

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: 34G271	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/18/2021
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NAME OF PROVIDER OR SUPPLIER VOCA-ROLLINS GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 297 BOB ROLLINS ROAD FOREST CITY, NC 28043
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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 287	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR 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	<p>1. Clinical Supervisor,(QIDP) will inservice all staff by 6/10/21 to include all toothbrushes and non prescription toothpaste will kept in the client's rooms or bathroom.</p> <p>2. Home Supervisor and Clinical Supervisor will complete weekly observations to ensure that all toothbrushes and non prescription toothpaste are in the client's rooms or bathrooms.</p> <p style="text-align: center;">Lic. & Cert. Section JUN 4 2021 DHSR - Mental Health</p>	6/10/21 6/1/21 & Ongoing
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Tracy N...* TITLE *Program Manager* (X6) DATE *5/26/21*

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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NAME OF PROVIDER OR SUPPLIER VOCA-ROLLINS GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 297 BOB ROLLINS ROAD FOREST CITY, NC 28043		
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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 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	<ol style="list-style-type: none"> 1. Clinical Supervisor will develop and implement a educational program regarding the use and wearing of the eyeglasses by June 1, 2021. 2. Clinical Supervisor will inservice all staff regarding the educational program by June 1, 2021. 3. Clinical Supervisor will monitor program monthly and track progress on monthly clinical notes. 	<p>6/1/2021</p> <p>6/1/2021</p> <p>6/1/21 & ongoing</p>	

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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	FOOD AND NUTRITION SERVICES 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	1. RN will inservice all staff on diets of the clients to include exact prescribed diets and choices of free foods. 2. Home Supervisor and Clinical Supervisor will complete weekly observations of meals to ensure that diets are being followed as prescribed.	6/10/2021 6/1/21 & ongoing	

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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			



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 26, 2021

Mike Penland Executive Director
Community Alternatives of North Carolina
301 10th Street NW, Suite B 101
Conover, NC 28613

Re: Recertification Completed 5/18/2021
VOCA Rollins Group Home 297 Bob Rollins Road Forest City, NC 28043
Provider Number: 34G271
MHL Number: 081-018
E-mail Address: mpenland@rescare.com

Dear Mr. Penland:

Thank you for the cooperation and courtesy extended during the recertification survey completed May 18, 2021. This survey was required for continued participation in the Medicaid program.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practices that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiencies were cited.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is July 17, 2021.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the CMS-2567 Form.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

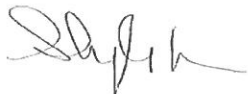
Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call me at (828) 750-2702.

Sincerely,



Shyluer Holder-Hansen
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: QM@partnersbhm.org

Community Alternatives of NC

301 10th Street NW, Suite B101

Conover NC 28163

Phone: 828/466-6023 Fax: 828/466-6025


May 26, 2021

Shyluer Holder-Hansen
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh NC 27699-2718

Dear Ms. Holder-Hansen

Please find the enclosed Plan of Correction for the deficiencies cited during the complaint survey at Rollins Road in Forest City NC. Hopefully our corrections will be acceptable. Please accept our invitation to return to our facility on July 17, 2021 to follow up and ensure compliance. If you have any questions please contact me either via email at tfinger@rescare.com or office phone 828-466-6023 or by cell phone at 704-349-2376. Thank you

Sincerely,



Tracey Norris, QIDP
Program Manager