

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

PRINTED: 12/12/2022
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G262 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 12/05/2022 |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER VOCA-WOODLAND | | | STREET ADDRESS, CITY, STATE, ZIP CODE 123 WOODLAND DR RUTHERFORDTON, NC 28139 | | |
| (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 12/4/22 for intake #NC00195472. Defeciciencies were cited.</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 interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to assure repairs to the facility telephone were conducted in a timely manner. The finding is:</p> <p>Interview with the home manager (HM) on 12/5/22 revealed the facility phone to be out of service for approximately three weeks. Continued interview with the HM revealed no documentation or work orders for telephone repairs to be completed. Further interview with the HM on 12/5/22 verified that the telephone company will notify the facility with a repair date.</p> <p>Subsequent interview with the program manager (PM) on 12/5/22 revealed the PM was unaware of the telephone not working for three weeks. The PM called the telephone number while surveyors were on site and realized the phone was not working. Additionally, the PM informed the surveyors that the family members of the clients use the telephone to keep in touch with loved ones at the facility.</p> | W 104 | | | |
| 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</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.

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

PRINTED: 12/12/2022
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G262 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 12/05/2022 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER VOCA-WOODLAND | | | STREET ADDRESS, CITY, STATE, ZIP CODE 123 WOODLAND DR RUTHERFORDTON, NC 28139 | | |
| (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 153 | <p>Continued From page 1</p> <p>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 facility record/document review and interviews, the facility failed to ensure an injury and investigation relative to possible abuse and/or neglect was reported to external officials in accordance with state law for 1 of 1 investigations reviewed. The finding is:</p> <p>Review of facility investigations on 12/5/22 revealed an investigation summary dated 11/22/22-11/23/22. The scope of the investigation was to rule out mistreatment or abuse of a client. Review of the internal investigation summary dated 11/22/22 revealed the program manager (PM) contacted the qualified intellectual developmental (QIDP) and behavior specialist (BS) following an allegation of abuse made by a facility staff working in the home. The allegation stated that the facility staff witnessed another staff raise the client's wheelchair into the air while the client was still in the chair then dropped him onto his bed causing the client to hit his head on the wall and bend one of his fingernail.</p> <p>Further review of the 11/22/22 investigative summary revealed interview statements were obtained from the client and both staff on shift at the time. Photographs of the client were also taken; head and body checks forms were reviewed and the client's behavior support plan (BSP). Continued review revealed other clients were not interviewed due to being in their bedrooms during the time the allegation took place. Other facility staff were not interviewed since they were not on shift during the time the</p> | W 153 | | | |

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

PRINTED: 12/12/2022
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G262 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 12/05/2022 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER VOCA-WOODLAND | | | STREET ADDRESS, CITY, STATE, ZIP CODE 123 WOODLAND DR RUTHERFORDTON, NC 28139 | | |
| (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 153 | Continued From page 2 allegation took place. Continued review of the 11/22/22 investigative summary conclusion revealed based on the findings of the investigation, it cannot be substantiated that the accused staff abused the client. Subsequent review revealed it can be substantiated that the accused staff inappropriately lifted and transferred the client into his bed. Additional investigation review revealed no evidence of a report completed within the Incident Response Improvement System (IRIS). Interview with the home manager (HM) on 12/5/22 revealed an incident report was not completed for the 11/21/22 incident where the client hit his head against the wall or bent one of his fingernails. Interview with the facility PM on 12/5/22 verified an unsubstantiated finding of abuse and/or neglect with the 11/22/22 internal investigation. Continued interview with the facility PM followed by review revealed a critical incident report was completed by the PM on 11/21/22. Further interviewed revealed an IRIS report had not been completed with client's incident on 11/21/22, nor has any external officials been contacted. | W 153 | | | |
| W 154 | STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on review of facility records and interview, the facility failed to provide evidence an allegation of abuse was thoroughly investigated for 1 of 1 | W 154 | | | |

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

PRINTED: 12/12/2022
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G262 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 12/05/2022 |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER VOCA-WOODLAND | | | STREET ADDRESS, CITY, STATE, ZIP CODE 123 WOODLAND DR RUTHERFORDTON, NC 28139 | | |
| (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 154 | <p>Continued From page 3</p> <p>investigation reviewed involving client #1. The finding is:</p> <p>Review of internal facility documents on 12/5/22 revealed an investigation summary dated 11/22/22 and completed on 11/23/22. The scope of the investigation was to rule out mistreatment or abuse of a client. Review of the internal investigation summary dated 11/22/22 revealed the program manager (PM) contacted the qualified intellectual developmental professional (QIDP) and behavior specialist (BS) following an allegation of abuse made by a facility staff working in the group home. The allegation stated that the facility staff witnessed another staff raise the client's wheelchair into the air while the client was still in the chair then dropped him onto his bed causing the client to hit his head on the wall and bend one his fingernail.</p> <p>Further review of the 11/22/22 investigative summary revealed interview statements were obtained from the client and both staff on shift at the time. Photographs of the client were also taken; head and body checks forms were reviewed and the client's behavior support plan (BSP). Continued review revealed other clients were not interviewed due to being in their bedrooms during the time the allegation took place. Other facility staff were not interviewed since they were not on shift during the time the allegation took place. The investigators who were the QIDP and BS noted in the summary of interviews that on 11/22/22 the client face or head did not reveal any noticeable injuries but they did see a discolored area on the middle finger of the client's left hand. Further review of the investigative summary did not include other persons notified or interviewed.</p> | W 154 | | | |

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

PRINTED: 12/12/2022
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G262 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 12/05/2022 |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER VOCA-WOODLAND | | | STREET ADDRESS, CITY, STATE, ZIP CODE 123 WOODLAND DR RUTHERFORDTON, NC 28139 | | |
| (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 154 | <p>Continued From page 4</p> <p>Continued review of the 11/22/22 investigative summary conclusion revealed based on the findings of the investigation, it cannot be substantiated that the accused staff abused the client. Subsequent review revealed it can be substantiated that the accused staff inappropriately lifted and transferred the client into his bed. Additional investigation review revealed no evidence of a report completed within the Incident Response Improvement System (IRIS).</p> <p>Interview with the home manager (HM) on 12/5/22 revealed an incident report was not completed for the 11/21/22 incident where the client hit head against the wall or bent one of his fingernails. Continued interview revealed the facility nurse did not come out to access the client and that the client went on a therapeutic leave on 11/23/22 until after the Thanksgiving Holiday.</p> <p>Interview with the facility PM on 12/5/22 verified an unsubstantiated finding of abuse and/or neglect with the 11/22/22 internal investigation. Continued interview with the facility PM followed by review revealed a critical incident report was completed on 11/21/22. Further interviewed confirmed no other incident report was completed to determine who was contacted and if any follow up was completed. Subsequent interview with the PM revealed the investigation summary did not include the date the alleged staff was placed on administrative leave, returned to work, implementation of corrective measures and/or whether or not nursing services were provided.</p> <p>Additional interview verified accused staff was placed on administrative leave on 12/21/22 and</p> | W 154 | | | |

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

PRINTED: 12/12/2022
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G262 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 12/05/2022 |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER VOCA-WOODLAND | | | STREET ADDRESS, CITY, STATE, ZIP CODE 123 WOODLAND DR RUTHERFORDTON, NC 28139 | | |
| (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 154 | <p>Continued From page 5</p> <p>returned on 12/29/22 following the completion of the investigation. The accused staff was inserviced on 12/28/22 prior to returning to include appropriate lifting and transferring, abuse neglect and exploitation, and documentation.</p> <p>Continued interview with the PM confirmed the investigation failed to include other staff or client interviews to ensure thorough interviews with investigating an allegation of abuse. Other interviews would have helped in determining if other incidents of possible abuse could have occurred and had not been reported. PM further revealed the facility nurse did not assess the client based on the investigations findings.</p> | W 154 | | | |