

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

PRINTED: 04/29/2022
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G193 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 04/13/2022 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER VOCA-SIMPSON GROUP HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3017 SIMPSON DRIVE CHARLOTTE, NC 28205 | | |
| (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 436 | <p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure that clients use and make informed choices relative to eyeglasses as prescribed for 1 of 3 sampled clients (#2). The finding is:</p> <p>Afternoon observations in the group home on 4/12/22 from 4:00 PM-6:00 PM revealed client #2 to participate in various activities such as a coloring activity, participate in the dinner meal and watch a movie with peers. At no point during the observation period was client #2 prompted to wear his eyeglasses.</p> <p>Morning observations in the group home on 4/13/22 from 6:00 AM to 7:45 AM revealed client #2 to participate in various activities such as a coloring activity, participate in the breakfast meal, watch television and prepare for school. At no point during the observation period was client #2 prompted to wear his eyeglasses.</p> <p>Review of the record for client #2 on 4/13/22 revealed an individual support plan (ISP) dated 9/20/21 which indicated the following diagnosis: I/DD severe, Autism Spectrum Disorder and legally blind. An updated vision consult was not available for review during the survey period. Continue review of the 9/20/21 ISP revealed that client #2 should wear his eyeglasses during</p> | W 436 | | | |

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 436 | Continued From page 1 waking hours. Interview with staff C on 4/13/22 revealed she was not aware that client #2 wore eyeglasses. Continued interview with staff C revealed that she has not seen client #2 eyeglasses since his admission to the group home in 11/2021. Interview with the qualified intellectual disabilities professional (QIDP) on 4/13/22 revealed that client #2 has previously had eyeglasses but does not like to wear them. Continued interview with the QIDP revealed that the medical chart for client #2 had been purged and the current vision consult could not be located during the survey. Further interview with the QIDP revealed that client #2 has a vision appointment scheduled for 4/19/22. Further interview with the QIDP verified that client #2 should have been offered his eyeglasses as prescribed. | W 436 | | | |
| W 508 | COVID-19 Vaccination of Facility Staff CFR(s): 483.430(f)(1)-(3)(i)-(x) § 483.430 Condition of Participation: Facility staffing. (f) Standard: COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. (1) Regardless of clinical responsibility or client | W 508 | | | |

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| W 508 | Continued From page 2 contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its clients: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its clients, under contract or by other arrangement. (2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section. (3) The policies and procedures must include, at a minimum, the following components: (i) A process for ensuring all staff specified in paragraph (f)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its clients; | W 508 | | | |

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| W 508 | Continued From page 3 (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19; (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (f)(1) of this section; (v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements; (viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains: (A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (B) A statement by the authenticating practitioner recommending that the staff member be | W 508 | | | |

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| W 508 | <p>Continued From page 4</p> <p>exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;</p> <p>(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and</p> <p>(x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication:</p> <p>(ii) A process for ensuring that all staff specified in paragraph (f)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations;</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure policies and procedures were implemented for 1 of 3 sampled staff (#2) as prescribed relative to assuring staff are fully vaccinated for COVID-19. The finding is:</p> <p>Observations during the entrance conference on 4/12/22 from 11:30 AM to 1:45 PM revealed clerical staff to present the staff listing for the group home. Further observation revealed clerical staff to present 2 of 3 sampled staff (#1 & #3).</p> | W 508 | | | |

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| W 508 | Continued From page 5 Record review on 4/12/22 on at 12:00 PM revealed a staff listing consisting of seventeen staff total that have direct contact with the clients of the group home. Review of 2 of 3 sampled staff vaccination cards (#1 and #3) revealed they met the requirement and were fully vaccinated. Staff #2 vaccination status was not presented at this time or any time of the survey after numerous requests. Interview on 4/13/22 at 1:00 PM with the qualified intellectual disabilities professional (QIDP) revealed the vaccination record could not be located. In addition, staff #2, who was present at the office during the survey, failed to show a vaccination card to the facility to show proof of all staff being vaccinated for COVID-19 or having approved exemptions as required. | W 508 | | | |