

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G270	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/06/2022
NAME OF PROVIDER OR SUPPLIER VOCA-SIXTH STREET GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 201 NORTH SIXTH STREET SANFORD, NC 27330		
(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 000	INITIAL COMMENTS	W 000			
W 104	<p>A complaint survey was completed on 10/6/22 for intake NC00193088. Deficiencies were cited as a result of the survey.</p> <p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation and interviews, the facility failed to ensure client #2's bedroom furniture was in good repair. This affected 1 of 2 audit clients. The finding is:</p> <p>During observations in the home on 10/6/22, client #2's bedroom dresser was missing two of four large drawers and one drawer was broken.</p> <p>Interview on 10/6/22 with the Site Supervisor (SS) indicated she had notified the new Area Supervisor a couple of weeks ago about client #2's broken dresser; however, she had not heard anything else about it and could not be sure if anything had been done.</p>	W 104			
W 148	<p>COMMUNICATION WITH CLIENTS, PARENTS & CFR(s): 483.420(c)(6)</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse,</p>	W 148			

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.

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

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FORM APPROVED
OMB NO. 0938-0391

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W 148	<p>Continued From page 1 or unauthorized absence. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure client #2's guardian was informed regarding changes in his health status and an explanation of his medication regime. This affected 1 of 2 audit clients. The finding is:</p> <p>Review on 10/6/22 of client #2's record revealed the client's written informed consent for his Behavior Support Plan (BSP) was not signed by his guardian. Additional review of the record revealed a handwritten note, "Request a mtg w/ QP, RN and Business Mgr before signing". Additional review of the record revealed a guardian contact note dated 3/25/22. The note indicated a "face-to-face" meeting had been held with client #2's guardian at the guardian's home to "have consents signed". Further review of note indicated the guardian had signed all consents provided except seven forms including the client's consent for his BSP. The note revealed the guardian had refused to sign the BSP because "she wants the RN to explain the meds he is taking and why." The guardian gave reasons for not signing other documents including she wanted the nurse to explain further, she also wanted to meet with the business manager, she didn't know what the document was for. All seven of the documents remained unsigned as of the date of the survey.</p> <p>Interview on 10/6/22 with the former Qualified Intellectual Disabilities Professional (QIDP) and former Area Supervisor (AS) confirmed client #2's guardian had requested to meet with the QIDP, Nurse and Business Manager. A three-way call was set up; however, the guardian was not able to understand the information and became upset</p>	W 148			

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W 148	Continued From page 2 during the call. The AS indicated the nurse was supposed to set up a date to meet with the guardian and explain the client's medications in "laymen's" terms but this has not been done. Interview on 10/6/22 with the facility's nurse revealed client #2 is a diabetic and receives medication for this as well as for his behaviors. She noted at a podiatry appointment in April '22 some issues were noted with client #2 which would require potential changes in his medications which the doctor indicated could "be a complicated transition". Additional interview with the nurse indicated it would be up to the group home staff to coordinate with the guardian to have her attend medical appointments for client #2. The nurse noted she was not aware of any appointments attended by the guardian. The nurse also indicated she was aware client #2's guardian had questions about his medications and she would be glad to provide "education" regarding this. She stated, "Just let me know when to show up." Further interview revealed group home staff would need to contact her and determine a day for her to meet with the guardian and the doctor; however, no meeting has been coordinated as of the date of this survey.	W 148			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the	W 263			

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W 263	<p>Continued From page 3</p> <p>facility failed to ensure written informed consent had been obtained from the guardian for restrictive programs for 2 of 2 audti clients (#1 and #2). The findings are:</p> <p>A. Review on 10/6/22 of client #1's Behavior Support Plan (BSP) dated 8/7/20 revealed an objective to exhibit 1 or fewer episodes of failure to cooperate per month for 12 consecutive months. Additional review of the BSP identified the use of Cogentin, Carbatrol, Clozapine, Gabapentin, and Namenda XR to address the client's behaviors. Further review of client #1's record did not reveal a signed written informed consent from the guardian for his BSP.</p> <p>Interview on 10/6/22 with the former Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1's written informed consent from his guardian was not available for review.</p> <p>B. Review on 10/6/22 of client #2's BSP dated 12/16/21 revealed objectives to exhibit 2 or fewer episodes of failure to cooperate per month for 12 consecutive months and to exhibit 2 or fewer episodes of inappropriately obtaining food per month for 12 consecutive months. Additional review of the BSP identified the use of Thorazine, Diazepam, Gabapentin and Ambien to address his behaviors. Further review of client #2's record did not include a signed written informed consent from client #2's guardian for his BSP.</p> <p>Interview on 10/6/22 with the former QIDP and former Area Supervisor revealed client #2's guardian had refused to sign client #2's BSP until she was provided with more information about the medications he was receiving. Additional interview indicated as of the date of the survey,</p>	W 263			

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W 263	Continued From page 4 the guardian has not been provided with this information; therefore, his consent remains unsigned.	W 263			