

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/20/2022
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409	
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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 and interviews, the facility failed to ensure privacy during medication administration for 5 of 6 clients (#1, #2, #3, #4, #6). The findings are:</p> <p>Observations in the group home on 1/19/22 at 7:07 AM revealed client #4 to enter into the staff office area to participate in medication administration. Observations revealed staff C to provide medication education to client #4 with the door open which could be heard from the hallway.</p> <p>Continued observations on 1/19/22 at 7:20 AM revealed staff C to administer medications to client #2 with the medication room door open. Observations revealed client #2 to receive medication administration while staff and other clients walked past the medication room door. At no point during the observation were clients offered privacy during medication administration by closing the door.</p> <p>Further observations on 1/19/22 at 7:34 AM revealed staff C to administer medications to client #6 with the medication room door ajar. Observations revealed client #6 to name his medications as staff and other clients walked past the door. At no point during the observation were clients offered privacy during medication administration by closing the door.</p> <p>Subsequent observations on 1/19/22 at 7:43 AM revealed client #3 to receive medication in his</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

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W 130	<p>Continued From page 1</p> <p>room with staff assistance. Further observations revealed staff C to administer medication to client #3 with the bedroom door open. At no point during the observation were clients offered privacy during medication administration by closing the door.</p> <p>Additional observations on 1/19/22 at 7:55 AM revealed staff C to assist client #1 to the medication room. Observations revealed staff C to provide medication education to client #1 which could be heard from the hallway. At no point during the observation were clients offered privacy during medication administration by closing the door.</p> <p>Interview with the interim facility nurse and qualified intellectual disabilities professional (QIDP) on 1/20/22 verified that that all staff have been trained to respect the privacy of all clients during medication administration. Continued interview with the QIDP verified there have been no changes to the facility's medication administration protocol. Further interview with the QIDP confirmed that staff will receive in-service training on respecting the privacy of clients during medication administration.</p>	W 130			
W 227	<p>INDIVIDUAL PROGRAM PLAN</p> <p>CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the individual support plan (ISP) failed to have sufficient training or interventions to meet</p>	W 227			

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W 227	<p>Continued From page 2</p> <p>identified needs for 1 of 3 sampled clients (#1) relative to client behavior. The finding is:</p> <p>Observations in the group home on 1/19/22 at 4:15 PM revealed client #1 to sit in a wheelchair with no seat belt fastened and a gait belt laying across the back of his chair. Further observations revealed client #1 to plunge head first out of his wheelchair onto the floor. Continued observations revealed 2 staff to talk to client #1 while he remained on the floor. Further observations revealed staff to lift client #1 underneath his arms and place him onto the wheelchair. Additional observations revealed client #1 to have a large bruise approximately 6 inches in length on the right side of his lower abdominal area.</p> <p>Review of the record for client #1 revealed an ISP dated 12/8/21. Review of the ISP revealed the following diagnoses: I/DD moderate, Intermittent Explosive Disorder, Schizophrenia, Cerebral Palsy, Psychotic Disorder, Tardive Dyskinesia & Epilepsy, Bell's Palsy and seizures. Review of the behavior support plan (BSP) dated 11/13/21 revealed the following target behaviors: non-compliance, stealing, elopement, tantrums, emotional outbursts, inappropriate sexual behaviors, property destruction, verbal aggression, self-injurious behaviors and physical aggression. Review of the 11/2021 physical therapy assessment did not reveal that client #1 needs a gait belt or seat belt. Review of the BSP did not reveal interventions to assist staff with addressing client #1's behaviors. Subsequent review of the record did not reveal incident reports relative to client #1 falling out of his chair.</p>	W 227			

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W 227	<p>Continued From page 3</p> <p>Interview with staff F on 1/19/22 revealed that client #1 has tantrum behaviors and falls out of his chair often when he doesn't like staff requests. Interview with staff G revealed that staff will attempt to calm client #1 down and pick him up from the floor, placing him back in his wheelchair. Continued interview with staff G revealed that they do not have interventions or formal guidelines or interventions on how to assist client #1 when he falls out of his chair. Staff also revealed during the interview that the bruise observed on the right side was from a recent fall but it is healing. Additonal interview with staff revealed that client #1 has had bruising due to sliding out of his chair which has been reported to nursing staff. Staff confirmed during the interview that they have followed protocol by completing an incident report and contact nursing staff of client #1's most recent fall.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 1/20/22 revealed that client #1's goals and interventions are current. Further interview with the QIDP confirmed that client #1 does not have interventions or training objectives relative to sliding out of his wheelchair. Continued interview with the QIDP confirmed that client #1 could benefit from interventions relative to sliding out of his wheelchair.</p> <p>Interview with the Program Manager (PM) on 1/20/22 revealed that she did not know that client #1 was falling out of his chair regularly. The PM also revealed that client #1 does not have a seat belt due to his ability to transfer himself independently out of his wheelchair. Continued interview with the PM verified that all of client #1's BSP and interventions are current. Futher interview with the PM confirmed that client #1</p>	W 227			

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W 227	Continued From page 4 could benefit from lifting guidelines to assist staff in safely placing the client back in his wheelchair. The PM also confirmed during the interview that she will create a formal program for client #1 and provide in-service training for staff to address client behaviors relative to falling out of his wheelchair.	W 227			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to assure 1 of 3 sampled clients (#4) received a continuous active treatment program relative to guidelines for use of a protective helmet and for client #4 to use a communication iPad Touch as prescribed. The findings are: A. The facility failed to ensure client #4 followed helmet guidelines as prescribed. For example: Observation in the group home on 1/19/22 at 11:50 AM revealed client #4 to sit on the couch and watch the television. Continued observation on 1/19/22 from 4:00 PM to 5:30 PM revealed client #4 to participate with setting the dinner	W 249			

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W 249	<p>Continued From page 5</p> <p>table, to sit on the couch, to take dinner dishes to the kitchen, and to take out the trash. At no point during the observation was client #4 observed to wear a protective helmet.</p> <p>Review of records for client #4 revealed an individual support plan (ISP) dated 1/14/22. Continued review of ISP revealed a behavior support plan (BSP) dated 9/26/21. Further review of BSP revealed client #4 has self-injurious behavior by hitting his head and needs helmet for safety. Subsequent review of BSP revealed client #4 is to wear a helmet at all waking hours except for bathing, eating, and sleeping to protect him from serious injury.</p> <p>Interview on 1/20/22 with the qualified intellectual disabilities professional (QIDP) verified the 1/14/22 ISP for client #4 was current. Interview with the program manager (PM) confirmed client #4 wears a protective helmet for safety. Continued interview with the PM confirmed that client #4's protective helmet is kept in the medication administration area and that it should be worn daily.</p> <p>B. The facility failed to ensure client #4 was provided his communication device (iPad Touch) as prescribed. For example:</p> <p>Evening observations in the group home on 1/19/22 from 4:00 PM to 5:30 PM revealed client #4 to participate with setting the dinner table, to sit on the couch, to take dinner dishes to the kitchen and to take out the trash. At no point during the observation was client #4 prompted by staff to use his iPad Touch or to use his communication board.</p>	W 249			

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W 249	<p>Continued From page 6</p> <p>Morning observations in the group home on 1/20/22 from 6:45 AM to 8:00 AM revealed client #4 to get dressed in his bedroom, to wipe the dining room table, and to participate in medication administration. Continued observation at 8:18 AM revealed staff to prompt client #4 to use the picture board in the dining room after surveyor questioned staff about the unused picture board located in the dining room. At no time during the observation was client #4 provided his iPad Touch.</p> <p>Review of records for client #4 revealed an ISP dated 1/14/22. Continue review of ISP revealed a speech and language update dated 1/21/21. Further review of speech and language update revealed that client #4 is non-verbal and uses pointing, signs, body language/facial expressions (flapping), vocalizations (screaming) and gestures to communicate basic wants and needs. Subsequent review of speech and language update revealed client #4's iPad Touch has been repaired and should be used to enhance his communication.</p> <p>Interview on 1/20/22 with the QIDP confirmed that client #4 uses an iPad Touch which is kept in the office area on a charger. Continued interview with the QIDP revealed that client #4 could go and obtain the iPad Touch off the charger if he chooses to use the communication device at his leisure. Further interview with the QIDP revealed that staff did not offer the iPad Touch as prescribed.</p>	W 249			