

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

PRINTED: 05/25/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G271</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/18/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-ROLLINS GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>297 BOB ROLLINS ROAD FOREST CITY, NC 28043</b>		
(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 287	<p><b>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</b> CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used for the convenience of staff.</p> <p>This STANDARD is not met as evidenced by: Based on observations and staff interviews, the interdisciplinary team failed to assure restrictive practices were not used for the convenience of staff. The finding is:</p> <p>Observation in the group home on 5/18/21 at 7:40 AM revealed client #2 to access his toothbrush and toothpaste from the medication room with staff assistance. Continued observation at 7:46 AM revealed staff to assist client #2 with returning his toothbrush and toothpaste to the medication room before redirection by the program manager (PM) to place items in client #2's room. Further observation revealed client #2 to access and attempt to return an electric toothbrush and toothpaste to the medication room when the PM redirected staff to assist client #2 with putting items in her room.</p> <p>Interview with the facility home manager (HM) on 5/18/21 verified toothpaste and the electric toothbrushes for all clients are kept locked in the medication room. Continued interview with the HM revealed due to staff shortage it was easier to keep the personal electric toothbrushes of clients in the med room so staff could access the items easier when supporting clients with oral hygiene. Interview with the facility PM verified the toothbrushes and toothpaste for clients should not be kept locked in the medication room.</p>	W 287			

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 436	<p><b>SPACE AND EQUIPMENT</b> CFR(s): 483.470(g)(2)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide training relative to eyeglasses for 1 of 4 sampled clients (#4). The finding is:</p> <p>Observation in the group home on 5/17/21 revealed client #4 to participate in various activities such as leisure with sitting out on the front porch, wash hands for the dinner meal and participate in the dinner meal by taking her dishes to the kitchen. Observation in the facility on 5/18/21 revealed client #4 to participate in watching television in the living room, to enter the medication room for administration of morning medications, converse with clinical staff, to wash her hands and to participate in the breakfast meal, then leave for the day program. Additional observation during survey revealed at no time was client #4 prompt to wear glasses.</p> <p>Review of records for client #4 on 5/18/21 revealed an individual service plan (ISP) dated 5/20/20. Review of the ISP for client #4 revealed adaptive equipment to include glasses. Continued review of records for client #4 revealed a vision consult dated 3/22/21. Review of the vision consult revealed presenting symptoms of</p>	W 436			

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W 436	Continued From page 2 alternating exotropia, hyperopia, presbyopia. Continued review of vision consult dated 6/20/18 for client #4 revealed prescribed glasses. Further review of client #4's record revealed a community home life assessment dated 5/11/20 revealed adaptive equipment glasses worn as prescribed, used as recommended and cleaned as scheduled and stored safely requires verbal cues from staff.  Interview with the facility qualified intellectual developmental professional (QIDP) and program manager (PM) on 5/18/21 verified client #4 has prescribed glasses kept in the medication closet and does not like to wear them. Continued interview with the PM verified client #4 should be encouraged to wear her glasses as prescribed. Interview with the qualified intellectual disabilities professional (QIDP) verified client #4 did not have a current program to address training relative to the use and wearing of her eyeglasses.	W 436			
W 460	<b>FOOD AND NUTRITION SERVICES</b> CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to provide a prescribed diet for 1 of 4 sampled clients (#6). The finding is:  Observation in the group home on 5/17/21 at 6:15 PM revealed client #6 to participate in the dinner meal which consisted of baked fish, chili rice,	W 460			

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W 460	<p>Continued From page 3</p> <p>green beans, dinner rolls, cinnamon apple sauce and a beverage. Continued observation revealed client #6 to fix her plate with minimum assistance and stand in the kitchen area to eat. Further observation revealed the client to request second helping of fish. Staff B prompted client to come get it and assisted with placing a piece of fish in client's plate. Additional observations revealed at no time did staff encourage client to follow her prescribed diet.</p> <p>Review of the dinner menu on 5/17/21 revealed the menu to consist of 3 oz baked fish, 1/2 cup of chili rice, 1/2 cup green beans, 2 dinner rolls, 1/2 cup diet stewed apples which cinnamon apple sauce was substituted and a beverage. Review of records for client #6 on 5/18/21 revealed a nutritional evaluation dated 1/21/21. Review of the 1/2021 nutritional evaluation for client #6 revealed the client to weigh 218 lbs with a desired body weight of 108-132 lbs. Continued review of the nutritional evaluation revealed: Client #6 gained 20 lbs in the past year and needs to make progress towards desired body weight and lose 1 lb. per month. Additional review of the 1/2021 nutritional evaluation revealed recommendations to continue 1500 calorie, low cholesterol, low fat, chopped, no caffeine, no seconds, no grapefruit and no fried foods diet, needs to lose weight.</p> <p>Interview with the program manager on 5/18/21 verified the menu in the group home should be followed at all meals. Continued interview with the program manager verified staff should follow diet as prescribed during all meals.</p>	W 460			