

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

PRINTED: 07/14/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G096	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER VOCA-DENBUR DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 8324 DENBUR DRIVE CHARLOTTE, NC 28215	
(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 104	<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, review of records and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to assure facility repairs were conducted in a timely manner. The finding is:</p> <p>Observation of the group home during the 7/12/22- 7/13/22 survey revealed the living room ceiling to have water stains and water bubbles forming out of it. Continued observation revealed client #5 to sit in a recliner directly under the area of the ceiling while participating in leisure activities. Further observation revealed the water bubbles to protrude appearing to burst open at any given time.</p> <p>Interview with site supervisor (SS) on 7/13/22 revealed the ceiling repairs had been reported to management and an initial work order request had been completed on 3/24/22. Continued interview with the SS revealed a maintenance request was emailed on 6/13/22. Further interview with the SS revealed three estimates had been completed to include the cost for repairs and submitted to management.</p> <p>Review of the facility work orders from 1/22 through 6/22 verified a work order was submitted on 3/24/22 and on 6/13/22 for ceiling repairs. Further review did not reveal work orders had been completed.</p> <p>Interview with the program manager and facility</p>	W 104	<p>W104 The facility will ensure general policy and operating direction over the facility by ensuring all facility repairs are conducted in a timely manner.</p> <p>Executive Director or designee will in-service Program Mangers to expedite work order that has the potential to compromise health and safety.</p> <p>To prevent further occurrence: Site review will be complete in the home monthly and document on site review form. Person(s) Responsible: Program Manager</p> <p>DHSR - Mental Health JUL 27 2022 Lic. & Cert. Section</p>	

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

Emilia Winkler

TITLE

Program Manager

(X6) DATE

7/23/2022

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 104	Continued From page 1 qualified intellectual disabilities professional (QIDP) on 7/13/22 verified concern with the condition of the group home. Continued interview revealed the repairs had been reported to maintenance and it was unknown when repairs were to occur.	W 104			
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the system for drug administration failed to assure all drugs were administered according to physician's orders for 1 non-sampled client (#1) observed receiving medications. The finding is: Observation in the group on 7/12/22 at 6:00 AM revealed client #1 to be in his room awake and dressed. Continued observations at 6:05 AM revealed client #1 to enter the bathroom and then the kitchen. Further observation at 6:15 AM revealed client #1 to enter the medication room with staff to prepare for his medication administration. Subsequent observation revealed client #1 to receive the following medications: metformin 1000 mg, levetiracetam 500 mg, amlodipine 10mg, colchicine 0.6 mg, hydrochlorot 25 mg, lisinopril 20mg, vitamin D3 2000 IU, aspirin 81 mg, combigan eye drops and blood sugar check. Review of record for client #1 revealed an individual service plan (ISP) dated 11/22/21. Continued review of the record revealed a	W 368	W368 The facility will ensure clients have their medications administered as ordered by the prescribing Physician. DON or designee will in-service Nurse on ensuring that MAR matches current physician order. Nurse will in-service staff on medication administration process. Staff will attend medication administration class as required. Staff will pass the class with a minimum score of 80 and above. Staff will be observed at three medication passes before staff can officially start administering medication.		

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W 368	Continued From page 2 physician order dated 1/31/22 for client #1 revealed multiple medications ordered at 8:00 AM that included: levetiracetam 500 mg, amlodipine 10mg, colchicine 0.6 mg, hydrochlorot 25 mg, lisinopril 20mg, vitamin D3 2000 IU, aspirin 81 mg, combigan eye drops and blood sugar check. Further review of the 1/22 physician order revealed medication ordered at 7:00 AM included metformin 1000 mg. Review of the medication administration record (MAR) for client #1 revealed all morning medications are to be administered at 7:00 AM. Continued review of the MAR revealed the time listed for administration does not match the time listed on the signed physician order. Interview with the facility nurse on 7/13/22 revealed all medications can be administered up to one hour before and one hour after the time prescribed. Continued interview with the facility nurse verified client #1's physician orders are current and the time written on the facility MAR should reflect the prescribed time on the physician order. Further interview verified client #1 medications were administered outside of the window with the exception of the metformin which resulted in a medication error.	W 368	To prevent further occurrence: Site Supervisor and QIDP will complete medication observation in the home weekly and document on medication observation form. Person(s) Responsible: Nurse, QIDP and Site Supervisor		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by:	W 436			

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W 436	<p>Continued From page 3</p> <p>Based on observations, record review and interview, the facility failed to furnish prescribed eyeglasses for 2 of 3 sampled clients (#3 and #4). The findings are:</p> <p>A. The facility failed to furnish prescribed eyeglasses for client #3. For example:</p> <p>Observation in the group home throughout the 7/12-7/13/22 survey revealed client #3 to watch television, listen to music, bowl, participate in the dinner and breakfast meal and medication administration. Continued observation revealed at no time throughout the survey was staff observed to prompt client #3 to wear prescribed eyeglasses.</p> <p>Review of records for client #3 revealed an individual support plan (ISP) dated 4/7/22. Continued review of record for client #3 revealed a vision consult dated 1/13/21 with a diagnosis of hypermetropia, exotropia right eye and amblyopia right eye. Further review of the vision consults revealed client #3 to be prescribed eyeglasses to be worn when using the computer and television.</p> <p>Interview on 7/13/22 with the program manager (PM) confirmed that client #3 is prescribed eyeglasses. Continue interview with the PM revealed that client #3 should have his prescribed eyeglasses when watching the television and using a computer.</p> <p>B. The facility failed to furnish prescribed eyeglasses to client #4. For example:</p> <p>Observation in the group home throughout the 7/12-7/13/22 survey revealed client #4 to bowl, watch television, do chores, participate in the</p>	W 436	<p>W436</p> <p>The facility will ensure clients number #3 and #4 adaptive equipment needs are met in relation to eyeglasses needs.</p> <p>A. QIDP will meet with the team to identified client number #3 and #4 adaptive equipment needs in relation to eyeglasses need.</p> <p>B. QIDP will develop written training programs if warranted to ensure individuals benefit form adaptive equipment need.</p>		

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W 436	<p>Continued From page 4</p> <p>dinner and breakfast meal, medication administration, and listen to music. Continued observation revealed at no time throughout the survey was staff observed to prompt client #4 to wear prescribed eyeglasses.</p> <p>Review of records for client #4 revealed an ISP dated 8/13/21. Continued review of ISP revealed client #4 should wear prescribed eyeglasses daily. Further review of record for client #4 revealed a vision consult dated 10/19/21 that noted client to have myopia (near sightedness) and astigmatism. Further review of the vision consults revealed client #4 to be prescribed eyeglasses.</p> <p>Interview on 7/13/22 with the site supervisor confirmed that client #4 should be wearing prescribed eyeglasses. Continue interview with the site supervisor revealed that client #4's prescribed eyeglasses were used at school and while on the computer.</p>	W 436	<p>C. QIDP will trained staff on client number #3 and #4 eyeglasses needs. To ensure these needs are met. Staff will document daily on written training programs develop by QIDP.</p> <p>To prevent further occurrence: Staff will document daily on written training programs and review by QIDP monthly.</p> <p>Person(s) Responsible: QIDP and Site Supervisor</p> <p>Person(s) Responsible: Nurse, QIDP and Site Supervisor To be completed by: 08/12/2022</p>		