

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

PRINTED: 04/13/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G158	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/30/2021
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NAME OF PROVIDER OR SUPPLIER VOCA-MALLARD DRIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 6119 MALLARD DRIVE CHARLOTTE, NC 28227
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(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
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W 436	<p>SPACE AND EQUIPMENT 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 observations, record review and interview, the facility failed to assure that clients use and make informed choices relative to adaptive equipment as recommended for 1 sampled client (#4) and 1 non sampled client (#6). The findings are:</p> <p>A. The facility failed to ensure the gait belt for client #4 was used as prescribed. For example:</p> <p>Observations in the group home on 3/30/21 at 6:50 AM revealed client #4 to ambulate from her room to the hallway bathroom without shoes or a gait belt. Continued observations revealed staff C to open the bathroom door for client #4 as the client walked inside closing the door. Further observation revealed staff C to then exit the bathroom and walk down the hallway leaving client #4 inside the bathroom. Subsequent observation revealed staff C to enter the bathroom and assist client #4 to her room. Staff C was observed telling client #4 that she should wear her gait belt next time she goes to the bathroom. Additional observation at 7:05 AM revealed client #4 to exit from her room wearing a gait belt.</p>	W 436	<p>W436 The facility will ensure that clients will use and make informed choices relative to adaptive equipment as recommended. QP will review all adaptive equipment identified by the interdisciplinary team for each client and in-service all staff on the use of the identified adaptive equipment.</p> <p>A. The facility will ensure the gait belt for client #4 will be utilized as prescribed. QP will in-service staff to provide close supervision to client #4 anytime she is up including when she is ambulating and transferring. QP will also in-service staff that client#4 will have need of gait belt adjusted properly to fit securely when up including ambulating and transferring.</p> <p>B. The facility will ensure eyeglasses for client #6 will be utilized as prescribed. QP will formulate a goal for client #6 to wear glasses as prescribed. QP will in-service staff on goal for client #6 to wear glasses as prescribed.</p> <p>To prevent further occurrences: Site supervisor and QP will monitor the use of adaptive equipment in home including gait belt for client #4 and eye glasses for client #6 weekly. Program Manager or designee will monitor for use of adaptive equipment including gait belt for client #4 and eye glasses for client #6 during monthly site review.</p>	5/30/2021
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DHSR - Mental Health
APR 30 2021
Lic. & Cert. Section

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

Genita Hooks (Genita Hooks)

TITLE

Program Manager

(X6) DATE

4/26/2021

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 436	Continued From page 1 Subsequent observation in the group home on 3/30/21 from 7:05 AM to 8:10 AM revealed client #4 to ambulate with staff assistance throughout the group home with a loosely fitted gait belt around her waist that hung below her waistline. At no point during the observation period did staff attempt to tighten the gait belt around client #4's waist during ambulation. Review of records for client #4 on 3/30/21 revealed an individual support plan (ISP) dated 1/28/21. Review of the 1/2021 ISP revealed client #4 continues to have falls and must wear a gait belt continuously to prevent falls from occurring. Continued review of records for client #4 revealed the client had an unsteady gait and a history of falls. Further record review for client #4 revealed a physical therapy (PT) consult dated 1/7/20. Review of the 1/7/20 PT consult revealed the gait belt for client #4 should be used with close supervision while transferring. Continued review of the 1/2020 PT consult revealed the gait belt should also be used when client #4 is up and staff should be with her. Subsequent review of the record revealed a medical consult dated 12/2020 that indicated client #4 required medical treatment at a local hospital due to a fall which resulted in an injury. Additional record review revealed an in-service training dated 12/29/20 that reflected staff must accompany client #4 at all times with a gait a belt when walking throughout the group home due to recent falls. Interview with the home manager on 3/30/21 verified that client #4 should have her gait belt on and secured around her waist when ambulating	W 436		5/30/2021	

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W 436	<p>Continued From page 2 throughout the group home and in the community. Continued interview with the HM confirmed that client #4 should wear her gait belt secured around her waist as prescribed.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/30/21 verified client #4 should have on her gait belt as soon as she is up and out of her room in order to prevent falls. Continued interview with the QIDP on 3/30/21 verified that client #4 does not like to wear her gait belt. The QIDP further confirmed that client #4 should have her gait belt secured around her waist during ambulation. Additional interview with the QIDP revealed that client #4 would benefit from gait belt guidelines and should wear her gait belt as prescribed.</p> <p>B. The facility failed to ensure eyeglasses were used as prescribed for client #6.</p> <p>Observations in the group home on 3/29/21 revealed client #6 to participate in various activities to include: coloring, preparing food items and kitchen chores. Continued observation at 6:00 PM revealed client #6 to participate in the dinner meal. Further observation at 6:28 PM revealed the client to obtain a toothbrush and toothpaste from her bedroom and enter the bathroom.</p> <p>Observation of client #6 on 3/30/21 at 7:33 AM revealed client #6 to exit her bedroom and walk into kitchen to prepare her breakfast. Subsequent observation of client #6 at 7:51 AM</p>	W 436		5/30/2021
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W 436	<p>Continued From page 3</p> <p>revealed staff to prompt client #6 to the medication room for morning medication administration. It should be noted at no time during survey observations on 3/29-3/30/21 was client #6 observed to wear glasses or for any staff to prompt the client to put on eyeglasses.</p> <p>Review of records for client #6 on 3/30/21 revealed an ISP dated 1/21/21. Review of the 1/2021 ISP revealed client #6 is to use glasses continuously. Further review of records for client #6 revealed an undated internal document that reflected an eyeglass prescription for the client. Further review of records for client #6 revealed a community/home life assessment dated 1/21/21 that reflected client #6 can independently wear her glasses as prescribed.</p> <p>Interview with the QIDP on 3/30/21 verified client #6 has prescribed eyeglasses and is able to independently maintain her glasses in her bedroom. Continued interview with QIDP revealed client #6 is supposed to wear her glasses at all times and will often refuse to wear them. Further interview with the QIDP confirmed that client # 6 would benefit from a program to address the need to wear her eyeglasses as prescribed.</p>	W 436		5/30/2021	



Community Alternatives North Carolina

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April 26, 2021

Ms. Clarissa Henry
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Dear Clarissa Henry,

Please find the enclosed plan of correction for deficiencies cited during the recent Recertification Survey completed at the Mallard Group Home on 3/29-30/2021. Deficiencies will be corrected as indicated in plan of correction.

We would like to request an invitation of return visit on or after May 30, 2021.

Thank you for all your assistance that you provide us in helping meet the needs of the people we serve.

Sincerely

Jenita Hooks
Program Manager

Respect and Care