

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G289</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/06/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VOCA-SANDBURG GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9317 SANDBURG AVENUE CHARLOTTE, NC 28213</b>
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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 242	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(6)(iii)</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the team failed to ensure the individual support plan (ISP) for 2 of 3 sampled clients (#1 and #3) included objective training to address observed needs relative to privacy. The finding is:</p> <p>A. Client #1 failed to have objective training included in the ISP to meet privacy needs. For example:</p> <p>Observation in the group home on 10/5/21 at 5:10 PM revealed client #1 to walk down the hallway of the group home and enter a hallway bathroom across from the bedroom of client #2. Continued observation revealed client #1 to leave the bathroom door open while using the bathroom and to then exit without washing his hands. Further observation revealed staff A to observe client #1 exit the bathroom and to redirect the client back into the bathroom to wash his hands.</p> <p>Review of records for client #1 on 10/6/21 revealed an ISP dated 3/26/21. Continued review of the ISP revealed a training objective to address knocking on the bathroom door before entering. Further review of training objectives revealed no</p>	W 242		
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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

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OMB NO. 0938-0391

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W 242	<p>Continued From page 1</p> <p>training to address closing the bathroom door for privacy. Subsequent record review for client #1 revealed a human development assessment dated 3/26/21. Review of the human development assessment revealed client #1 does not initiate privacy behavior.</p> <p>Interview with the group home manager (HM) on 10/6/21 verified client #1 will often go to the bathroom and leave the door open. Continued interview with the HM verified client #1 did not have a current training objective to address closing the bathroom door for privacy.</p> <p>B. Client #3 failed to have guidelines or objective training included in the ISP to meet privacy needs. For example:</p> <p>Observation in the group home on 10/5/21 at 4:35 PM revealed client #3 to use the bathroom with staff assistance with the bathroom door open. Continued observation revealed staff to assist client #3 with ambulation to the dining room after exiting the bathroom.</p> <p>Review of records on 10/6/21 for client #3 revealed an ISP dated 1/7/21. Review of client #3's ISP revealed training objectives related to health and safety with rate of eating and ambulation, hygiene, communication and social activity participation. Continued review of client #3's ISP revealed no guidelines or training relative to privacy needs. Review of a skills assessment dated 1/7/21 revealed client #3 has the ability to observe privacy with verbal and gestural cues. Further review of client #3's record revealed a vision deficit related to cataract of the right eye. Subsequent review revealed a vision consult dated 7/6/21 that indicated primary</p>	W 242			

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W 242	Continued From page 2 open angle glaucoma.  Interview with staff B on 10/5/21 revealed the bathroom door is always kept open when client #3 uses the bathroom as the client has vision deficits and staff need to be able to monitor the client to prevent falls. Interview with the HM revealed client #3 has had a decline in vision and the bathroom door is left open when the client uses the bathroom so staff can monitor the client. Continued interview with the HM verified client #3 did not have guidelines to address privacy when using the bathroom or to address privacy needs as a result of a decline in vision.	W 242			