

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

PRINTED: 08/09/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/04/2021
NAME OF PROVIDER OR SUPPLIER VOCA-PURSER GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1615 PURSER DRIVE CHARLOTTE, NC 28215		
(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 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 observations, record review and interviews, the facility failed to ensure staff were sufficiently trained to perform their duties relative to assuring client privacy for 1 of 3 sampled clients (#4). The finding is:</p> <p>Morning observations in the group home on 8/4/21 at 6:57 AM revealed client #4 to walk into the bathroom while client #2 was toileting. Further observation revealed staff C to walk into bathroom behind client #4 and not prompt the client to exit the bathroom. Subsequent observation revealed client #4 to exit the bathroom and to go to her bedroom. Observations did not reveal staff to redirect client #4 to leave the occupied bathroom and respect the privacy of client #2.</p> <p>Review of records for client #4 on 8/4/21 revealed an individual support plan (ISP) dated 10/8/20 with training objectives in community/in home and cultural participation involvement, to exercise for 30 consecutive minutes, to make her bed thoroughly, to learn laundry skills, to learn to identify currency, and to bathe herself thoroughly with little to no prompting. Continued review of records for client #4 revealed a community home life assessment dated 9/19/20. Further review of community home life assessment revealed client #4 to observe privacy with a verbal cue and to use toilet and other appliances with a verbal cue.</p>	W 130			

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 130	Continued From page 1	W 130			
W 382	<p>Interview with the qualified intellectual disabilities professional (QIDP) on 8/4/21 verified staff should have prompted client #4 to knock prior to entering bathroom. Continued interview with the QIDP confirmed staff needs training to ensure that all clients respect the privacy of others.</p> <p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interviews, the team failed to assure all medication and biologicals remain locked except when being prepared for medication administration for 6 out of 6 clients (#1, #2, #3, #4, #5, #6). The finding is:</p> <p>Morning observations in the group home on 8/4/21 at 7:15 AM revealed staff E to enter the medication room and unlock the medication cabinet to prepare for medication administration. Further observation at 7:20 AM revealed staff E to exit the medication room and leave the medication cabinet and medication door ajar with the key in the door lock of the medication cabinet as staff and clients walked down the hallway. Continued observation revealed staff E to return to the medication room with cups and continue to prepare for medication administration. Subsequent observation at 7:24 AM revealed staff E to exit the medication room again and leave the medication cabinet and medication door ajar as the key remained in the door of the</p>	W 382			

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W 382	<p>Continued From page 2</p> <p>medication cabinet. It is important to mention that this surveyor stood in the hallway in front of the medication door and continued to monitor the medication room from the hallway. Observations at 7:26 AM revealed staff E to return to the medication room and start medication administration.</p> <p>Interview with the facility nurse and qualified intellectual disabilities professional (QIDP) on 8/4/21 verified that all staff have been trained on securing the medication room when it is not in use. Further interview with the nurse and QIDP verified that the medication cabinet should not have been left unsupervised with open access to the medication cabinet. Continued interview with the nurse confirmed that staff will receive inservice training on securing all medications when the medication room is not in use. Further interview with the QIDP confirmed that all medications should be locked at all times prior to medication administration.</p>	W 382			