

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

PRINTED: 10/04/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/27/2023
NAME OF PROVIDER OR SUPPLIER VOCA-LAUREL GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 51 LAUREL STREET GRANITE FALLS, NC 28630		
(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 212	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(i)</p> <p>The comprehensive functional assessment must identify the presenting problems and disabilities and where possible, their causes. This STANDARD is not met as evidenced by: Based on observations, interview, and record review, the individual support plans (ISP's) for 2 of 3 sampled clients (#1 and #5) failed to include an occupational therapy (OT) re-assessment. The findings are:</p> <p>A. The facility did not provide access to the OT re-assessment for client #1 during the survey. For example:</p> <p>Observations throughout the survey from 9/26/23-9/27/23 revealed client #1 to ambulate throughout the facility using a manual wheelchair and gait belt with staff assistance. Continued observations revealed client #1 to use the following adaptive equipment during both dinner and breakfast mealtimes: weighted spoon, cup with lid, scoop plate, and shirt protector.</p> <p>Review of the record on 9/27/23 for client #1 revealed an ISP dated 10/13/22 which indicated the following adaptive equipment: wheelchair, gait belt, ted hose, bed rails, eyeglasses and glasses strap, scoop plate, pizza cutter, built up utensils, cup with lid and straw, hand gloves and pocket talker. Continued review of the 10/2022 ISP for client #1 did not reveal an updated OT assessment included in the client record. Review of the record for client #1 also did not reveal an OT assessment since 2/12/20.</p> <p>Interview with the facility nurse and home manager (HM) on 9/27/23 verified that the OT</p>	W 212			

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 212	<p>Continued From page 1</p> <p>assessment for client #1 could not be located during the survey. Continued interview with the facility nurse and HM confirmed that a current OT assessment is needed for client #1.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 9/27/23 verified that client #1 did not have an OT reassessment in the client record. The QIDP further confirmed during the interview that a current OT assessment for client #1 should be completed.</p> <p>B. The facility did not provide an OT re-assessment for client #5 during the survey. For example:</p> <p>Observations throughout the survey from 9/26/23-9/27/23 revealed client #5 to ambulate throughout the facility with staff stand-by assistance. Observations also revealed client #5 to ambulate with an unsteady gait. Continued observations revealed client #5 to use the following adaptive equipment during both dinner and breakfast mealtimes: cup with lid, scoop plate, and shirt protector.</p> <p>Review of the record for client #5 on 9/27/23 revealed an ISP dated 2/20/23 which indicated the following adaptive equipment: scoop plate, weighted blanket and vagus nerve stimulation VNS (to assist with seizure control). Continued review of the record for client #5 did not reveal an updated OT assessment since 2/18/20.</p> <p>Interview with the HM and PM on 9/27/23 revealed client #5 uses adaptive equipment during mealtimes due to a seizure disorder diagnosis. Continued interview with the PM revealed client #5 has not had an updated OT</p>	W 212			

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W 212	Continued From page 2	W 212			
W 436	<p>assessment. Further interview with the PM verified client #5 is in need of an OT reassessment.</p> <p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>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: Based on observations, record review and interview, the facility failed to assure that adaptive equipment was furnished as prescribed for 1 of 3 sampled clients (#1). The findings are:</p> <p>A. The facility failed to ensure that adaptive equipment was repaired and functional for client #1 relative to a wheelchair. For example:</p> <p>Observations in the facility throughout the survey from 9/26/23-9/27/23 revealed client #1 to use a manual wheelchair to ambulate throughout the facility with staff assistance. Continued observation revealed the wheelchair for client #1 to have the left arm rest piece missing approximately 2 1/2 in" in diameter and expose the plastic base. Further observation revealed the right arm rest to be torn and frayed.</p> <p>Review of the record for client #1 did not reveal a work order or invoice to purchase parts and/or supplies to repair the torn and missing arm rest pieces on the client's wheelchair.</p> <p>Interview with the HM on 9/27/23 revealed client</p>	W 436			

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W 436	<p>Continued From page 3</p> <p>#1's armrests have been torn and frayed for at least one month. Continued interview with the HM revealed the facility does not have a formal process for ensuring adaptive equipment is repaired.</p> <p>Interview with the program manager (PM) on 9/27/23 revealed he was aware of the arm rests on client #1's wheelchair to be torn and frayed, however, the facility has not been able to obtain the wheelchair repairs to date. Further interview with the PM verified the facility does not have a formal process in place to ensure that adaptive equipment is repaired in a timely manner. Additional interview with the PM revealed the facility is responsible for ensuring the client #1's adaptive equipment is repaired and functional for daily use.</p> <p>B. The facility failed to ensure that adaptive equipment was utilized for client #1 relative to eyeglasses, hand gloves, and a pocket talker. For example:</p> <p>Observations throughout the facility from 9/26/23-9/27/23 revealed client #1 to participate in various activities to include a coloring activity, looking at a magazine, arts and crafts activities, watch television, and mealtime activities. At no point during the observation did staff prompt client #1 to wear eyeglasses and a glasses strap.</p> <p>Subsequent observations in the facility from 9/26/23-9/27/23 did not reveal staff to offer hand gloves or a pocket talker to client #1 throughout the survey period.</p> <p>Review of the record for client #1 on 9/27/23 revealed an ISP dated 10/12/22 which indicated</p>	W 436			

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W 436	<p>Continued From page 4</p> <p>the client has the following adaptive equipment: wheelchair, gait belt, ted hose, bed rails, eyeglasses and glasses strap, scoop plate, pizza cutter, built up utensils, cup with lid and straw, hand gloves and pocket talker. Continued review of the 9/2023 ISP for client #1 revealed the hand gloves are used to prevent self-injurious behaviors and the pocket talker is used to improve voice projection and amplifies hearing. Review of the record for client #1 did not reveal a current OT assessment.</p> <p>Subsequent review of the record also revealed a vision consult dated 6/9/22 which indicated client #1 has dense cataracts and is in need of cataract surgery. Continued review of the record revealed a vision consult dated 10/4/22 which indicated client #1 continues to wear eyeglasses for cataracts.</p> <p>Interview with the HM on 9/27/23 revealed client #1 has eyeglasses and a glasses strap that is kept in her bookbag hanging on her wheelchair. Continued interview with the HM revealed client #1 does not like to wear her eyeglasses. Further interview with the HM revealed client #1's pocket talker and hand gloves are kept in her bookbag as well.</p> <p>Interview with the HM and PM revealed client #1 should wear her eyeglasses when she is looking at magazines or when an activity requires the need for them. Continued interview with the PM on 9/27/23 revealed all of client #1's adaptive equipment and training objectives are current. Further interview with the PM verified staff should offer client #1 eyeglasses, glasses strap, pocket talker and hand gloves during waking hours. Additional interview with the PM revealed all of</p>	W 436			

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W 436	Continued From page 5 client #1's adaptive equipment should be utilized as prescribed.	W 436			