

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

PRINTED: 04/07/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/30/2022
NAME OF PROVIDER OR SUPPLIER VOCA-OAKHAVEN DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 12516 OAKHAVEN DRIVE CHARLOTTE, NC 28273	
(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 000	INITIAL COMMENTS A complaint survey was completed on 3/30/2022 for intake #NC00187054. No deficiencies were cited.	W 000		
W 104	GOVERNING BODY CFR(s): 483.410(a)(1) The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to assure facility repairs were conducted timely. The finding is: Observations in the group home during the survey period from 3/29-3/30/22 revealed all clients to use one bathroom for bathing and grooming in the group home. Continued observations revealed a second bathroom with tape across the tub and shower as well as a sign on the door stating "bath and shower broken. Do not use". Further observations in the group home revealed clients to only use the second bathroom for toileting. Interview with the home manager (HM) on 3/30/22 revealed that the shower has been inaccessible for over 5 months (10/21) due to a substantial amount of moisture and concerns relative to black mold in the second bathroom. Continued interview with the HM revealed that a work order was submitted to the facility's maintenance company on 10/6/21 and 1/20/22. Further interview with the HM revealed that administration was made aware of the repair	W 104		

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 104	Continued From page 1 concerns and he was uncertain when the bathtub would be repaired or what was the delay in getting the bathtub/shower repaired. Interview with the program manager (PM) on 3/30/22 revealed that communication has been made with the facility's maintenance company although the bathtub/shower has not been repaired. Continued interview with the PM revealed that the facility could not determine when the bathroom would be repaired at the time of the survey.	W 104			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record reviews and interview, the facility failed to ensure that all drugs, including those that are self-administered, were administered without error for 1 non-sampled client (#6). The finding is: Observations in the group home on 3/30/22 at 5:30 AM revealed client #6 to enter the medication room with staff B. Continued observation revealed client #6 to complain about their eye hurting and refuse participation with the medication pass for several minutes. Further observation at 5:39 AM revealed client #6 to participate in the medication pass once staff B addressed and intervened client #6's eye complaint. Review of client 6's record on 3/30/22 revealed an individual support plan (ISP) dated 11/29/21.	W 369			

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W 369	<p>Continued From page 2</p> <p>Further review of client #6's record revealed a physician's order dated 10/4/21. Review of the physician's order indicated client #6's morning medications are ordered at 7:00 AM. Subsequent review of client #6's electronic record revealed a medication administration record (MAR) dated 3/30/22. Review of the MAR revealed an electronic time stamp indicating client #6's morning medications were administered at 5:39 AM on 3/30/22.</p> <p>Interview with the facility nurse on 3/30/22 revealed client #6 must receive his medications early in order to accommodate the morning school bus schedule. Further interview with the facility nurse confirmed a medication error occurred as a result of client #6 receiving his medication outside of the physician order window.</p>	W 369		