

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

PRINTED: 04/01/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G158	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/23/2022
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NAME OF PROVIDER OR SUPPLIER VOCA-MALLARD DRIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 6119 MALLARD DRIVE CHARLOTTE, NC 28227
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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 000	INITIAL COMMENTS A complaint survey was completed on 3/23/2022 for intake #NC00186093. No deficiencies were cited.	W 000		
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 a continuous active treatment program was provided for 1 sampled client (#5) relative to eyeglasses. The finding is: Afternoon observations in the group home on 3/22/22 from 4:30 PM to 6:30 PM revealed client #5 to participate in various activities including a coloring activity, participate in the dinner meal and chores in the kitchen. At no point during the observation period did staff prompt client #5 to wear her eyeglasses. Morning observations on 3/23/22 from 6:50 AM to 8:45 AM revealed client #5 to participate in various activities including a puzzle activity, a color activity and to participate in the breakfast meal. Continued observations at 8:40 AM	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 249	Continued From page 1 revealed this surveyor to interview staff about client #5's eyeglasses. Further observations revealed staff to accompany client #5 in her room to look for her eyeglasses. Additional observation at 8:45 AM revealed client #5 to put on her eyeglasses. Review of the record for client #5 on 3/23/22 revealed an individual support plan (ISP) dated 1/24/22. Continued review of the ISP revealed client #5 has the following diagnosis: I/DD, severe; Down's Syndrome and impaired vision. Continued review of the ISP revealed two program goals that client #5 must wear and clean her eyeglasses daily as prescribed. Interview with staff D on 3/23/22 revealed that client #5 will hide her glasses in her room and staff have a hard time finding them. Continued interview with staff D revealed that client #5 does not like to wear her glasses. Interview with the qualified intellectual disabilities professional (QIDP) on 3/23/22 revealed that all of client #5's goals are current. Continued interview with the QIDP revealed that client #5 should wear her glasses daily as prescribed.	W 249			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) 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 of 4 sampled	W 288			

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W 288	<p>Continued From page 2 clients (#1). The finding is:</p> <p>Observations in the group home on 3/22/22-3/23/22 revealed client #1 to participate in chores, to do activities, participate in dinner meal and participate in breakfast meal. Continued observation on 3/22/22 at 5:57 PM revealed client #1 to go to the bathroom to take a shower.</p> <p>Observation in the group home on 3/23/22 at 6:50 AM revealed client #1 to sit at the dining room table for breakfast wearing the same clothes from the previous day. Continued observation on 3/23/22 revealed client #1 to not have clothes in the bedroom. Further observation on 3/23/22 at 8:30 AM revealed client #1's clothes were being kept outside in a locked shed.</p> <p>Review of records for client #1 on 3/23/22 revealed an individual support plan (ISP) dated 3/18/22. Continued review of ISP for client #1 revealed a behavior support plan (BSP) dated 10/5/21 with target behaviors of food seeking, stealing, physical aggression, verbal aggression, agitation and elopement. At no time was documented technique provided to address the removal of client #1's clothing from the client's bedroom. Further review of client #1's record did not reveal a consent form signed by the guardian relative to locking up the client's clothing in the outdoor shed.</p> <p>Interview with the staff on 3/23/22 revealed that client #1 was wearing the same clothes throughout the observations. Continued interview with the staff revealed client #1's clothes are kept in a lock shed in the back yard due to client #1 tearing clothes and throwing clothes in the trash.</p>	W 288			

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W 288	Continued From page 3	W 288			
W 440	<p>Interview with the qualified intellectual developmental disabilities professional (QIDP) confirmed client #1's ISP dated 3/18/22 was current. Continued interview with the QIDP revealed client #1 would throw clothes in trash and mom wanted client # 1's clothes kept in the outside shed. Further interview with QIDP confirmed that training needs to be in place to address client #1's behavior.</p> <p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p> <p>at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on review of record and interview, the facility failed to show evidence quarterly fire drills were conducted with each shift of personnel relative to first and third shift. The finding is:</p> <p>Review of the facility fire drill reports from 3/21 through 2/22 revealed missing fire drills for 5/21, 7/21, 8/21, 9/21, and 12/21. Further review of the fire drill reports revealed a second shift drill conducted on 2/2/22 and a third shift drill completed on 3/27/21. There was no additional documentation available conducting second and third shift drills during the review year.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/23/22 confirmed facility fire drills should have been conducted quarterly for each shift. Continued interview with the QIDP confirmed there was no additional documentation to reflect the missing drills were conducted during the review year.</p>	W 440			