

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

PRINTED: 02/24/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G270	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/23/2021
NAME OF PROVIDER OR SUPPLIER VOCA-SIXTH STREET GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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	<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 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:</p> <p>Review on 2/22/21 of the facility's fire drills revealed the following:</p> <p>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</p> <p>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</p>	W 227	<p>W,227 This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> A. All community/ home assessment will be reviewed to look at all current needs of persons served. B. All behavioral support plans will be reviewed. C. All Behavioral Support Plans will be updated to address the current needs and technique to manager inappropriate behavior during fire safety drills D. All proper techniques will be used to manage behaviors E. Psychologist will review all plans. F. IDT will implement written training programs to address safety during drill in the home G. Consumer will be trained on the importance of safety drills, their roll and responsibility H. Qualified Professional will review and obtain informed guardian consent for all plans before implementation I. Safety drills will be conducted monthly J. All staff will be in-service on all Behavioral Support Plans and proper documentation. K. Staff will be in-serviced on the Written training programs L. Site Supervisor will monitor one time a week M. Qualified Professional will monitor one time a week 	04.23.2021

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

TITLE

(X6) DATE

Cynthia Bradford, LLC Asso. Executive Director 2/26/2021

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	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			

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W 436	<p>Continued From page 2</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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."</p> <p>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</p>	W 436	<p>W 436</p> <p>This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> A. All ISP'S will be reviewed and revise as needed to ensure objectives are met. B. All community/ home assessment will be reviewed to look at all current needs of persons served. C. All adaptive equipment will be assessed for need. D. All adaptive equipment will be in good repair and operational E. All augmented communication device will be utilized while communicating. F. Staff to be in serviced on proper use of adaptive equipment. G. IDT will assess the functionality of augmented communication devices to ensure all items are in good repair and functions as needed. H. Site Supervisor will monitor one time a week. I. Qualified Professional will monitor monthly 	04.23.2021	

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W 436	<p>Continued From page 3</p> <p>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."</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	W 436			

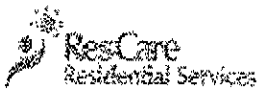
Community Alternatives - NC
Southeast Region
1001 Navaho Drive Suite 101
Raleigh, NC 27609
Phone: 984-205-2630
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FAX

To: <u>K. McCaskill</u>	From: <u>J. Kearney</u>
Fax: <u>919 715 8078</u>	Pages: <u>5</u>
Phone: <u>919 855 3795</u>	Date: <u>2/26/2021</u>
Re: <u>POC Sixth St.</u>	CC:

Urgent
 For Review
 Please Comment
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Comments: Stay SAFE



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February 26, 2021

Kimberly C. McCaskill, MSW
Facility Compliance Consultant I
Mental Health Licensure and Certification section
NC Division of Health Services Regulations
2718 Mail Service Center
Raleigh NC 27699-2718
919.855.3795 office
919.715.8078 fax

RE: Plan of Correction for Annual recertification survey Completed February 23, 2021
VOCA -Sixth Street Group Homes
201 North Sixth, Sanford, NC 27330
Provider Number : 34G270
MHL# 053-023

Dear Ms. McCaskill

We appreciate the courtesy extended by you while surveying the VOCA Sixth Street Group Home, 201 North Sixth, Sanford, NC 27330

As indicated on the Plan of Correction, we will have the Deficiencies corrected for, the Annual survey completed on February 23, 2021 completed April 23, 2021.

We are committed to providing the highest possible care for the people we serve at VOCA Sixth Street Group Home

If you have questions, please contact Cynthia Bradford, Assistant Executive Director 276.252.8193 cell 984.205.2630 ext. 238. Or JerMaine Kearney, Program Manager 984.205.2630 ext 403

Sincerely,



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