

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

PRINTED: 04/23/2023
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 C 04/19/2023
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 000	INITIAL COMMENTS	W 000		
W 242	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Based on observations, documentation review and interviews, the facility failed to ensure the individual support plan (ISP) included training objectives and interventions to address identified behavioral needs for 1 of 6 clients (#3). The findings are:</p> <p>A complaint investigation survey was completed on 4/19/23 to address allegations relative to providing adequate supervision to meet client needs. Review of facility documentation revealed the following documentation: incident reports from 8/2022-4/2023, internal investigations, qualified intellectual disability professional (QIDP) notes, medical consults, behavioral data, physician orders, behavior support plans (BSP), IRIS reports and staff scheduling from 1/2023-4/2023. Review of incident report dated 11/1/22 revealed client #3 struck client #1 with a closed fist resulting in a knot on client #1's forehead. Review of the incident report dated</p>	W 242		

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 242	<p>Continued From page 1</p> <p>12/12/22 revealed client #3 again assaulted client #1 by kicking her in the forehead causing client #1's forehead to bleed. Review of incident report dated 1/14/23 revealed client #3 to scratch client #1 resulting in a scratch over the right eye.</p> <p>Subsequent review of facility documentation on 4/19/23 revealed an ISP dated 3/14/23 which indicates the following diagnosis for client #3: Tourette's Syndrome; I/DD, severe; Seizure Disorder and heart murmur. Review of documentation revealed a BSP dated 9/29/22 which indicated the following target behaviors for client #3: verbal and physical aggression, self-injurious behaviors (SIBs) and property destruction. Continued review of the BSP indicated the following triggers to behavior: overstimulating noisy environment, abrupt changes in routine, over-prompting, staff redirection and tone, restlessness and frustration.</p> <p>Additional review of documentation for client #3 revealed a physician's order dated 4/18/23 which indicated client #3 had a change in medications due to behavioral changes. Continued review of the physician's order revealed Lexapro 20 mg and Clonazepam 1mg added to the prescription list. Review of facility documentation for client #3 did not reveal an updated BSP, intervention changes or training objectives to address the behavior changes. Review of documentation for client #3 did not revealed behavior data since 1/2023 or core team meeting minutes to determine a pattern of behavioral changes. The documentation also did not reveal any documentation to confirm attempts made to address client behaviors or implement any additional interventions to keep the client safe and prevent aggression towards staff and peers.</p>	W 242			

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W 242	<p>Continued From page 2</p> <p>Interview with the facility QIDP on 4/19/23 revealed client #3 has had an increase in SIBs and aggression towards others in the last four months. Interview with the QIDP also revealed client #3 also displays an increase in target behaviors when it is close to her next Invega injection. Continued interview with the QIDP revealed a meeting was held on 4/14/23 to address the client's behaviors which resulted in adding the Lexapro medication to the client's prescription list. The QIDP also revealed during the interview that client #3 does not have a 1:1 worker however having a worker assigned to the client has been beneficial. The QIDP also revealed client #3 exhibits SIBs and aggression towards staff and clients daily, however no updates or interventions have been made to the client's BSP since 9/29/22.</p> <p>Additional interview with the QIDP revealed that although there have been two core team meetings to address client #3's behaviors, the team meeting minutes, recommendations, and interventions were not documented in the client record. Interview with the QIDP also revealed that client #3's SIBs and aggression towards others occurs daily however behavior data has not been completed since 1/2023.</p>	W 242			