

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

PRINTED: 10/15/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G262	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/12/2021
NAME OF PROVIDER OR SUPPLIER VOCA-WOODLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 123 WOODLAND DR RUTHERFORDTON, NC 28139		
(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. 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 3 of 6 clients (#1, #2, and #6). The findings are:</p> <p>A. The facility failed to ensure staff were sufficiently trained to perform their duties relative to assuring client privacy for client #2. For example:</p> <p>Morning observations in the group home on 10/12/21 at 6:55 AM revealed staff D to assist client #2 into the bathroom in his shower chair wearing only a t-shirt. Continued observation revealed staff D to give client #2 a shower with the door open. Further observations at 7:05 AM revealed staff D to place client #2 on the toilet in his shower chair and leave the door open. Subsequent observations revealed staff D to exit the bathroom and walk client #6 from his bedroom into the bathroom that was being occupied by client #2. Additional observation at 7:33 AM revealed staff D to roll client #2 to his bedroom in his shower chair wearing only a t-shirt.</p> <p>Review of records for client #2 on 10/12/21 revealed an individual support plan (ISP) dated 9/10/21 with training objectives to bathe himself, to complete his laundry, to assist with meal preparation, to learn the steps to his medication administration, to shave his face, to recite the</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.

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

PRINTED: 10/15/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G262	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/12/2021
NAME OF PROVIDER OR SUPPLIER VOCA-WOODLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 123 WOODLAND DR RUTHERFORDTON, NC 28139		
(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>Continued From page 1</p> <p>reasons why he should wear his glasses, and to recite his address. Continued review of records for client #2 revealed a community home life assessment dated 9/8/21. Further review of the community home life assessment revealed client #2 to observe privacy with a gestural and to use toilet and other appliances with a gestural.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 10/12/21 verified staff should have provided client #2 with a covering and have the bathroom door closed for privacy. Continued interview with QIDP confirmed staff need training to ensure that all clients respect the privacy of others.</p> <p>B. The facility failed to ensure staff were sufficiently trained to perform their duties relative to assuring client privacy for client #6. For example:</p> <p>Observation in the group home on 10/12/21 at 6:55 AM revealed staff D to support client #2 to the bathroom. Continued observation at 7:05 AM revealed staff D to place client #2 on the toilet and exit the bathroom leaving the door open. Further observation at 7:08 AM revealed staff D to support client #6 to the same bathroom for a shower while client #2 remained on the toilet. Additional observation at 7:16 AM revealed client #6 to exit the bathroom in a diaper while client #2 continued to remain on the toilet.</p> <p>Review of client #6's record revealed an individual support plan (ISP) dated 1/20/21. Review of his ISP indicated a training objective that he "will respect the privacy of others with 80% independence for three consecutive months." Continued review of the training</p>	W 130			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G262	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/12/2021
NAME OF PROVIDER OR SUPPLIER VOCA-WOODLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 123 WOODLAND DR RUTHERFORDTON, NC 28139		
(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	Continued From page 2 objective indicated this includes "knock on door, wait for answer, knock again, enter room, and close door after entering." Interview with the qualified intellectual disabilities professional (QIDP) on 10/12/21 revealed he has already "redirected" staff D that the two clients should not have been in the bathroom together and confirmed staff need training to ensure the privacy of all clients. C. The facility failed to ensure staff were sufficiently trained to perform their duties relative to assuring client privacy for client #1. For example: Observation in the group home on 10/12/21 at 7:56 AM revealed client #1 to exit his bedroom naked. Continued observation revealed client #1 to walk down the hallway past the kitchen, the dining room, and the living room and enter the bathroom. During this time staff G was in the kitchen preparing breakfast and staff E and staff F were in the dining room assisting client's #2, #3, #4 with breakfast. At no time during the observation did staff redirect client #1 to exercise privacy in anyway. Review of client #1's record revealed a community/home life assessment dated 6/13/21. Review of the assessment revealed he requires verbal cues to show awareness of the need for privacy. Interview with the qualified intellectual disabilities professional (QIDP) on 10/12/21 confirmed staff need training to ensure the privacy of all clients.	W 130			
W 249	PROGRAM IMPLEMENTATION	W 249			

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

PRINTED: 10/15/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G262	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/12/2021
NAME OF PROVIDER OR SUPPLIER VOCA-WOODLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 123 WOODLAND DR RUTHERFORDTON, NC 28139		
(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 249	<p>Continued From page 3 CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 4 of 6 clients (#1, #3, #4, #6) received a continuous active treatment program consisting of needed interventions as identified in the individual support plan relative to meal preparation. The findings is:</p> <p>Morning observations in the group home on 10/12/21 at 6:45 AM revealed all clients to be in their bedrooms and staff G to be in the kitchen preparing breakfast. The breakfast menu was noted to be two pancakes, two ounces of sausage, two tablespoons of syrup, two teaspoons of margarine, one half cup of orange juice, and milk/coffee. Continued observation at 7:20 AM revealed staff G to finish cooking the pancakes and sausage and place them in the oven to remain warm. At no time were any clients prompted to assist with the breakfast meal.</p> <p>Review of client #1's record revealed an Individual Support Plan (ISP) dated 6/16/21. Review of his ISP indicated a training objective that he will "assist with preparing a meal with 70% independence for three consecutive months."</p>	W 249			

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

PRINTED: 10/15/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G262	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/12/2021
NAME OF PROVIDER OR SUPPLIER VOCA-WOODLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 123 WOODLAND DR RUTHERFORDTON, NC 28139		
(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 249	<p>Continued From page 4</p> <p>Continued review of the training objective indicated this includes "select item to cook, take it from cabinet, and select proper pot/pan." Further review of client #1's record revealed a community/home life assessment dated 6/13/21. Review of the assessment indicated he "requires verbal cues to cook/mix food and make food without cooking."</p> <p>Review of client #3's record revealed an ISP dated 8/25/21. Review of his ISP indicated a training objective that he will "assist with meal preparation with 80% independence for three consecutive months." Continued review of the training objective indicated this includes "select item to prepare from menu, name item needed from menu, and select item from cabinet." Further review of client #3's record revealed a community/home life assessment dated 8/25/21. Review of the assessment indicated he "requires physical assistance with cooking/mixing food and making food without cooking."</p> <p>Review of client #4's record revealed an ISP dated 7/27/21. Review of his ISP indicated a training objective that he will "assist with preparing a meal with 70% independence for three consecutive months." Continued review of the training objective indicated this includes "select item to cook, take item from cabinet, and select proper pot/pan." Continued review of client #4's record revealed an individual self-assessment dated 7/23/21. Review of the self-assessment indicated he "would like to learn to cook and prepare his own food." Further review of client #4's record revealed a community/home life assessment dated 7/23/21. Review of the assessment indicated he "requires verbal cues to cook/mix food and make food without cooking."</p>	W 249			

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

PRINTED: 10/15/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G262	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/12/2021
NAME OF PROVIDER OR SUPPLIER VOCA-WOODLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 123 WOODLAND DR RUTHERFORDTON, NC 28139		
(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 249	Continued From page 5 Review of client #6's record revealed an ISP dated 1/20/21. Review of his ISP indicated a training objective that he will "prepare a side dish with 80% independence for three consecutive months." Continued review of the training objective indicated this includes "gather needed item, get out needed utensils, and get out cookware." Further review of client #6's record revealed a community/home life assessment dated 1/18/21. Review of the assessment indicated he "requires physical assistance with cooking and mixing, and making food without cooking." Interview with the facility qualified intellectual disabilities professional (QIDP) on 10/12/21 verified the training objectives for clients #1, #3, #4, and #6 are current. Continued interview with the QIDP confirmed that each clients training objectives should be followed as prescribed.	W 249			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. 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, and #6). The finding is: Observations in the group home on 10/11/21 at 11:00 AM revealed staff D to direct both surveyors to the office and medication administration room. Continued observations	W 382			

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

PRINTED: 10/15/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G262	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/12/2021
NAME OF PROVIDER OR SUPPLIER VOCA-WOODLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 123 WOODLAND DR RUTHERFORDTON, NC 28139		
(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 382	<p>Continued From page 6</p> <p>revealed medication administration door to be open with the medication key left in the door. Further observation revealed staff D to speak with administrative staff on the phone and client #3 to enter the office and medication administration room in his wheelchair and sit next to the open door with medication key left in the door. Subsequent observation revealed client #3 to exit the office and medication room. It should be noted that this surveyor had to ask staff D to secure the medication administration door and staff D exited the office and medication administration room leaving the medication key in the door.</p> <p>Interview with the facility nurse on 10/12/21 verified that staff are trained to secure the medication administration room when not administering medications. Continued interview with the nurse verified that the medication administration keys should remain on staff and never left in doors unattended. Further interview with nurse confirmed that staff will receive inservice training on securing medications and medication key.</p>	W 382			