

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

PRINTED: 01/21/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G281	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/20/2021
NAME OF PROVIDER OR SUPPLIER VOCA-GREENWOOD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 105 GREENWOOD CIRCLE SMITHFIELD, NC 27577		
(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 observations, record review and interviews, the facility failed to ensure all staff were sufficiently trained to use sign language for 1 of 3 audits client (#4) who has communication impairments. The findings are:</p> <p>During observations in the facility on 1/19/21 from 3:30pm-6:30pm direct care staff attempted to communicate with client #4. At 4:15pm client #4 was at the dining room table putting a large puzzle together on cardboard. Client #4 pointed to a puzzle piece on the floor and signed "Stop." Direct care staff A asked client #4 "What are you saying?" No manual sign language was used.</p> <p>During observations in the facility on 1/19/21 at 5:10pm direct staff B asked client #4 what she wanted to drink for supper. When client #4 did not respond, direct care staff B told client #4, "You want koolaid and water?" Client #4 did not respond. Direct care staff B handed the koolaid and water to client #4 to pour into her glasses. No manual sign language was used.</p> <p>During observations in the facility on 1/20/21 at 6:10am client #4 was assisting in the kitchen while direct care staff C made scrambled eggs, grits, sausage and fruit. Staff C asked client #4 to use the can opener to open the cans of fruit. When she looked puzzled, staff C modeled how</p>	W 189			

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.

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W 189	Continued From page 1 to use the can opener. Client #4 then nodded and continued to assist with opening the cans of fruit and poured them into a bowl provided by staff C. No manual sign language was used. Review on 1/19/21 of client #4's individual program plan (IPP) dated 2/4/20 revealed she has diagnoses of Mild Intellectual Disability, Deafness, Seizure disorder and Intermittent Explosive Disorder. Further review of her IPP revealed she has a formal objective to communicate with staff using sign language with 90% accuracy for 12 consecutive months which was implemented on 11/24/20. Review on 1/19/21 of client #4's communication evaluation dated 10/10/20 revealed client #4 uses sign language, gestures, facial expressions to communicate. The speech language pathologist recommended staff use communication guidelines which incorporated sign language to communicate with client #4. Interview on 1/20/21 with the residential manager (RM) and the qualified intellectual disabilities professional (QIDP) revealed client #4 was transferred from another ICF facility on 2/4/20 and sign language training was not provided for any of the direct staff in the facility.	W 189			
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and interview, the facility	W 331			

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W 331	<p>Continued From page 2</p> <p>failed to provide nursing services for 3 of 6 audit clients (#3, #4, and #6) relative to ensuring current signed physician orders were available for review. The finding is:</p> <p>Review on 1/20/21 of the medical records for audit clients #3, #4 and #6 revealed several prescriptions by medical providers, however 90 day signed physician orders were not available in these charts.</p> <p>Interview on 1/20/21 with the residential manager (RM) indicated the facility nurse is responsible for reviewing these 90 day physician orders and making certain they are signed by the physician and available for review in each client's medical chart.</p> <p>Phone interview on 1/20/21 between the RM and the facility nurse confirmed the 90 day physician orders had not been completed for audit clients #3, #4 and #6 because of the current COVID-19 pandemic.</p>	W 331			