

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

PRINTED: 03/30/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G158	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/29/2023
NAME OF PROVIDER OR SUPPLIER VOCA-MALLARD DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 6119 MALLARD DRIVE CHARLOTTE, NC 28227		
(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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure privacy during toileting and personal care for 2 of 6 clients (#1, #5). The findings are:</p> <p>A. The facility failed to ensure privacy for client #1 during toileting. For example:</p> <p>Observations in the facility on 3/28/23 at 5:30 PM revealed staff to escort client #1 to the bathroom leaving the door open. Continued observation revealed staff to leave client #1 in the bathroom while toileting as the door remained open. Further observation revealed staff to return to the bathroom to assist client #1 with toileting as the door remained ajar. Observations also revealed client #1 could be seen from the hallway as the door remained open during toileting. At no point during the observation did staff close the door to respect the privacy of client #1 during toileting.</p> <p>Review of the record for client #1 on 3/29/23 revealed an individual support plan (ISP) dated 4/28/22 which included the following diagnosis: I/DD severe, autism spectrum disorder, sensorineural and bone conduction hearing loss, bilateral myopia and glaucoma. Continued review of the 4/2022 ISP revealed client #1 requires staff assistance due to limited vision and hearing loss.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/29/23 revealed staff should have closed the door to respect client #1's</p>	W 130			

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 130	<p>Continued From page 1</p> <p>privacy during toileting. Continued interview with the QIDP verified all staff have been trained to respect the privacy of clients during toileting and personal care.</p> <p>B. The facility failed to ensure privacy for client #5 during personal care. For example:</p> <p>Observation in the facility on 3/29/23 at 7:28 AM revealed client #5 to stand in the bathroom with the door open and her pants removed lying on the floor. Continued observation revealed client #5 to finish applying prescribed medication and reaching to the floor to pick up pants and to put the pants on. Further observation revealed the client to put on her glasses and exit the bathroom and return to the dining room table for a glass of apple juice and milk. At no time during the observation was staff observed to prompt client #5 to close the bathroom door during personal care.</p> <p>Review of record for client #5 on 3/29/23 revealed an ISP dated 7/13/22 which included the following diagnosis: obsessive compulsive disorder, IDD/moderate, autistic traits and impaired vision. Continued review of record revealed a community/home life assessment dated 3/10/23 to note that client #5 observes privacy independently during personal care.</p> <p>Interview on 3/29/23 with the QIDP verified that client #5's ISP was current. Continued interview with the QIDP verified that the client is capable of closing the bathroom door for privacy and would benefit from a privacy goal.</p>	W 130			
W 382	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p>	W 382			

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W 382	<p>Continued From page 2</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation and interviews, the facility failed to assure all medications and biologicals remained locked except when being prepared for medication administration for 6 of 6 clients. The finding is:</p> <p>Afternoon observations in the group home on 3/28/23 at 5:35 PM revealed staff to escort client #1 into the medication room to prepare for medication administration. Continued observations at 5:45 PM revealed staff to exit the group home to take several clients on an outing. Observations revealed the exterior door to medication closet to remain open. Further observations revealed the medication key to remain in the medication closet door. Observations at 6:00 PM revealed this surveyor to alert the qualified intellectual disabilities professional (QIDP) that the key was left in the medication closet and the exterior door to remain unsecured and open while medication was not being administered.</p> <p>Morning observations in the group home on 3/29/23 at 8:01 AM revealed the exterior door to the medication closet to again remain open when medication administration was not being administered.</p> <p>Interview with the QIDP on 3/29/23 revealed staff have been trained by nursing to secure the medication key when medication is not being administered. Continued interview with the QIDP verified staff should have removed the key and</p>	W 382			

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W 382	Continued From page 3 secured it in a safe place when the medication cabinet is not in use.	W 382			