STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G270	A. BUILDING _____ B. WING _____	02/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-SIXTH STREET GROUP HOME	201 NORTH SIXTH STREET 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 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) 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. This STANDARD is not met as evidenced by: Based on record review and interview the individual support plan (ISP) failed to have sufficient training objectives and interventions for 1 of 4 sampled clients (#1) after a need was identified. The finding is: Review on 2/22/21 of the facility's fire drills revealed the following: 11/2/20 at 7:00am: Client #1 combative during the drill. 11/15/20 at 11:00am: Client #1 refused to leave her bed during the drill. 12/5/20 at 8:00pm: Client #1 refused to leave the group home during the drill. 1/2/21: at 1:03pm: Client #1 resistant during the drill. 1/9/21 at 8:00am: Client #1 combative during the drill 2/10/21 at 5:30am: Client #1 combative during the drill Interview on 2/22/21 with the residential manager (RM) revealed client #1 is very combative during fire drills and that she often refuses to leave her room or the group home during routine fire drills. She stated despite the direct care staff explaining to client #1 that it is very important for her to comply during drills to prepare for an actual	W 227		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G270	A. BUILDING _____ B. WING _____	02/23/2021

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W 227	Continued From page 1 emergency, client #1 is very combative and routinely refuses to comply with staff instructions. Review on 2/22/21 of client #1's individual program plan (IPP) dated 12/23/20 revealed she is non-ambulatory and has diagnoses of Frederich's Ataxia, Muscular Dystrophy and Developmental disabilities. Further review revealed she has a history of non-compliance, physical aggression and inappropriate verbalizations that is addressed by a behavior support program dated 12/13/18 and includes the use of psychotropic medication. In the interventions for non-compliance staff are to give her clear instructions, redirect and give social praise for complying with directions. Additional review of the IPP revealed the following active treatment programs: a behavior support program, identifying money, tolerating a shower, brushing her teeth, using hand over hand to serve herself during dining, participating in medication administration. Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 2/22/21 confirmed there was no active treatment program to address client #1's refusal to participate in fire evacuation drills, although this was an identified need.	W 227		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.	W 436		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G270	A. BUILDING _____ B. WING _____	02/23/2021

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VOCA-SIXTH STREET GROUP HOME	201 NORTH SIXTH STREET SANFORD, NC 27330

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W 436	Continued From page 2	W 436		

This STANDARD is not met as evidenced by:
Based on observations, record review and interview, the facility failed to ensure client #2's communication device was maintained in good working order as recommended by the speech consultant. This affected 1 of 4 audit clients (#2). The finding is:

Throughout observations on 2/22/21 from 3:15pm-6:00pm direct care staff asked client #2 what she wanted and waited for her to respond. Several times they asked her to respond with an eye blink or nodding her head to answer a question. No augmentative communication device was used.

Throughout observations on 2/23/21 from 6:00am-9:30am direct care staff asked client #2 what she wanted and asked her to respond with blinking her eyes or nodding her head to answer their questions. No augmentative communication device was used.

Review on 2/23/21 of client #2's individual program plan (IPP) dated 8/7/20 revealed she has diagnoses of Mild Intellectual Disabilities, Athetoid and Spastic Cerebral Palsy and Oral/Verbal Ataxia. Further review of her IPP revealed she understands words and phrases and has a communication device that assists her in making her wants and needs known. Her IPP instructs, "Staff should acknowledge all communication attempts."

Review on 2/23/21 of client #2's communication evaluation dated 1/21/21 revealed she is, "socially active within her environment and her voice

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W 436	Continued From page 3	W 436		

output device allows her to communicate with others." The recommendations from this evaluation included: Client #2's "communication device should be charged every evening in preparation for the following day and should be made available to her throughout the day."

During interview on 2/23/21 with the residential manager (RM), she was asked about client #2's communication device. The RM provided it from inside the facility office and explained it was broken.

Observation on 2/23/21 of the communication device revealed it had a flat screen with computer activation. The device was listed as PRG ECO 2 device.

Interview on 2/23/21 with staff A revealed client #2's communication device had been broken for more than 2 months. Further interview revealed staff asks client #2 what she wants and that she responds with facial expressions or nodding or blinking with her eyes.

Further interview on 2/23/21 with the RM and area director revealed client #2's communication device had been broken for several months. Further interview revealed they had contacted the speech therapist to re-evaluate client #2 in December 2020 and that they had received this evaluation in February 2021. Additional interview confirmed that a purchase order had not been completed as of 2/23/21 to repair client #2's augmentative communication device.