

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

PRINTED: 10/13/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G201	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2021
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NAME OF PROVIDER OR SUPPLIER VOCA-OAK DRIVE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5416 OAK DRIVE CHARLOTTE, NC 28216
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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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interview, the facility failed to ensure 4 of 6 clients (#1, #2, #3 and #4) received a continuous active treatment program consisting of needed interventions as identified in the person-centered plan (PCP) relative to adaptive equipment. The finding is:</p> <p>Observations in the group home throughout the 10/5-6/21 survey revealed clients #1, #2, #3 and #4 were engaged in various activities including watching television, drawing, playing games, hygiene, meal preparation, meal participation and clean up. At no time throughout the observations did staff prompt or request any of the clients to access or wear their eyeglasses.</p> <p>Review of client #1's record revealed an Individual Support Plan (ISP) dated 6/3/21. Review of the ISP indicated training objectives to include "eyeglasses wear" and "cleaning eyeglasses." Further review of client #1's record revealed a vision consultation and an eyeglasses prescription both dated 10/13/20.</p>	W 249	<p>W249 The facility will ensure all clients including 4 of 6 clients (#1, #2, #3 and #4) receive a continuous active treatment program consisting of needed interventions as identified in the person centered plan relative to adaptive equipment. The habilitation team will meet to determine if clients ((#1, #2, #3 and #4) have need of formal training to wear glasses. If team determines formal training is needed to wear glasses QP will formulate needed goals. QP will in-service staff to prompt clients to wear glasses via needed prompts or as indicated in the newly formatted goal(s) to wear glasses.</p> <p>To prevent further reoccurrence: QP and Site Supervisor will complete monitoring tool weekly to ensure clients are wearing glasses as indicated in Personal Center Plan.</p> <p>To be completed by: 12/06/2021</p> <p>Person(s) Responsible: Program Manager, QP, Site Supervisor</p>	12/06/2021
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SCANNED
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MHL & C Section

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Jenita Hood* TITLE: Program Manager (X6) DATE: 10/28/2021

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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NAME OF PROVIDER OR SUPPLIER VOCA-OAK DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5416 OAK DRIVE CHARLOTTE, NC 28216		
(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 249	Continued From page 1 Review of client #2's record revealed an ISP dated 3/4/21. Review of the ISP indicated training objectives to include "eyeglasses wearing and cleaning." Further review of client #2's record revealed a vision consultation and an eyeglasses prescription both dated 11/12/20. Review of client #3's record revealed an ISP dated 12/20/20. Review of the ISP indicated training objectives to include "eye glass wear" and "eye glass cleaning." Further review of client #3's record revealed a vision consultation and an eyeglasses prescription both dated 12/7/20. Review of client #4's record revealed an ISP dated 2/4/21. Review of the ISP indicated training objectives to include "eyeglasses wear" and "eyeglasses cleaning." Further review of client #4's record revealed a vision consultation and an eyeglasses prescription both dated 5/6/21. Interview with the facility qualified intellectual disabilities professional (QIDP) on 10/6/21 verified client's #1, #2, #3 and #4 are prescribed eyeglasses and their ISP objectives relative to eyeglasses are current. Continued interview with the QIDP revealed each client maintains their eyeglasses in personal bins in their bedrooms. Further interview with the QIDP revealed that the staff prompt each client to wear their eyeglasses in the morning, however, they will sometimes refuse. Additional interview with the QIDP confirmed the facility should provide additional prompting throughout the day in order to teach clients to use and care for their eyeglasses as prescribed in their ISP.	W 249		12/06/2021	



Community Alternatives North Carolina

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October 28, 2021

Ms. Lisa Jones
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699

Dear Lisa Jones,

Please find the enclosed plan of correction for deficiencies cited during the recent Recertification Survey completed at the Oak Group Home on 10/06/2021. Deficiencies will be corrected as indicated in plan of correction.

We would like to request an invitation of return visit on or after 12/06/2021.

Thank you for all your assistance that you provide us in helping meet the needs of the people we serve.

Sincerely

Jenita Hooks
Program Manager

Respect and Care