

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
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NAME OF PROVIDER OR SUPPLIER VOCA-SIMPSON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3017 SIMPSON DRIVE CHARLOTTE, NC 28205
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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 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:</p> <p>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	<p>W 436</p> <p>The habilitation team will meet to determine if client #2 has 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 client to wear glasses via needed prompts or as indicated in the newly formulated goal(s) to wear glasses. . Qualified Professional will in service all staff on the ISP plans to ensure each client receives continuous active treatment. In addition, the qualified professional will complete client- specific training with all staff. All training will be completed 6/1/2022</p> <p>Person(s) responsible: QP, Site Supervisor</p> <p style="text-align: center;">RECEIVED MAY 06 2022 DHSR-MH Licensure Sect</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Karantha Belin

Program Manager

5/3/2022

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	W 508 As a result of nursing staff failure to follow policy and procedures, The nursing contract will be canceled to ensure health and safety of the consumers by 6/1/2022. Person (s) Responsible: Executive Director		