

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

PRINTED: 05/13/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G277	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2021
NAME OF PROVIDER OR SUPPLIER MASON STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 306 N MASON STREET APEX, NC 27502	
(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 126	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(4)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 3 audit clients (#4) was considered for training in the area of money management skills to the extent of his capabilities. The finding is:</p> <p>Review on 5/10/21 of client #4's individual program plan (IPP) dated 3/10/21 revealed he was admitted to the facility on 2/10/21. Further review of the IPP revealed he has priority training needs to clean his bedroom, assist with medication administration, complete laundry tasks and complete oral hygiene tasks. Review of his formal training objectives revealed programs to elect leisure activity, clean his bedroom, complete medication administration, load the dryer and brush his teeth. No training was identified in the area of money management.</p> <p>Review of client #4's home/life assessment dated 3/3/21 revealed he has no skills in managing his money, he needs physical assistance in</p>	W 126	<p>W126 This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> A. ISP will be update modified to meet the current needs of each consumer B. ISP will be updated, modified to meet the current ADL around adaptive equipment (glasses) C. All community / home life assessment will be reviewed/updated and revised as needed to address the use adaptive equipment D. All community / home life assessment will be reviewed/updated and revised as needed to address money manager E. Written Training Plans will be implemented as needed to address assessments F. All staff will be in service on the use of adaptive equipment. G. All staff will be in service on the family style dining H. All staff will be in service on the use of adaptive equipment. I. Site Supervision will monitor one time a week. J. Qualified Professional will monitor one time a week 	07.11.2021

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

TITLE

(X6) DATE

Marika Whack Executive Director 5/15/2021

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.

RECEIVED

By DHSR Mental Health Licensure & Certification at 3:11 pm, May 17, 2021

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W 126	Continued From page 1 understanding denominations of currency and making change. Further review of this assessment revealed he is dependent on staff to assist him with maintaining a checking and/or savings account, and shopping.	W 126			
W 227	Interview on 5/11/21 with the Program Manager confirmed client #4 does not have formal training identified in the area of money management. 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 observation, review of records and interview the person centered plan (PCP) failed to identify training objectives after needs were identified in the individual program plan (IPP) for 1 of 3 audit clients (#3). The finding is: Review on 5/10/21 of client #3's IPP 7/14/20 revealed he has priority training needs identified in the areas of medication administration, oral hygiene, shaving, exercise and money management. Review of his formal objectives revealed training to exercise with 50% completion for 6 consecutive months, purchase a personal item from the store with 75% completion for 6 consecutive months, floss his teeth according to task analysis with 50% verbal cues and complete self medication with 85% independence for 6 consecutive months. Formal training was not	W 227	W.227 This deficiency will be corrected by the following actions: A. All ISP'S will be reviewed and revise as needed to ensure objectives of ADL's needs are met. B. ADL's will be completed on all people served. C. All current goals will be assessed, modified, update or discontinued. Team will make that decisions D. Formal objectives will be implemented to address ADL's. E. Staff will be in serviced on all vocational needs, goals and objectives F. Site Supervisor will monitor one time a week. G. Qualified Professional will monitor one time a week.	07.11.2021	

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W 227	Continued From page 2 identified in the area of shaving. Interview on 5/11/21 with staff D revealed client #3 does not currently have a shaving objective. Interview on 5/11/21 with the Program Manager confirmed training was not identified in the area of shaving although a priority training need was identified in this area.	W 227			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 3 audit clients (#2, #3) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of medication administration. The findings are: A. During observations of medications administration on 5/11/21 client #3 came to the medication room, staff A retrieved his medication basket, poured his water into his cup, punched Vitamin D3 1,000 units into a pill cup and Oxcarbazepine (2 pills) into a cup. Client #3 was	W 249	W249 This deficiency will be corrected by the following actions: A. ISP will be update modified to meet the current needs of each consumer B. ISP will be updated, modified to meet the current ADL around adaptive equipment (glasses) C. All community / home life assessment will be reviewed/update and revised as needed. D. All community / home life assessment will be reviewed/update and revised as needed to address the need of medication administration opportunities E. Written Training Plans will be implemented as needed to address assessments- F. All staff will be in service on the use of medication administration opportunities G. All staff will be in service H. Site Supervisor will monitor one time a week. I. Qualified Professional will monitor one time a week	07.11.2021	

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W 249	<p>Continued From page 3</p> <p>told the names of his medications. Client #3 took his pills in his cup with water, disposed of his trash and left the medication area.</p> <p>Review on 5/10/21 of client #3's IPP dated 7/14/20 revealed he has a priority training need for medication administration. Review of his formal programs revealed a program, "When given opportunities will complete self-medication process with 85% independence for 6 consecutive months. The steps for the objective included:</p> <p>A) Report to medication area B) wash and sanitize hands C) identify basket D) state side effect of one of his medications E) take his medications</p> <p>Interview on 5/11/21 with the qualified intellectual disabilities professional (QIDP) revealed this objective is current and should be trained during medication administration opportunities.</p> <p>B. During observation of medication administration on 5/10/21 at 3:35pm, client #2 came to the medication room, staff A poured client #2's water, punched Baclofen 10 mg. (1) pill, punched Keppra 750 mg. (1) Took a Kristalose packet, opened the top of the packet and poured the contents into his cup of water. Staff A took a spoon and stirred the content of the Kristalose packet into the water. Staff A administered Alphagen eye drops, Artificial tears and Prednisolone eye drops. Staff A told client #2 the names of his medications. Staff A also gave client #2 a vanilla Ensure to consume. Client #2 took the pill cup and consumed his pills with the water and Kristalose packet contents. Client #2 then consumed the vanilla Ensure.</p>	W 249			

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W 249	Continued From page 4 Review on 5/10/21 of client #2's IPP dated 3/24/21 revealed he has a priority training need to assist with medication administration. Review of the IPP revealed a formal training program to complete medication administration with 50% independence for 6 consecutive months. Interview on 5/11/21 with the Program Director revealed client #2 should be assisting with punching his pills and pouring his water during medication administration to integrate skills outlined in his objective.	W 249			

May 14, 2021

Kimberly C. McCaskill, MSW
Facility Survey Consultant I
919.218.9152
Mental Health Licensure and Certification section
NC Division of Health Services Regulations
2718 Mail Service Center
Raleigh NC 27699-27118
919.855.3795 office
919.715.8078 fax

RE: Recertification and Complaint Completed Survey conducted: May 11, 2021
VOCA-Mason Street Home
306 N. Mason, Apex NC 27502
Provider Number 34G 277
MHL# 092-125
Intake NC00172316

Dear Ms. Kimberly C. McCaskill, MSW

We appreciate the courtesy extended by you while surveying the VOCA-Mason Street Home North Carolina.

As indicated on the Plan of Correction, we will have the Deficiencies corrected for, the Annual survey conducted On May 11, 2021 will be completed July 11, 2021

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

If you have questions, please contact JerMaine Kearney, Program Manager
984.205.2630 ext 218

Sincerely,



Marika Whack, Executive Director
Community Alternatives North Carolina- Raleigh Region
1001 Navaho Drive suite 101
Raleigh, North Carolina, 27609
919.827.2790 cell
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Community Alternatives - NC
Southeast Region
1001 Navaho Drive Suite 101
Raleigh, NC 27609
Phone: 984-205-2630
FAX: 984-205-2643

FAX

To: K McCaskill From: J. Kearney

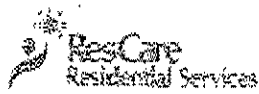
Fax: 919 715 8078 Pages: 2

Phone: 919 855-3795 Date: 5/17/2021

Re: Mason PWC CC:

- Urgent For Review Please Comment Please Reply Please Recycle

Comments: Thank you



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