health Licensure & Certification Section

Enclosures

Cc: qmemail@cardinalinnovations.org
QM@partnersbhm.org
dhhs@vayahealth.com