

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

PRINTED: 01/07/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G220	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/21/2021
NAME OF PROVIDER OR SUPPLIER VOCA-WILSON AVENUE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2103 WILSON AVENUE CHARLOTTE, NC 28208		
(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 288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure a technique to address inappropriate behavior was included in a formal active treatment plan for 1 unsampled client (#2). The finding is:</p> <p>Observations in the group home on 12/20-12/21/21 revealed client #2 to walk around the home, spend time in their bedroom, participate in dinner meal and participate in breakfast meal. Continued observation revealed client #2's clothing items to be placed in a dresser located in the activity area.</p> <p>Review of records for client #2 on 12/21/21 revealed an individual support plan (ISP) dated 3/20/21. Continued review of the ISP for client #2 revealed a behavior support plan (BSP) dated 2/22/21 with target behaviors of self-injurious behavior, PICA, sleep disturbance and mouth items. Further review of record for client #2 revealed a patient summary dated 6/25/21 with a diagnosis of hand swelling, fracture of proximal phalanx of middle finger, and fracture of phalanx of right little finger. Subsequent review of the patient summary revealed a recommendation that patient would benefit from having the dresser removed as the injury may have resulted from closing their hand in the drawer. At no time was a documented intervention provided to address the removal of client #2's clothing from her bedroom.</p>	W 288			

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 288	Continued From page 1 Interview with the qualified intellectual disabilities professional (QIDP) on 12/21/21 confirmed client #2's ISP dated 3/20/21 was current. Interview with the Behaviorist revealed client #2 would fall to the ground, pull out her drawers and push the drawers back into her dresser. Continued interview with Behaviorist confirmed that client #2's dresser containing clothes were removed from her bedroom for safety and interventions have not been integrated in the client's ISP.	W 288		