STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G280	A. BUILDING _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-SECOND AVENUE GROUP HOME	49 SECOND AVENUE SE TAYLORSVILLE, NC 28681

(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 193	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(3) Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients. This STANDARD is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to ensure 1 of 3 non-sampled client (#5) received the needed interventions as identified in their behavior support plan (BSP) relative to prevention and proactive measures. The finding is: Observation in the group home on 5/4/22 at 7:05 AM revealed client #5 to finish his beverage at the dining room table, stand and intentionally drop to the floor where he was assisted up by staff C and qualified intellectual disabilities professional (QIDP) to the living room couch. Continued observation revealed client #5 to stand and intentionally drop to the floor making vocalizations. Staff C attempted unsuccessful redirection back to the couch followed by client #5 intentionally dropping back to the floor. Subsequent observation revealed the QIDP to assist staff C with unsuccessful redirection of client #5 to the couch. Further observation revealed staff C, QIDP, staff A and B to resume and/or continue their respective activities with and without other clients in the home. Observation in the group home on 5/4/22 at 7:07 AM revealed client #5 to stand from a seated position on the floor in the living room and walk onto the homes' front porch. Continued observation revealed him to walk off the front porch in the direction of the homes' driveway. Subsequent observation revealed client #5 to walk to the passenger side of the parked van	W 193		

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 193	Continued From page 1 where he then sat on the ground adjacent to the front passenger door. Because none of the four staff on duty were aware of client #5's exit from the home, a surveyor alerted the QIDP of the AWOL due to potential safety concerns. Record review on 5/4/22 revealed an individual support plan (ISP) dated 1/27/22. Review of the ISP for client #5 revealed training objectives to: spend more time with family, increase engagement in activities, outing, personal relationships, work activities and van rides. Continue review of records revealed a current behavior support plan (BSP) dated 1/27/22. The BSP revealed target behaviors of hitting, biting and/or throwing objects at others and verbal disruptions of yelling/screaming or vocalizations and disruptive to the environment. Further review of the BSP revealed strategies for handling client #5's attention seeking behavior of intentionally falls or dropping to the floor by planned to ignore and use of redirection by offering activities. Additionally, the BSP addressed prevention/proactive measures if client #5 "becomes agitated and begins to pace to the door; staff will redirect him to other activities". Interview with the facility QIDP and program manager (PM) on 5/5/22 verified client #5 does have a current BSP dated 1/27/22 that adequately addressed his pacing behavior. Further interview with the QIDP and PM verified staff failed to follow the BSP.	W 193		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan,	W 249		

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W 249	Continued From page 2	W 249		

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, interviews and record reviews, the facility failed to ensure 2 sampled clients (#1 and #2) received a continuous active treatment program consisting of needed interventions as identified in their person centered plans (PCPs) relative to communication. The findings are:

A. The team failed to ensure a program objective relative to communication was implemented in sufficient frequency to support the need of client #1. For example:

Observation in the group home throughout the 5/3/22 - 5/4/22 survey revealed client #1 to participate in various activities in the group home to include leisure activities, going out to dinner, visit at the park, participating in meal clean up and medication administration. At various times during survey observations on 5/3-4/2022, client #2 was observed to follow directives made verbally by staff when communicating.

Review of records for client #1 on 5/4/22 revealed a PCP dated 12/10/21. Review of current training objectives of the 12/21 PCP for client #1 revealed a communication program implemented 12/1/21. Review of client #1's communication program revealed "when preference is needed, the client

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will be asked yes or no questions and presented with yes or no picture cards to touch indicating her answer with 70% participation over 3 consecutive months.

Continued review of the communication program for client #1 revealed the program was to be implemented daily or during the day whenever a yes or no answer can occur. Review of program directions revealed staff will provide the opportunity for client #1 to independently express her feelings, however if the client doesn't, staff should verbally and visually prompt by saying "Are you happy (hold up the happy picture) or mad (hold up the mad picture).

Interview with the program manager (PM) and qualified intellectual disability professional (QIDP) on 5/4/22 verified client #1 has a current communication program. Continued interview with the PM verified client #1's communication program should have been implemented as written to support the client's communication needs.

B. The team failed to ensure a program objective relative to communication was implemented in sufficient frequency to support the need of client #2. For example:

Observation in the group home throughout the 5/3/22 - 5/4/22 survey revealed client #2 to participate in various activities in the group home to include leisure activities, going out to dinner, visit at the park, participating in meal prep, clean up and medication administration. At various times during survey observations on 5/3-4/2022 client #2 was observed to complete tasks following verbal request from staff.

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W 249	Continued From page 4 Review of records for client #2 on 5/4/22 revealed a PCP dated 4/1/22. Review of current training objectives of the 4/22 PCP for client #2 revealed a communication program implemented 4/21. Review of client #2's communication program revealed the client will identify from pictures and be able to express feelings with 80% accuracy over 3 consecutive months. Continued review of the communication program for client #2 revealed the program was to be implemented daily or during the day when these feelings occur. Review of program directions revealed staff will verbally and visually prompt the client to say "Are you happy (hold up the happy picture) or mad (hold up the mad picture)". Interview with the PM and QIDP on 5/4/22 verified client #2 has a current communication program. Continued interview with the PM verified client #2's communication program should have been implemented as written to support the client's communication needs.	W 249		