

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

PRINTED: 01/28/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/20/2022
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NAME OF PROVIDER OR SUPPLIER  VOCA-MEADOWOOD DRIVE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409
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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 130 PROTECTION OF CLIENTS RIGHTS  
CFR(s): 483.420(a)(7)

W 130

*See Attached*

The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure privacy during medication administration for 5 of 6 clients (#1, #2, #3, #4, #6). The findings are:

Observations in the group home on 1/19/22 at 7:07 AM revealed client #4 to enter into the staff office area to participate in medication administration. Observations revealed staff C to provide medication education to client #4 with the door open which could be heard from the hallway.

Continued observations on 1/19/22 at 7:20 AM revealed staff C to administer medications to client #2 with the medication room door open. Observations revealed client #2 to receive medication administration while staff and other clients walked past the medication room door. At no point during the observation were clients offered privacy during medication administration by closing the door.

Further observations on 1/19/22 at 7:34 AM revealed staff C to administer medications to client #6 with the medication room door ajar. Observations revealed client #6 to name his medications as staff and other clients walked past the door. At no point during the observation were clients offered privacy during medication administration by closing the door.

Subsequent observations on 1/19/22 at 7:43 AM revealed client #3 to receive medication in his

*[Handwritten Signature]*

TITLE

(X6) DATE

*3/17/2022*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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 227 Continued From page 2

W 227

identified needs for 1 of 3 sampled clients (#1) relative to client behavior. The finding is:

*See attached*

Observations in the group home on 1/19/22 at 4:15 PM revealed client #1 to sit in a wheelchair with no seat belt fastened and a gait belt laying across the back of his chair. Further observations revealed client #1 to plunge head first out of his wheelchair onto the floor. Continued observations revealed 2 staff to talk to client #1 while he remained on the floor. Further observations revealed staff to lift client #1 underneath his arms and place him onto the wheelchair. Additional observations revealed client #1 to have a large bruise approximately 6 inches in length on the right side of his lower abdominal area.

Review of the record for client #1 revealed an ISP dated 12/8/21. Review of the ISP revealed the following diagnoses: I/DD moderate, Intermittent Explosive Disorder, Schizophrenia, Cerebral Palsy, Psychotic Disorder, Tardive Dyskinesia & Epilepsy, Bell's Palsy and seizures. Review of the behavior support plan (BSP) dated 11/13/21 revealed the following target behaviors: non-compliance, stealing, elopement, tantrums, emotional outbursts, inappropriate sexual behaviors, property destruction, verbal aggression, self-injurious behaviors and physical aggression. Review of the 11/2021 physical therapy assessment did not reveal that client #1 needs a gait belt or seat belt. Review of the BSP did not reveal interventions to assist staff with addressing client #1's behaviors. Subsequent review of the record did not reveal incident reports relative to client #1 falling out of his chair.

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W 227	Continued From page 4 could benefit from lifting guidelines to assist staff in safely placing the client back in his wheelchair. The PM also confirmed during the interview that she will create a formal program for client #1 and provide in-service training for staff to address client behaviors relative to falling out of his wheelchair.	W 227		
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W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)	W 249		
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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.

*See Attached*

This STANDARD is not met as evidenced by:  
Based on observations, record review and interviews, the facility failed to assure 1 of 3 sampled clients (#4) received a continuous active treatment program relative to guidelines for use of a protective helmet and for client #4 to use a communication iPad Touch as prescribed. The findings are:

A. The facility failed to ensure client #4 followed helmet guidelines as prescribed. For example:

Observation in the group home on 1/19/22 at 11:50 AM revealed client #4 to sit on the couch and watch the television. Continued observation on 1/19/22 from 4:00 PM to 5:30 PM revealed client #4 to participate with setting the dinner

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W 249 Continued From page 6

W 249

Morning observations in the group home on 1/20/22 from 6:45 AM to 8:00 AM revealed client #4 to get dressed in his bedroom, to wipe the dining room table, and to participate in medication administration. Continued observation at 8:18 AM revealed staff to prompt client #4 to use the picture board in the dining room after surveyor questioned staff about the unused picture board located in the dining room. At no time during the observation was client #4 provided his iPad Touch.

*See Attached*

Review of records for client #4 revealed an ISP dated 1/14/22. Continue review of ISP revealed a speech and language update dated 1/21/21. Further review of speech and language update revealed that client #4 is non-verbal and uses pointing, signs, body language/facial expressions (flapping), vocalizations (screaming) and gestures to communicate basic wants and needs. Subsequent review of speech and language update revealed client #4's iPad Touch has been repaired and should be used to enhance his communication.

Interview on 1/20/22 with the QIDP confirmed that client #4 uses an iPad Touch which is kept in the office area on a charger. Continued interview with the QIDP revealed that client #4 could go and obtain the iPad Touch off the charger if he chooses to use the communication device at his leisure. Further interview with the QIDP revealed that staff did not offer the iPad Touch as prescribed.

**W249 – 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.**

**Correction:**

The facility will ensure all clients have their proper equipment according to their individual’s plan. The QP will In-Service all staff on their updated individual’s plan to make sure all personal equipment are in place daily according to their plan/community assessments. After an ISP meeting or any changes the QP will make weekly monitoring visit to ensure all interventions are carried out accordingly to the ISP/assessments. The Operation Manager will monitor at least once monthly for accuracy.

**Projected Completion Date: March 20 2020**

**Responsible Parties: QP, Operation Manager**