

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

PRINTED: 01/25/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2021
NAME OF PROVIDER OR SUPPLIER VOCA-OAKHAVEN DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 12516 OAKHAVEN DRIVE CHARLOTTE, NC 28273	
(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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure privacy was maintained for 1 of 3 sampled clients (#1) during medication administration. The finding is:</p> <p>Observation in the group home on 1/13/21 at 4:20 PM revealed client #1 to enter the medication room for medication administration. Observation of the medication administration for client #1 revealed staff A to close the medication room door and to begin preparing client #1's medications for administration when the facility qualified intellectual disabilities professional (QIDP) knocked and opened the door to the medication room. Continued observation revealed the QIDP to observe medications were in process of administration and immediately close the medication room door. Further observation revealed staff A to continue the medication administration for client #1 when the facility home manager (HM) opened the med room door, acknowledged medications being administered and closed the door. Subsequent</p>	W 130	<p>Please See Attached Plan of Correction</p>	03/13/21

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

TITLE

(X6) DATE

[Signature] Program Manager

03.04.21

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 130	Continued From page 1 observation revealed the HM to again open the medication room door and enter briefly before exiting and closing the medication room door. Interview with the QIDP and program manager on 1/14/21 verified medication administration should not be interrupted and should be conducted with privacy. Continued interview with the QIDP verified the HM should not have entered the medication room, after a previous interruption, while staff was administering medications to client #1.	W 130			
W 133	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(9) The facility must ensure the rights of all clients. Therefore, the facility must ensure clients have the opportunity to communicate, associate and meet privately with individuals of their choice. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure privacy for 1 of 3 sampled clients (#4) relative to a phone call. The finding is: Observation in the group home on 1/13/21 at 5:17 PM revealed staff A to assist client #4 with calling the guardian of the client from staff A's mobile phone. Continued observation revealed client #4 to talk with his guardian via speaker phone in the living room of the facility with other staff and clients walking through the common area. Further observation revealed staff A and client #4 to walk through various common areas of the group home (kitchen and living room) with staff A holding the mobile phone and encouraging client #4 to talk with his mother via speaker phone.	W 133	<i>Please See Attached Plan of Correction</i>	<i>02/13/21</i>	

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W 133	Continued From page 2 Subsequent observation revealed client #4 to continue to wander through common areas of the group home, to occasionally look at the mobile phone to acknowledge his guardian while giving his attention to multiple other distractions in the group home such as the presence of state surveyors, other clients' behaviors, staff prompts for other clients to assist with the trash and the television. At no time during the observation was it observed for staff A to offer or prompt client #4 to a private area of the group home to speak with his guardian. Interview with the qualified intellectual disabilities professional (QIDP) and program manager (PM) on 1/14/21 verified all clients should be afforded privacy during phone calls. Continued interview with the QIDP and PM verified staff should have directed the client to a private location of the group home to speak with his guardian during the observation on 1/13/21.	W 133		
W 323	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(i) The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. This STANDARD is not met as evidenced by: Based on record review and verified by interview, the facility failed to obtain vision services as recommended by the physician for 1 of 3 sampled clients (#3). The finding is: Observation in the group home on 1/13-1/14/21 throughout survey observations revealed client #3	W 323	<i>Please see Attached Plan of Correction</i>	<i>03/13/21</i>

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W 323	<p>Continued From page 3</p> <p>to engage in various leisure activities to include music and activities on an electronic tablet. Continued observation revealed client #3 at times to pull the electronic tablet close to his eyes, stare at the tablet and then push the tablet away.</p> <p>Review of records for client #3 on 1/14/21 revealed a individual support plan (ISP) dated 9/20/20. Continued record review for client #3 revealed a vision consult dated 9/17/17 that reflected the client is legally blind after extensive retinal ablation with high myopia to the right eye and high hyperopia to the left eye. Continued review of the 9/2017 vision consult revealed client #3 is unable to wear glasses due to behaviors. A review of recommendations of the 9/2017 vision consult revealed the need for a exam under anesthesia in one year. Additional review of medical records for client #3 revealed an appointment reminder for a vision exam scheduled 9/25/18 with no documentation that the exam was completed.</p> <p>Review of client #3's behavior support plan (BSP) dated 9/17/18 revealed target behaviors of tantrums, non-compliance and physical aggression. Continued review of client #3 ISP and BSP revealed no history of program objectives or training to support client #3 with wearing glasses.</p> <p>Interview with the facility program manager (PM) on 1/14/21 revealed client #3 to have no known history of training relative to wearing glasses. Interview with the facility PM and qualified intellectual disabilities professional (QIDP) verified it was unknown if client #3 had attended the vision appointment on 9/25/18. Subsequent interview with the PM revealed the facility nurse</p>	W 323		

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W 323	Continued From page 4 was unavailable to confirm the history of vision services for client #3 although if the client had received vision services since 9/2017 there should be documentation in the client's record. Additional interview with the PM and QIDP verified they were unaware of any vision care of client #3 since the documented 9/2017 appointment.	W 323			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observation and staff interview, the interdisciplinary team failed to provide staff training of appropriate hygiene practices relative to meal preparation and client care. The finding is: Observations in the group home on 1/13/2021 from 3:50 PM to 5:05 PM revealed staff A to assist in the kitchen with preparing the dinner meal with gloves and a mask. Observation at 4:35 PM revealed staff A to assist in the dining room area with client care by rubbing the client's head with his gloves on and return to the kitchen to continue cooking without changing gloves. Subsequent observation at 4:42 PM revealed staff A to provide client care to a second client by giving him a high five with gloves on and return to the kitchen without changing gloves. Additional	W 340	<i>Please see Attached Plan of Correction</i>	<i>03/13/21</i>	

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W 340	Continued From page 5 observation at 5:05 PM revealed staff A to take off the gloves used during meal preparation and client care and return to the kitchen to complete the dinner meal for the clients. Interview with the qualified intellectual disabilities professional (QIDP) on 1/14/21 verified that staff should change gloves as they transition to various environments from providing client care to preparing food in the kitchen. Continued interview with the QIDP also verified that it is not the facility's policy to wear gloves at all times, however, staff are welcomed to do so as long as they follow the agency's hand washing protocol. Further interview with the QIDP confirmed that each time staff provided client care they should have taken off their gloves, discarded them and provided client care after they washed their hands. Additional interview with the QIDP verified that using the same pair of gloves to provide client care and prepare food can cause cross-contamination and is not acceptable in the facility.	W 340			
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure that 1 sampled client (#5) and 1 non-sampled client (#3) were provided with appropriate utensils to allow each client to eat as independently as possible in accordance with their highest functioning level. The findings are:	W 475	Please See Attached Plan of Correction	03/13/21	

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W 475	<p>Continued From page 6</p> <p>A. The facility failed to provide client #5 with appropriate utensils during the dinner meal. For example:</p> <p>Observations in the group home on 1/13/2021 at 5:05 PM revealed client #5 to sit at the dining room table and prepare for the dinner meal that consisted of the following: slow cook chicken and spinach pasta, nutmeg bananas, biscuit, and choice of beverage. Continued observations revealed staff to provide client #5 with a spoon as he participated in the dinner meal. At no point during the observation period was client #5 offered a full place setting of a fork, knife, and spoon during the dinner meal.</p> <p>Review of the record for client #5 on 1/14/2021 revealed an individual support plan dated 12/2/20. Further review of the record revealed a community home life assessment dated 11/25/20 that indicated client #5 can use a spoon, fork, and knife with independence.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 1/14/21 verified that client #5 should have been offered a full place setting including a fork, knife, and spoon in order to promote independence during all meals.</p> <p>B. The facility failed to provide client #3 with appropriate utensils during the dinner meal. For example:</p> <p>Observations in the group home on 1/13/2021 at 4:57 PM revealed client #3 to sit at the dining room table and to prepare for the dinner meal that consisted of the following: slow cook chicken and spinach pasta, nutmeg bananas, biscuit, and choice of beverage. Continued observations</p>	W 475			

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W 475	<p>Continued From page 7</p> <p>revealed staff to provide client #3 with a spoon to participate in the dinner meal. At no point during the observation period was client #3 offered a full place setting of a fork, knife, and spoon during the dinner meal.</p> <p>Review of the record for client #3 on 1/14/2021 revealed an individual support plan dated 5/20/20. Further review of the record revealed a community home life assessment dated 9/20/20 that indicated client #3 can use a spoon and fork with independence and a knife with partial independence.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 1/14/21 verified that client #3 uses a spoon during meals. Continued interview the QIDP verified that client #3 should have been offered a full place setting including a fork, knife, and spoon in order to promote independence during all meals.</p>	W 475			

W 130 PROTECTION OF CLIENTS RIGHTS
CFR(s): 483.420(a)(7)

CANC, specifically the Oakhaven team, will ensure the rights of all clients, including privacy during treatment and care of personal needs.

The Clinical Supervisor and Site Supervisor will develop a sign to post on the office door during medication administration. The sign will say "STOP" and indicate medication administration is in process. The Clinical Supervisor and Site Supervisor will provide training to all staff and consumers on the purpose of the sign and to seek assistance from another staff member if the sign is posted on the office door. The Site supervisor will conduct observations 3 x weekly during medication administration times to ensure the sign is used and privacy is maintained. The Clinical Supervisor will conduct observations 2 x weekly during medication administration times to ensure the sign is used and privacy is maintained. The Program Manager will conduct observations during monthly site reviews to ensure the sign is posted and privacy is maintained if medication is being administered.

Person Responsible: Site Supervisor, Clinical Supervisor, Program Manager
Date to Be Completed: 03.13.2021

W 133 PROTECTION OF CLIENTS RIGHTS
CFR(s): 483.420(a)(9)

CANC, specifically the Oakhaven team, will ensure the rights of all clients by providing the opportunity to communicate, associate, and meet privately with individuals of their choice.

The Clinical Supervisor will provide training to all staff on redirecting individuals to a private area during phone calls with family and friends. This will provide privacy and an area away from distractions. The Site Supervisor will conduct observations 3 x weekly to ensure staff redirect individuals to a private area during phone calls with family and friends. The Clinical Supervisor will conduct observations 2 x weekly to ensure staff redirect individuals to a private area during phone calls with family and friends. The Program Manager will conduct observations during monthly site reviews to ensure staff redirect individuals to a private area during phone calls with family and friends.

Person Responsible: Site Supervisor, Clinical Supervisor, Program Manager
Date to Be Completed: 03.13.2021

W 323 PHYSICIAN SERVICES
CFR(s): 483.460(a)(3)(i)

CANC, specifically the Oakhaven team, will provide or obtain annual physical examinations of each client that at a minimum, includes an evaluation of vision and hearing.

The Site Supervisor will schedule a vision exam for client #3 and inform the nurse of recommendations. The Core Team will ensure recommendations are followed in a timely fashion. The Clinical Supervisor will reach out to the speech pathologist to evaluate the need for vision enhancements and adaptations for the iPad and other areas to assist him with daily activities. If eyeglasses are recommended, the Clinical Supervisor will implement a formal training objective to encourage client #3 to wear his eyeglasses. The Site Supervisor will conduct observations 3 x weekly to ensure the recommendations are being followed and documented. The Clinical supervisor will conduct observations 2 x weekly to ensure the recommendations are being followed and documented. The Program Manager will conduct observations during monthly site reviews to ensure the recommendations are being followed and documented.

Person Responsible: Site Supervisor, Clinical Supervisor, and Program Manager
Date to Be Completed: 03.13.2021

W 340 NURSING SERVICES
CFR(s): 483.460 (c)(5)(i)

CANC, specifically the Oakhaven Group Home, will include implementing with other members of the interdisciplinary team, appropriate protective and preventative health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.

The Nurse and clinical Supervisor will provide training to all staff and clients on appropriate hygiene practices relative to meal preparation and client care. Gloves do not need worn during meal prep, however, if staff chooses to wear gloves, they will discard the gloves and use clean gloves if they assist with client care. Gloves are to be changed anytime staff or consumers change a task or change care from one consumer to another. The gloves are to be discarded and hands washed prior to placing on new gloves and changing tasks. The Site Supervisor will conduct observations 3 x weekly to ensure staff are following protocol for health and hygiene methods during meal preparation and client care. The Clinical supervisor will conduct observations 2 x weekly to ensure staff are following protocol for health and hygiene methods during meal preparation and client care. The Program Manager will conduct observations during monthly site reviews to ensure staff are following protocol for health and hygiene methods during meal preparation and client care.

Person Responsible: Program Manager and assigned investigator
Date to Be Completed: 10.07.19

W 475 MEAL SERVICES
CFR(s): 483.450 (b)(2)(iv)

CANC, specifically the Oakhaven group home, will ensure food is served with appropriate utensils.

A&B. The Clinical Supervisor will review the comprehensive functional assessments for each individual and implement formal training objectives as needed for those who do not independently use eating utensils. The Clinical Supervisor will train all staff to assist individuals when setting the table to include a knife, fork, and spoon unless otherwise noted. Individuals will be encouraged to use all eating utensils as appropriate, and if needed, staff will implement the formal training objective and document progress. The Site Supervisor will conduct mealtime observations 3 x weekly to ensure the table settings include a knife, fork, and spoon and staff are implementing formal training objectives as prescribed. The Clinical supervisor will conduct observations 2 x weekly to ensure the table settings include a knife, fork, and spoon and staff are implementing formal training objectives as prescribed. The Program Manager will conduct observations during monthly site reviews to ensure the table settings include a knife, fork, and spoon and staff are implementing formal training objectives as prescribed.

Person Responsible: Site Supervisor, Clinical Supervisor, and Program Manager
Date to Be Completed: 03.13.2021