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

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

DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	34G262	B. WING _			C 12/05/2022	
ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP COD 123 WOODLAND DR RUTHERFORDTON, NC 28139	E		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	I SHOULD BI	DATE	
INITIAL COMMENTS		W 0	00			
intake #NC00195472 GOVERNING BODY	. Defeciencies were cited.	W 1	04			
CFR(s): 483.410(a)(1) 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: 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. 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.		53				
	SUMMARY ST. (EACH DEFICIENC REGULATORY OR I INITIAL COMMENTS A complaint survey wintake #NC00195472 GOVERNING BODY CFR(s): 483.410(a)(1) The governing body r budget, and operating This STANDARD is r Based on interviews, management failed to operating direction ovassure repairs to the conducted in a timely Interview with the hor 12/5/22 revealed the service for approxima Continued interview with the HM on 12/5/22 revealed the service for approxima Continued interview with the HM on 12/5/22 revealed the service for approxima Continued interview with the HM on 12/5/22 revealed the service for approxima Continued interview will notify the Subsequent interview (PM) on 12/5/22 revealed the telephone not work the HM on 12/5/22 revealed the service for approxima Continued interview (PM) on 12/5/22 revealed the service for approximate the HM on 12/5/22 revealed the service for approximate Continued interview (PM) on 12/5/22 revealed the telephone not work the telephone not work the telephone not work the telephone to one at the facility. STAFF TREATMENT CFR(s): 483.420(d)(2) The facility must ensured the summary of the facility must ensured the summary of the facility must ensured the facility must	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint survey was completed on 12/4/22 for intake #NC00195472. Defeciencies were cited. GOVERNING BODY CFR(s): 483.410(a)(1) 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: 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. 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. STAFF TREATMENT OF CLIENTS	A BUILDIN 34G262 B. WING	CORRECTION A GOULAND STREET ADDRESS, CITY, STATE, ZIP COD 123 WOODLAND DR RUTHERFORDTON, NC 28139	CONTIDER OR SUPPLIER ODLAND SUMMARY STATEMENT OF DETICIENCIES (SCALO DETICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) A complaint survey was completed on 12/4/22 for intake #NC00195472. Defeciencies were cited. GOVERNING BODY CFK(s): 483.410(a)(1) The governing body must exercise general policy, budget, and operating direction over the facility of the sased on interviews, the governing body and management falled to exercise general policy assure repairs to the facility belialing to assure repairs to the facility belialing to assure repairs to the facility belialing to assure repairs to the facility the weeks. Continued interview with the HM revealed no documentation or work orders for telephone repairs to be completed. Further interview with the HM or 12/5/22 revealed the FM was unaware of the telephone not working for three weeks. The PM called the telephone not working for three weeks. The PM called the telephone not working for three weeks. The PM called the telephone not working for three weeks. The PM called the facility. The facility of the celeptone were on site and realized the phone was not working. Additionally, the PM informed the surveyors that the facility. Subsequent interview with the program manager (PM) on 12/5/22 reviseled 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. STATEF TREATMENT OF CLIENTS CFR(s): 483.420(d/2) The facility must ensure that all allegations of	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		34G262	B. WING _		,	C 12/05/2022
NAME OF PROVIDER OR SUPPLIER VOCA-WOODLAND				STREET ADDRESS, CITY, STATE, ZIP C 123 WOODLAND DR RUTHERFORDTON, NC 28139	•	1210012022
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 153	injuries of unknown immediately to the a officials in accordan established procedu. This STANDARD is Based on facility re interviews, the facility and investigation reland/or neglect was accordance with stareviewed. The findin Review of facility inversealed an investig 11/22/22-11/23/22. was to rule out misting Review of the interned the developmental (QID (BS) following an all facility staff working stated that the facility staff working stated that the facility staff raise the client the client was still in onto his bed causing the wall and bend of Further review of the summary revealed in obtained from the client that the client was still in onto his bed causing the wall and bend of the time. Photograptaken; head and bor reviewed and the client were not interviewed bedrooms during the place. Other facility	source, are reported administrator or to other ce with State law through ares. Into the met as evidenced by: cord/document review and ty failed to ensure an injury lative to possible abuse reported to external officials in the law for 1 of 1 investigations and is: restigations on 12/5/22 lation summary dated. The scope of the investigation reatment or abuse of a client, all investigation summary lated the program manager equalified intellectual. P) and behavior specialist legation of abuse made by a in the home. The allegation by staff witnessed another is wheelchair into the air while the chair then dropped him to the client to hit his head on		153		

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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION IG	, ,	(X3) DATE SURVEY COMPLETED		
		34G262	B. WING _			C 12/05/2022	
NAME OF PROVIDER OR SUPPLIER VOCA-WOODLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 123 WOODLAND DR RUTHERFORDTON, NC 28139		.	12/05/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 153	summary conclusion findings of the invest substantiated that the client. Subsequent in substantiated that the inappropriately lifted into his bed. Addition revealed no evidence the Incident Respons (IRIS). Interview with the hound 12/5/22 revealed an incompleted for the 11/15/12 revealed for the 11/15/12 revealed and completed for the 11/15/12 revealed and completed for the 11/15/12 revealed and reverse substantiated that the completed for the 11/15/12 revealed and reverse substantiated that the completed for the 11/15/12 revealed and reverse substantiated that the clients are substantiated that the cli	the 11/22/22 investigative revealed based on the gation, it cannot be accused staff abused the eview revealed it can be	W 1	53			
W 154	an unsubstantiated fineglect with the 11/2 Continued interview by review revealed a completed by the PM interviewed revealed completed with client has any external offic STAFF TREATMENT CFR(s): 483.420(d)(3). The facility must have violations are thorough This STANDARD is Based on review of the facility failed to possible the state of the st	OF CLIENTS e evidence that all alleged	W 1	54			

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

		IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G262	B. WING			C 2/05/2022	
NAME OF PROVIDER OR SUPPLIER VOCA-WOODLAND		STREET ADDRESS, CITY, STATE, ZIF 123 WOODLAND DR RUTHERFORDTON, NC 28139					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
W 154	finding is: Review of internal factor revealed an investigation and the investigation wor abuse of a client. Investigation summare the program manage qualified intellectual of (QIDP) and behavior allegation of abuse more working in the group that the facility staff with the client's wheelchat was still in the chair the bed causing the client and bend one his fing. Further review of the summary revealed in obtained from the client the time. Photograph taken; head and body reviewed and the client (BSP). Continued reviewed and the client (BSP). Continued reviewed bedrooms during the place. Other facility since they were not allegation took places. the QIDP and BS not interviews that on 11 did not reveal any not reveal any not allegation to reveal any not a complete the place.	cility documents on 12/5/22 tition summary dated ted on 11/23/22. The scope as to rule out mistreatment Review of the internal ry dated 11/22/22 revealed r (PM) contacted the developmental professional specialist (BS) following an hade by a facility staff home. The allegation stated rithessed another staff raise ir into the air while the client hen dropped him onto his t to hit his head on the wall gernail. 11/22/22 investigative terview statements were ent and both staff on shift at has of the client were also ry checks forms were ent's behavior support plan riew revealed other clients due to being in their time the allegation took taff were not interviewed on shift during the time the The investigators who were ed in the summary of f22/22 the client face or head ticeable injuries but they did	W 15	54			
	client's left hand. Fur	y did not include other					

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

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
		34G262	B. WING _			C 12/05/2022
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 123 WOODLAND DR RUTHERFORDTON, NC 28139	ODE	12/03/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIA	
W 154	Continued From pag	e 4	W	154		
	summary conclusion findings of the invest substantiated that the client. Subsequent is substantiated that the inappropriately lifted into his bed. Addition revealed no evidence the Incident Respons (IRIS). Interview with the hoto 12/5/22 revealed an completed for the 11 client hit head agains fingernails. Continue facility nurse did not and that the client we 11/23/22 until after the Interview with the fact an unsubstantiated fineglect with the 11/2 Continued interview by review revealed a completed on 11/21/2 confirmed no other into determine who was up was completed. SPM revealed the investmentation of converted the date the administrative leave, implementation of converted to the substantial of the date the result of the date the substantial of	e accused staff abused the eview revealed it can be e accused staff and transferred the client and investigation review e of a report completed within se Improvement System me manager (HM) on incident report was not /21/22 incident where the set the wall or bent one of his d interview revealed the come out to access the client ent on a therapeutic leave on the Thanksgiving Holiday. Sility PM on 12/5/22 verified anding of abuse and/or 2/22 internal investigation. With the facility PM followed critical incident report was 22. Further interviewed accident report was completed as contacted and if any follow subsequent interview with the setigation summary did not alleged staff was placed on				

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

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
		34G262	B. WING _			C 12/05/2022
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 123 WOODLAND DR RUTHERFORDTON, NC 28139		12/03/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN O X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIA	
W 154	the investigation. The inserviced on 12/28/2 include appropriate lineglect and exploitate. Continued interviews investigation failed to interviews to ensure investigating an alleginterviews would have other incidents of posoccurred and had no revealed the facility respectively.	following the completion of		154		