

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

PRINTED: 12/01/2022
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 C 11/28/2022
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 153	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility failed to report an injury of unknown origin to the administrator for client #1. The finding is:</p> <p>A complaint investigation was completed on 11/28/22. Review of facility incident reports dated 9/2022 through 11/30/22 revealed an incident report dated 11/12/22 to include while changing the client in his bedroom, staff noticed a black bruise on his left butt check. Continued review revealed the qualified intellectual developmental professional (QIDP), home manager (HM) and the facility nurse was notified. No other person notified or additional follow up were documented or available to review.</p> <p>Further review of documents revealed a body check was completed on 11/12/22 prior to the client leaving the facility with his guardian. Subsequent review of the 11/12/22 body check revealed bruises were visible on the client's left butt check and upper inner right arm. No other follow up or notifications were documented or available to review.</p>	W 153			

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 153	Continued From page 1 Interview with the HM revealed no follow up was completed after questioning group home staff and to HM's knowledge, no one was aware of the origin of the bruises. Continued interview with the HM revealed the client's guardian came to pick up the client on 11/13/22 and was informed the facility that the client would not be returning. Further interview revealed the client's personal belongings, medications and IPAD was released to the client's guardian. Interview with the program manager (PM) revealed based on the agency's policy, an inquiry should be initiated following an injury of unknown origin. Continued interview with the PM revealed follow up was not completed due to the agency not being aware of the client's current location as his status remains at therapeutic leave (TL). Further interview with the PM revealed she was not made aware of the bruises until 11/14/22 then shared the information provided by the HM with the facility nurse. Subsequent interview with the PM verified there were no further documentation to review relative to follow up or injury of unknown origin inquiry completed. Additional interview confirmed the agency did not complete an inquiry or internal investigation to determine the origin or injury.	W 153			