

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 R-C 02/16/2023
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 263}	<p>A revisit was conducted on 2/16/23 for deficiencies previously cited on 1/11/23. One deficiency was recited. The facility remains out of compliance.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>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 facility failed to ensure written informed consent had been obtained from the guardian for restrictive programs for 2 of 3 audit 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</p>	{W 263}			

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 263}	<p>Continued From page 1</p> <p>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, the guardian has not been provided with this information; therefore, his consent remains unsigned.</p> <p>During a follow-up survey on 1/11/23, review of client #1's and client #2's record revealed no written informed consent for the BSP from the guardian for both clients.</p> <p>During a second follow-up survey on 2/16/23, review of client #1's and client #2's record revealed no written informed consent for the BSP from the guardian for both clients.</p> <p>Interview on 2/16/23 with the QIDP confirmed no written informed consent for the BSP was available for review for client #1 and client #2.</p>	{W 263}		