

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

PRINTED: 11/13/2021
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G154 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 11/03/2021 |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER VOCA-COLLEGE STREET | | | STREET ADDRESS, CITY, STATE, ZIP CODE 301 COLLEGE STREET WILKESBORO, NC 28697 | | |
| (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 189 | <p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and facility document review, the facility failed to ensure sufficient training was provided to staff related to effectively applying the wheelchair securement system with transportation for 1 of 1 client (#6) in the home who uses a wheelchair. The finding is:</p> <p>Observation at the group home on 11/3/21 at 8:50 AM revealed staff A to secure client #6 on the facility van using four tie downs that attached to the wheelchair frame. Continued observation revealed staff B to assist staff A with securing client #6 on the facility van with the use of a lap belt. Additional observation revealed no use of a shoulder strap/belt to secure client #6.</p> <p>Interview with staff A on 11/3/21 revealed she had not been trained about a shoulder strap when securing client #6 on the facility van. Interview with the facility program manager on 11/3/21 verified a shoulder strap should be used to secure client #6 on the facility van. Continued interview with the program manager and qualified intellectual disabilities professional (QIDP) revealed they were unsure of the last time a training had been done with staff regarding the safety and securement of client #6 on the facility van. Additional interview with the program manager and QIDP verified new staff had been working in the group home and training was needed to ensure all staff were knowledgeable about the securement system for client #6 during</p> | W 189 | | | |

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 189 | Continued From page 1 | W 189 | | | |
| W 448 | transport to ensure client safety. EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv) The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on review of records and interview, the facility failed to investigate fire drills specific to the reason for the extended time needed for home evacuation. The finding is: Review of the facility fire drill reports from 10/2020 through 9/2021 revealed staff had documented extended times to evacuate clients in the home on various shifts with no identified reasons or issues with evacuation. Further review revealed the following fire drills conducted during the 10/2020 to 9/2021 time period: 10/15/20 - 5 minutes - 1st shift - 2 staff - 6 clients 11/17/20 - 4 minutes - 2nd shift -2 staff - 6 clients 12/21/20 - 10 minutes - 3rd shift -1 staff - 6 clients 1/19/21- 15 minutes - 1st shift - 2 staff - 6 clients 2/2/21 - 15 minutes - 2nd shift -3 staff - 6 clients 3/10/21 - 15 minutes - 3rd shift -1 staff - 6 clients 4/27/21 - 4:32 minutes - 1st shift - 3 staff - 6 clients 5/17/21 - 10:08 minutes - 2nd shift -3 staff - clients 6/4/21 - 6:06 minutes - 3rd shift - 1 staff - 6 clients 7/3/21 - 3:07 minutes - 1st shift - 2 staff - 4 clients 8/3/21 - 6:20 minutes - 2nd shift - 2 staff - 6 clients 9/7/21 -6:12 minutes -3rd shift - 1 staff - 6 clients Interview on 11/3/21 with the facility program manager verified all fire drills should be | W 448 | | | |

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| W 448 | Continued From page 2 conducted in 3 minutes or less. Continued interview with the program manager revealed he had not identified the extended evacuation times noted on multiple fire drills and no inquiry or investigation had been conducted regarding evacuation times. Subsequent interview with the program manager and review of fire drills revealed only 1 of 12 fire drills over the review year had been conducted in a 3 minute time frame. | W 448 | | |