

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G281	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 06/23/2023
NAME OF PROVIDER OR SUPPLIER  VOCA-GREENWOOD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 105 GREENWOOD CIRCLE SMITHFIELD, NC 27577	
(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  {W 229}	<p>INITIAL COMMENTS</p> <p>A revisit was conducted on 6/23/23 for deficiencies cited on 4/17 - 4/28/23. Four deficiencies were not corrected. The facility remains out of compliance.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)(i)</p> <p>The objectives of the individual program plan must be stated separately, in terms of a single behavioral outcome. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the objectives statements for 1 of 3 audit clients (#1) were written with a single behavioral outcome. The finding is:</p> <p>A. Review on 4/17/23 of client #2's Individual Program Plan (IPP) dated 1/12/22 revealed the objective, "[Client #2] will state her medication Fish Oil and the purpose of taking it with no more than 3 verbal prompts with 80% accuracy for 12 consecutive months." The objective statement did not identify a single behavioral outcome.</p> <p>B. Review on 4/17/23 of client #3's IPP dated 4/14/22 revealed the objective, "[Client #3] will state her medication and the purpose of taking it with no more than 2 verbal prompts with 90% accuracy for 12 consecutive months." Additional review of the plan identified the objective, "[Client #3] will bring her plate to the dining table and back to the kitchen with 60% accuracy for 12 consecutive months." The objective statements did not identify a single behavioral outcome.</p> <p>C. Review on 4/17/23 of client #4's IPP dated 1/12/22 revealed the objective, "[Client #4] will</p>	W 000  {W 229}	<p>This deficiency will be corrected by completing the following tasks:</p> <ul style="list-style-type: none"> <li>• QIDP and/PM will ensure that assessments are completed to coincide with ISP and accurately reflect program training needs.</li> <li>• QIDP and/Program Manager will implement training objectives based on the need and abilities of the residents in the home.</li> <li>• QIDP will revise or discontinue training objectives based on regression, progression, or achievement of training objectives.</li> <li>• Training objectives will have a single outcome indicated based on resident's abilities.</li> <li>• QIDP and/or PM will monitor monthly.</li> <li>• QIDP and/or PM to in-service staff on training objectives.</li> <li>• QIDP will accurately document progression of training objectives in QIDP notes.</li> <li>• QIDP, Area Supervisor and/or Site Supervisor to monitor 2x per month.</li> </ul>	7/23/23

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

TITLE

(X6) DATE

*Nomica Harris Osun MSW, MPA - Program Mgr. 6/30/23*



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 229}	<p>Continued From page 1</p> <p>gather items needed to brush her teeth and complete the task with 3 verbal prompts or less 75% accuracy for 12 consecutive months." The objective statement did not identify a single behavioral outcome.</p> <p>During an interview on 4/18/23 with the Program Manager and Area Supervisor acknowledged the objective statements were not written with a single behavioral outcome.</p> <p>During a follow-up survey on 6/23/23, review of client #1's IPP dated 3/16/23 revealed the following objective were written without a single behavior outcome:</p> <p>"[Client #1] will state the name of 2 of her medications and the reason why the medication is being prescribed with 2 verbal prompts or less with 80% accuracy for 12 consecutive months."</p> <p>"[Client #1] will assist with meal prep by measuring and pouring ingredients with 1 verbal prompt and 90% accuracy by 12 consecutive months."</p> <p>"[Client #1] will learn to identify coins/bills and their value with 1 verbal prompt or less with 80% accuracy for 12 consecutive months."</p> <p>Interview on 6/23/23 with the QIDP confirmed the objective statements did not identify a single outcome.</p>	{W 229}		7/23/23

{W 255}	<p><b>PROGRAM MONITORING &amp; CHANGE</b>                  CFR(s): 483.440(f)(1)(i)</p> <p>The individual program plan must be reviewed at least by the qualified intellectual disability</p>	{W 255}	
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<p>{W 255}</p>	<p>Continued From page 2                  professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.                  This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the Individual Program Plan (IPP) for was revised after 2 of 3 audit clients (#3 and #5) had successfully completed identified objectives. The findings are:                   A. Review on 4/17/23 of client #3's IPP dated 4/14/22 revealed an objective to allow staff to brush all four quadrants with physical assistance with 80% accuracy for 12 consecutive months (implemented 1/1/22). Additional review of progress notes for the objective indicated the client had completed the objective with physical assistance over the following months:                   02/22 - 95%                  03/22 - 95%                  04/22 - 95%                  05/22 - 95%                  06/22 - 95%                  07/22 - 95%                  08/22 - 95%                  09/22 - 100%                  10/22 - 100%                  11/22 - 100%                  12/22 - 100%                  01/23 - 100%                  02/23 - 100%                   Interview on 4/18/22 with the Program Manager (PM) and Area Supervisor (AS) indicated they could not be sure if the IPP had been revised since the home has been without a Qualified Intellectual Disabilities Professional (QIDP) for</p>	<p>{W 255}</p>	<p>This deficiency will be corrected by completing the following tasks:</p> <ul style="list-style-type: none"> <li>• QIDP and/or Program Manager will revise the ISP as needed to reflect appropriate training objectives as needed.</li> <li>• QIDP and/or PM will ensure that CHL assessments are completed to coincide with ISP and training program needs.</li> <li>• QIDP and/or PM will in-service staff on working training programs.</li> <li>• QIDP and/Program Manager will implement training objectives based on the need and abilities of the residents in the home.</li> <li>• QIDP will revise or discontinue training objectives based on regression, progression, or achievement of training objectives.</li> <li>• Training objectives will have a single outcome indicated based on resident's abilities.</li> <li>• QIDP and/or PM will monitor monthly.</li> <li>• QIDP, PM, Area Supervisor, and/or the Site Supervisor to in-service staff on training objectives.</li> <li>• QIDP will accurately document progression of training and behavioral objectives monthly.</li> <li>• QIDP, Area Supervisor and/or Site Supervisor to monitor 2x's monthly.</li> </ul>	<p>7/23/23</p>
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<p>{W 255}</p>	<p>Continued From page 3 several months.</p> <p>B. Review on 4/17/23 of client #4's IPP dated 2/21/22 revealed an objective to exhibit 1 or fewer episodes of physical aggression per month for 12 consecutive months. Additional review of progress notes for the objective indicated the client had zero episodes of physical aggression from February 2021 - September 2022.</p> <p>Interview on 4/18/23 with the Site Supervisor (SS) indicated she had not seen client #4 have any aggressive behaviors.</p> <p>Interview on 4/18/23 with the Program Manager (PM) and Site Supervisor (AS) confirmed the behavior objective should be reviewed to determine if it remains necessary.</p> <p>During a follow-up survey on 6/23/23, review of client #3's IPP dated 5/23/23 revealed client #3 continues to train on the objective to allow staff to brush all four quadrants with physical assistance with 80% accuracy for 12 consecutive months which was originally implemented 1/1/22.</p> <p>Additional review on 6/23/23 of client #5's Behavior Support Plans (BSP) dated 8/3/21 and 5/24/22 revealed an objective to address inappropriate toileting for 12 consecutive months. Review of the BSP progress notes from October 2021 - February 2023 revealed no inappropriate toileting had been noted.</p> <p>Interview on 6/23/23 with the QIDP confirmed client #3 continued to train on the toothbrushing objective although it has already been completed. Additional interview indicated documentation may be an issue concerning client #5's inappropriate</p>	<p>{W 255} See page 4 of 11.</p>	<p>7/23/23</p>
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<p>{W 255}</p> <p>{W 257}</p>	<p>Continued From page 4 toileting behavior.</p> <p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(1)(iii)</p> <p>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Individual Program Plan (IPP) for 1 of 3 audit clients (#5) was revised after the client failed to progress towards identified objectives. The finding is:</p> <p>A. Review on 4/17/23 of client #2's IPP dated 1/12/22 revealed objectives to learn how to set up her placement at the dining table with 2 verbal prompts with hand-over-hand with 80% accuracy for 12 consecutive months, to brush all four quadrants with no more than 2 verbal prompts with hand-over-hand with 80% accuracy for 12 consecutive months and to state her medication Fish Oil and the purpose of taking it with no more than 3 verbal prompts with 80% accuracy for 12 consecutive months. Additional review of progress notes for the objectives noted the client had been completed the objective with verbal prompts over the following months:</p> <p>Set place setting</p> <p>06/22 - 40% 07/22 - 40% 08/22 - 40% 09/22 - 40%</p>	<p>{W 255}</p> <p>{W 257}</p>	<p>This deficiency will be corrected by completing the following tasks:</p> <ul style="list-style-type: none"> <li>• QIDP and/or Program Manager will review all ISPs to ensure appropriateness.</li> <li>• QIDP and/Program Manager will implement training objectives based on the need and abilities of the residents in the home.</li> <li>• QIDP will revise or discontinue training objectives based on regression, progression, or achievement of training objectives.</li> <li>• Training objectives will have a single outcome indicated based on resident's abilities.</li> <li>• QIDP and/or PM will monitor monthly.</li> <li>• QIDP, PM, Area Supervisor, and/or the Site Supervisor to in-service staff on training objectives.</li> <li>• QIDP will accurately document progression of training objectives monthly.</li> <li>• QIDP, Area Supervisor and/or Site Supervisor to monitor 2x monthly.</li> </ul>	<p>7/23/23</p>
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{W 257}	Continued From page 5 10/22 - 40% 11/22 - 40% 12/22 - 40% 01/23 - 40% 02/23 - 40%  Toothbrushing  06/22 - 20% 07/22 - 20% 08/22 - 20% 09/22 - 20% 10/22 - 20% 11/22 - 20% 12/22 - 20% 01/23 - 20% 02/23 - 20%  Medication Administration  06/22 - 30% 07/22 - 30% 08/22 - 30% 09/22 - 30% 10/22 - 30% 11/22 - 30% 12/22 - 30% 01/23 - 30% 02/23 - 30%  B. Review on 4/17/23 of client #3's IPP dated 4/13/22 revealed an objective to state the name of her medication and the purpose of taking it with no more than 2 verbal prompts with 90% accuracy for 12 consecutive months. Additional review of progress notes for the objective indicated the client had completed the objectives with verbal prompts at 0% from June 2022 - February 2023.	{W 257}	7/23/23
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{W 257}	<p>Continued From page 6</p> <p>C. Review on 4/17/23 of client #4's IPP dated 2/21/22 revealed objectives to gather items needed to brush her teeth and complete the task with 3 verbal prompts or less at 75% accuracy for 12 consecutive months, to scan her medications into the QMAR with 2 verbal prompts or less at 90% accuracy for 12 consecutive months, to complete her exercises with 3 verbal prompts or less with 90% accuracy for 12 consecutive months and to complete all steps of the laundry process with 1 verbal prompt with 50% accuracy for 12 consecutive months. Additional review of progress notes for all four objectives indicated the client had completed the objectives with verbal prompts at 0% from June 2022 - February 2023.</p> <p>Interview on 4/18/23 with the Program Manager and Area Supervisor indicated they could not be sure if the objectives for each client had been revised since the home had been without a Qualified Intellectual Disabilities Professional (QIDP) for several months.</p> <p>During a follow-up survey on 6/23/23, review of client #5's IPP dated 9/12/22 revealed objectives to wash her hands using the nail brush with hand-over-hand and no more than 3 verbal prompts with 90% accuracy for 12 consecutive months, to bathe herself daily with no more than 2 verbal prompts up to hand-over-hand assistance with 100% accuracy for 12 consecutive months, to swallow her medication pill with no more than 3 verbal prompts with 80% accuracy for 12 consecutive months and to brush her upper/lower teeth with no more than 3 verbal prompts up to hand-over-hand with 100% accuracy for 12 consecutive months. Additional review of progress notes indicated the client had</p>	{W 257}	7/23/23
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{W 257}	Continued From page 7 completed the task with verbal prompts over the following months:  <b>Handwashing</b>  10/22 - 50% 11/22 - 50% 12/22 - 50% 01/23 - 50% 02/23 - 50% 03/23 - 50%  <b>Bathing</b>  10/22 - 20% 11/22 - 20% 12/22 - 20% 01/23 - 20% 02/23 - 20% 03/23 - 20%  <b>Medication</b>  10/22 - 40% 11/22 - 40% 12/22 - 40% 01/23 - 40% 02/23 - 40% 03/23 - 40%  <b>Toothbrushing</b>  10/22 - 40% 11/22 - 40% 12/22 - 40% 01/23 - 40% 02/23 - 40% 03/23 - 40%	{W 257}	7/23/23
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<p>{W 257}</p> <p>{W 263}</p>	<p>Continued From page 8</p> <p>Interview on 6/23/23 with the QIDP indicated there may be an issue with documentation for the objectives.</p> <p><b>PROGRAM MONITORING &amp; CHANGE</b></p> <p>CFR(s): 483.440(f)(3)(ii)</p> <p>The committee should ensure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure written informed consent from the guardian was obtained for restrictive programs. This affected 1 of 3 audit clients (#5). The finding is:</p> <p>A. Review on 4/17/23 of client #2's Behavior Support Plan (BSP) dated 8/12/22 revealed an objective to exhibit 1 or fewer episodes of agitation per month for 12 consecutive months. Additional review of the plan identified the use of Abilify, Lexapro, Buspar, Inositol and Trazodone. Further review of the record did not include a current written informed consent for the BSP from client #2's guardian.</p> <p>B. Review on 4/17/23 of client #4's BSP dated 8/12/22 revealed an objective to exhibit 2 or fewer episodes of noncompliance per month for 12 months and to exhibit 1 or fewer episodes of physical aggression per month for 12 consecutive months. Additional review of the plan identified the use of Sertraline, Lamotrigine and Risperdal. Further review of the record did not include a current written informed consent for the BSP from client #4's guardian.</p>	<p>{W 257}</p> <p>{W 263}</p>	<p>This deficiency will be corrected by completing the following tasks:</p> <ul style="list-style-type: none"> <li>• QIDP and/or Program Manager will contact guardians and LRP's to ensure consent (verbal and/or written) of BSP's/BSG's and all appropriate restrictive interventions.</li> <li>• QIDP and/or PM will ensure behavioral objectives are appropriate and informed consents are present.</li> <li>• QIDP will ensure objectives are appropriately written based on regression, progression, or stabilization of behaviors.</li> <li>• QIDP and/or PM will monitor monthly.</li> <li>• QIDP will accurately document progression of objectives monthly.</li> <li>• Area Supervisor and/or Site Supervisor to monitor monthly.</li> </ul>	<p>7/23/23</p>
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<p>{W 263}</p>	<p>Continued From page 9</p> <p>Interview on 4/17/23 with the Program Manager (PM) and Area Supervisor (AS) indicated they could not be sure if written informed consent had been obtained since the home has been without a Qualified Intellectual Disabilities Professional (QIDP).</p> <p>During a follow-up survey on 6/23/23, review of client #5's BSP dated 5/24/22 revealed objectives to display 0 episodes of noncompliance per month for 12 consecutive months, to display 0 episodes of agitation per month for 12 consecutive months and to display 0 episodes of inappropriate toileting per month for 12 consecutive months. The BSP included the use of Quetiapine, Sinemet, Lorazepam and Clonazepam to address client #5's inappropriate behaviors. Additional review of the record revealed a written informed consent signed by the guardian on 5/24/22. The consent noted, "I understand that this authorization will expire 5/24/23 and will not exceed one year from the day of my original authorization."</p> <p>Interview on 6/23/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed no current written informed consent for the BSP was available for review for client #5.</p>	<p>{W 263}</p>		
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