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

OMB NO. 0938-0391

	OF DEFICIENCIES AND	(XI) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	(X3) DAT	ESIDVEN	
PLAN OF CO	RRECTION	IDENTIFICATION NUMBER:	A. BUILDING			(X3) DATE SURVEY COMPLETED	
						R	
		34G281	B. WING			/23/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	2512025	
				105 GREENWOOD CIRCLE			
VOCA-GI	REENWOOD GROUP H	IOME		SMITHFIELD, NC 27577			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)	
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR LS	Y MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAC		BE	COMPLETION	
W 000			W 000			7/23/23	
	INITIAL COMMEN	TS					
{W 229}	cited on 4/17 - 4/28/2 corrected. The facilit INDIVIDUAL PROC CFR(s): 483.440(c)(4)(i)	{W 229}	completing the following tasks: • QIDP and/PM will ensure that asses	ssments		
	be stated separately, in outcome. This STANDARD is on record reviews and ensure the objectives	individual program plan must n terms of a single behavioral not met as evidenced by: Based interviews, the facility failed to statements for 1 of 3 audit clients in a single behavioral outcome.		are completed to coincide with ISP accurately reflect program training: • QIDP and/Program Manager will in training objectives based on the nee abilities of the residents in the home • QIDP will revise or discontinue train objectives based on regression, progor achievement of training objective • Training objectives will have a sing outcome indicated based on residen	needs. nplement d and c. ning pression, ss.		
	Program Plan (IPP) de objective, "[Client #2] Oil and the purpose of verbal prompts with 8	17/23 of client #2's Individual atted 1/12/22 revealed the] will state her medication Fish f taking it with no more than 3 to% accuracy for 12 consecutive ve statement did not identify a come.		abilities. QIDP and/or PM will monitor mont QIDP and/or PM to in-service staff training objectives. QIDP will accurately document pro of training objectives in QIDP notes QIDP, Area Supervisor and/or Site to monitor 2x per month.	hly. on gression		
	4/14/22 revealed the of her medication and the more than 2 verbal proconsecutive months." identified the objective plate to the dining tab 60% accuracy for 12 of the dining tab 60% acc	17/23 of client #3's IPP dated objective, "[Client #3] will state e purpose of taking it with no compts with 90% accuracy for 12 Additional review of the plan e, "[Client #3] will bring her le and back to the kitchen with consecutive months." The lid not identify a single					
ABORATORY	1/12/22 revealed the o	17/23 of client #4's IPP dated objective, "[Client #4] will SUPPLIER REPRESENTATIVE'S SIGNATURE	F	TITLE		(W) b	
		THE STORY OF THE S	-	TITLE	((X6) DATE	

Monien Darr Osen USW, UPA - Program Ugs. 4/30/23

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

OMB NO. 0938-0391

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:7Z7412

Facility ID: 944969

If continuation sheet Page 1 of 10

STATEMENT OF DEFICIENCIES AND (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A, BUILDING	PLE CONSTRUCTION		E SURVEY PLETED	
		34G281	B. WING			R 22/2022
NAME OF P	PROVIDER OR SUPPLIER	340201		STREET ADDRESS, CITY, STATE, ZIP O		23/2023
VOCA-G	REENWOOD GROUP I	HOME		105 GREENWOOD CIRCLE SMITHFIELD, NC 27577	ODL	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAC	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE APPRO	ON SHOULD BE	(X5) COMPLETION DATE
{W 229}			{W 229]			7/23/23
	Continued From page					
	the task with 3 verba for 12 consecutive m	to brush her teeth and complete I prompts or less 75% accuracy onths." The objective statement gle behavioral outcome.				
	Manager and Area St	on 4/18/23 with the Program upervisor acknowledged the were not written with a single				
	#1's IPP dated 3/16/2	urvey on 6/23/23, review of client 3 revealed the following n without a single behavior				
	medications and the rebeing prescribed with	e the name of 2 of her reason why the medication is a 2 verbal prompts or less with consecutive months."	*			
		st with meal prep by measuring nts with 1 verbal prompt and 90% cutive months."				
		n to identify coins/bills and their prompt or less with 80% accuracy onths."				
		with the QIDP confirmed the did not identify a single outcome.				

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

OMB NO. 0938-0391 $\{W\,255\}\,\big|\,PROGRAM\ MONITORING\ \&\ CHANGE$ {W 255} CFR(s): 483.440(f)(1)(i) The individual program plan must be review

	by the qualified inte	llectual disability				
STATEMENT PLAN OF COR	OF DEFICIENCIES AND RRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	COME	E SURVEY PLETED
NAME OF P	ROVIDER OR SUPPLIER	34G281	B. WING			23/2023
VOCA-G	REENWOOD GROUP	•		STREET ADDRESS, CITY, STATE, ZIP CODE 105 GREENWOOD CIRCLE SMITHFIELD, NC 27577		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE APPROPRI	HOULD BE	(X5) COMPLETION DATE

OMB NO. 0938-0391

{W 255} {W 255} 7/23/23 This deficiency will be corrected by Continued From page 2 completing the following tasks: QIDP and/or Program Manager will revise the professional and revised as necessary, including, but ISP as needed to reflect appropriate training not limited to situations in which the client has objectives as needed. successfully completed an objective or objectives QIDP and/or PM will ensure that CHL identified in the individual program plan. assessments are completed to coincide with This STANDARD is not met as evidenced by: Based ISP and training program needs. on record reviews and interview, the facility failed to QIDP and/or PM will in-service staff on ensure the Individual Program Plan (IPP) for was working training programs. revised after 2 of 3 audit clients (#3 and #5) had QIDP and/Program Manager will implement successfully completed identified objectives. The training objectives based on the need and abilities of the residents in the home. findings are: OIDP will revise or discontinue training objectives based on regression, progression, A. Review on 4/17/23 of client #3's IPP dated 4/14/22. or achievement of training objectives. revealed an objective to allow staff to brush all four Training objectives will have a single quadrants with physical assistance with 80% accuracy outcome indicated based on resident's for 12 consecutive months (implemented 1/1/22). abilities Additional review of progress notes for the objective QIDP and/or PM will monitor monthly. indicated the client had completed the objective with OIDP, PM, Area Supervisor, and/or the Site physical assistance over the following months: Supervisor to in-service staff on training objectives. QIDP will accurately document progression 02/22 - 95% of training and behavioral objectives monthly. 03/22 - 95% QIDP, Area Supervisor and/or Site Supervisor 04/22 - 95% to monitor 2x's monthly. 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 (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED R 34G281 06/23/2023 B. WING

NAME OF PROVIDER OR SUPPLIER

(X4) ID

PREFIX

TAG

VOCA-GREENWOOD GROUP HOME

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

PREFIX TAG

STREET ADDRESS, CITY, STATE, ZIP CODE

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

105 GREENWOOD CIRCLE

SMITHFIELD, NC 27577

COMPLETION

DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

{W 255}			{W 255}	See page 4 of 11.	7/23/23
,	Continued From page	3 several	,		
	months.				
		of client #4's IPP dated 2/21/22			
		to exhibit 1 or fewer episodes of			_ 1 31
		er month for 12 consecutive			
		eview of progress notes for the			
		e client had zero episodes of			
		om February 2021 - September			
	2022.				
	Intermitary on 4/19/22	with the Site Supervisor (SS)			
		with the Site Supervisor (SS) seen client #4 have any			
	aggressive behaviors.				
	aggressive beliaviors.				1 1 1 1 1 1 1 1 1
	Interview on 4/18/23	with the Program Manager (PM)			
		AS) confirmed the behavior			
		eviewed to determine if it remains			
	necessary.				
	•				
		rvey on 6/23/23, review of client			
		3 revealed client #3 continues to			
		to allow staff to brush all four			
		al assistance with 80% accuracy			
		onths which was originally			
	implemented 1/1/22.				
	A 11921	C/22/22 - 6 - 12 4 #51-			
	Additional review on	A STATE OF THE STA			
		ns (BSP) dated 8/3/21 and			
		bjective to address inappropriate cutive months. Review of the			
		om October 2021 - February			
		opropriate toileting had been			
	noted.	opropriate tonoting had occir			- 1 - 1
	notou.				
	Interview on 6/23/23	with the QIDP confirmed client			
		on the toothbrushing objective			
		y been completed. Additional			
	-	ocumentation may be an issue			
	concerning client #5's				
		T T			
STATEMENT	OF DEFICIENCIES AND	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY
PLAN OF CO		IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED
					R
	T 1	34G281	B. WING		06/23/2023
NAME OF 1	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
				105 GREENWOOD CIRCLE	
VOCA-G	REENWOOD GROUP H	IOME		SMITHFIELD, NC 27577	
(X4) ID	SIIMMARVSTA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETION
TAG	REGULATORY OR LS	C IDENTIFYING INFORMATION)		CROSS-REFERENCED TO THE APPROPRIATE DE	FICIENCY)

Facility ID: 944969

					7/23/23
{W 255}		4 toileting	{W 255}		
{W 255} {W 257}	behavior. PROGRAM MONITOCFR(s): 483.440(f)(1) The individual progral least by the qualified and revised as necess situations in which the toward identified objectives been made. This evidenced by: Based interviews, the facility Program Plan (IPP) for revised after the client identified objectives. A. Review on 4/17/2 revealed objectives to placement at the dinity with hand-over-hand consecutive months, no more than 2 verbal with 80% accuracy for state her medication it with no more than accuracy for 12 conserview of progress not review of progr	ORING & CHANGE)(iii) Implan must be reviewed at mental retardation professional ary, including, but not limited to e client is failing to progress ectives after reasonable efforts is STANDARD is not met as on record reviews and y failed to ensure the Individual for 1 of 3 audit clients (#5) was at failed to progress towards. The finding is: 23 of client #2's IPP dated 1/12/22 to learn how to set up her mg table with 2 verbal prompts with 80% accuracy for 12 to brush all four quadrants with all prompts with hand-over-hand for 12 consecutive months and to Fish Oil and the purpose of taking 3 verbal prompts with 80% ecutive months. Additional ones for the objectives noted the objective with verbal	{W 255}	This deficiency will be corrected by completing the following tasks: QIDP and/or Program Manager will resolves to ensure appropriateness. QIDP and/Program Manager will implicate the home. QIDP will revise or discontinue training objectives based on regression, progresachievement of training objectives. Training objectives will have a single indicated based on resident's abilities. QIDP and/or PM will monitor monthly. QIDP, PM, Area Supervisor, and/or the Supervisor to in-service staff on training objectives. QIDP will accurately document progressioning objectives monthly. QIDP, Area Supervisor and/or Site Sustomonitor 2x monthly.	ement and ng ssion, or outcome y. ne Site ng ession of
OT A THE STATE	T OF DEFICIENCIES AND	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY
PLAN OF CO	T OF DEFICIENCIES AND PRRECTION	(X1) PROVIDER/\$UPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED
					R
		34G281	B. WING		06/23/2023

(X5) COMPLETION

DATE

STREET ADDRESS, CITY, STATE, ZIP CODE

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

105 GREENWOOD CIRCLE SMITHFIELD, NC 27577

Facility ID: 944969

ID

PREFIX TAG

NAME OF PROVIDER OR SUPPLIER

(X4) ID

PREFIX

TAG

VOCA-GREENWOOD GROUP HOME

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

{W 257}

OMB NO. 0938-0391

7/23/23

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 Admini	stration			
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 4/17/2	23 of client #3's IPP dated 4/13/22			
revealed an objective	e to state the name of her			
medication and the	purpose of taking it with no more			
than 2 verbal promp	ots with 90% accuracy for 12			
	. Additional review of progress			
	ve indicated the client had			
	tives with verbal prompts at 0%			
from June 2022 - Fe	ebruary 2023.			
ATEMENT OF DEFICIENCIES AND	(X1) PROVIDER/SUPPLIER/CLL	(X2) MULT	TIPLE CONSTRUCTION	(X3) DATE SURVEY
AN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG	COMPLETED
				R
	34G281	B. WING		06/23/2023
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI	
			105 GREENWOOD CIRCLE	
VOCA-GREENWOOD GROUP	HOME		SMITHFIELD, NC 27577	

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

(X4) ID

PREFIX

TAG

{W 257} Continued From page 5

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

ID

PREFIX TAG

(X5)

COMPLETION

DATE

Continued From page 6 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 werbal prompts or less at 79% accuracy for 12 consecutive months, to scan her medications into the OMAR with 2 werbal prompts or less at 90% accuracy for 12 consecutive months, to complete her exercises with 3 werbal prompts or less with 90% accuracy for 12 consecutive months and to complete all steps of the laundry process with 1 werbal prompts or less with 90% accuracy for 12 consecutive months and to complete dial steps of the laundry process with 1 werbal prompts with 50% accuracy for 12 consecutive months and to complete dial steps of the laundry process with 1 werbal prompts with 50% accuracy for 12 consecutive months. Additional review of progress notes for all four objectives indicated the client had completed the objectives with werbal prompts at 90% from June 2022 - February 2023. 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 without a Qualified intellectual Disabilities Professional (QIDP) for several months. 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 werbal prompts with 50% accuracy for 12 consecutive months, to swallow her medication pill with no more than 3 werbal prompts with 80% accuracy for 12 consecutive months, and with 100% accuracy for 12 consecutive months. Additional review of progress notes indicated the client had STATEMENT OF DERICIENCES AND DEPLIES AND DEPLIES CLIA DEPLIES CONSTRUCTION A. BULDING RABBUR GREENWOOD GROUP HOME STATEMENT OF DERICIENCES AND DEPLIES CLIA DEPLIES CLIA DEPLIES CONSTRUCTION SUCULD BE SMTHETELD, NC 27577 STATEMENT OF DERICIENCES AND GREENWOOD CIRCLE SMTHETELD, NC 27577 STATEMENT OF DERICIENCES AND GREEN CONSTRUCTION SUCULD BE GREAT DEPLIES DEFICIENCY DEPLIES CLIA D						OMID IVO	. 0730-0371
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 at 90% accuracy for 12 consecutive months and to complete the exercises with 3 verbal prompts or less with 90% accuracy for 12 consecutive months and to complete the objectives with 50% accuracy for 12 consecutive months and to complete dhe objectives with 50% accuracy for 12 consecutive months and to complete dhe objectives with verbal prompts at 0% from June 2022 - February 2023. 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. 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 3 verbal prompts with no more than 3 verbal prompts with no more teem and a verbal prompts with no more teem with no more than 3 verbal prompts with 60% accuracy for 12 consecutive months. Additional review of progress notes indicated the client had STATEMENT OF DEFICIENCIES AND DEFICIENCIES AND DEFICIENCIES AND SUMMARY STATEMENT OF DEFICIENCIES AND SUMMARY STATEMENT OF DEFICIENCIES AND SUMMARY STATEMENT OF DEFICIENCIES AND TREET ADDRESS, CITY, STATE 2IP CODE 105 GREEN WOOD CIRCLE SMITTIFIELD, NC 27577 PREFEX (EACH DEFICIENCIES NOTE STREET ADDRESS, CITY, STATE 2IP CODE 105 GREEN WOOD CIRCLE SMITTIFIELD, NC 27577	{W 257}			{W 25	7}		7/23/23
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 the exercises with 3 verbal prompts or less with 90% accuracy for 12 consecutive months and to complete the objectives with 50% accuracy for 12 consecutive months and to complete dhe objectives with 50% accuracy for 12 consecutive months and to complete dhe objectives with verbal prompts at 0% from June 2022 - February 2023. 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. 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 50% accuracy for 12 consecutive months, to bathe herself daily with no more than 2 verbal prompts up to hand-over-hand with 100% accuracy for 12 consecutive months, to swallow her medication pill 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 STATEMENT OF CORRECTION DEATH OF CORRECTION CONSECUTIVE SAMPLIFE CONSTRUCTION ABBRITECTION NUMBER: 34G281 NAME OF PROVIDER OR SUPPLIER VOCA-GREENWOOD GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE 105 GREENWOOD CIRCLE SMITTIFIELD, NC 27577 PREFERT AGENT STATE, AD OF CORRECTION CONSTRUCTION CONSTRUCTION STORIES SMITTIFIELD, NC 27577 PREFERT AGENT STATE, AD OF CORRECTION CONSTRUCTION STOLIED BE CONSTRUCT.							
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 sean 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 and to complete all steps of the laundry process with 1 verbal prompt with 50% accuracy for 12 consecutive months and to complete all steps of the laundry process with 1 verbal prompts at 0% from June 2022 - February 2023. 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. 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 3 verbal prompts with 90% accuracy for 12 consecutive months, to swallow her medication pill with no more than 3 verbal prompts with 80% accuracy for 12 consecutive months. Additional review of progress notes indicated the client had STATEMENT OF DEPICIENCES AND DEPICE CONSECUTION DEPICE CONSECUTION A BUILDING CONFIGURATE PLAY OF CORRECTION LONG CONFIGURATE PREFEX TO GEACH CORRECTION STOULD BE CONFIGURATE. BUILDING CONFIGURATE PREFEX TO GEACH CORRECTION STOULD BE CONFIGURATE. BUILDING CONFIGURATE PREFEX TO GEACH CORRECTION STOULD BE CONFIGURATE. BUILDING CONFIGURATE. SMITTHFIELD, NC 27577.		Continued From page	e 6				
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 Disabilites Professional (QIDP) for several months. 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 swallow her medication pill with no more than 3 verbal prompts up to hand-over-hand assistance with 100% 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 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION WAID SUMMARY STATEMENT OF DEFICIENCIES NAME OF PROVIDER OR SUPPLIER VOCA-GREENWOOD GROUP HOME (X4) ID SUMMARY STATEMENT OF DEFICIENCIES SMITHFIELD, NC 27577 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES SMITHFIELD, NC 27577 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL. PREFIX TOA (EACH CORRECTION STOULD BE COMMENTED ON STOULD BE COMMENTED ON SHOULD BE COMMENTED ON SHOU		revealed objectives to teeth and complete the less at 75% accuracy scan her medications prompts or less at 90° months, to complete prompts or less with months and to complete process with 1 verbal 12 consecutive month notes for all four objectives.	o gather items needed to brush her ne task with 3 verbal prompts or for 12 consecutive months, to into the QMAR with 2 verbal % accuracy for 12 consecutive her exercises with 3 verbal 90% accuracy for 12 consecutive ete all steps of the laundry 1 prompt with 50% accuracy for hs. Additional review of progress ectives indicated the client had				
#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 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVEY COMPLETED R 06/23/2023 NAME OF PROVIDER OR SUPPLIER VOCA-GREENWOOD GROUP HOME (X3) DATE SURVEY COMPLETED R 06/23/2023 ON PREFIX TAGE RENWOOD CIRCLE SMITHFIELD, NC 27577		Interview on 4/18/23 Area Supervisor indi- objectives for each of home had been withon Disabilites Profession	with the Program Manager and cated they could not be sure if the lient had been revised since the out a Qualified Intellectual nal (QIDP) for several months.				
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 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION STATEMENT OF DEFICIENCIES AND DENTIFICATION NUMBER: (X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING R 34G281 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 105 GREENWOOD CIRCLE SMITHFIELD, NC 27577 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG STREET ADDRESS, CITY, STATE, ZIP CODE 105 GREENWOOD CIRCLE SMITHFIELD, NC 27577 (X5) COMPLETION COMPLETION (X5) COMPLETION COMPLETION (X6) COMPLETION COMPLETION (X7) COMPLETION (X7) COMPLETION (X7) COMPLETION (X7) COMPLETION (X7) COMPLETION (X8) COMPLETION (X9) COMPLETION (X9) COMPLETION (X9) COMPLETION		#5's IPP dated 9/12/2 hands using the nail I more than 3 verbal pr consecutive months, more than	22 revealed objectives to wash her brush with hand-over-hand and no rompts with 90% accuracy for 12 to bathe herself daily with no				
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{W 257}	Continued From pag	ge 7	{W 257]	}		7/23/23
	completed the task v following months:	with verbal prompts over the				
	Handwashing					
	10/22 - 50%					
	11/22 - 50%					
	12/22 - 50%					
	01/23 - 50%					
	02/23 - 50%					
	03/23 - 50%					
	Bathing					
	10/22 - 20%					
	11/22 - 20%					
	12/22 - 20%					
	01/23 - 20%					
	02/23 - 20%					
	03/23 - 20%					
	Medication					
	10/22 - 40%					
	11/22 - 40%					
	12/22 - 40%					
	01/23 - 40%					
	02/23 - 40%					-15-196
	03/23 - 40%					
	Toothbrushing					
	10/22 - 40%					
	11/22 - 40%					
	12/22 - 40%					
	01/23 - 40%					
	02/23 - 40%					
	03/23 - 40%					
			(V2) MIII TII	PLE CONSTRUCTION		
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VOCA-GREENWOOD GROUP HOME

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

(X4) ID

PREFIX

TAG

ID

PREFIX TAG

105 GREENWOOD CIRCLE

SMITHFIELD, NC 27577

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION

DATE

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OMB NO. 0938-0391

				T DANGEROUSE	70203
{W 257}	may be an issue with of PROGRAM MONITO CFR(s): 483.440(f)(3) The committee should conducted only with the client, parents (if the client, parents (if the client, parents) is on record reviews and ensure written inform obtained for restrictive audit clients (#5). The A. Review on 4/Support Plan (BSP) dobjective to exhibit 1 month for 12 consecut Additional review of Abilify, Lexapro, Bus Further review of the written informed conguardian. B. Review on 4/8/12/22 revealed an objective to exhibit 1 or fer aggression per month Additional review of Sertraline, Lamotrigit of the record did not	with the QIDP indicated there documentation for the objectives. DRING & CHANGE (ii) I ensure that these programs are the written informed consent of the client is a minor) or legal not met as evidenced by: Based interviews, the facility failed to ed consent from the guardian was a programs. This affected 1 of 3 a finding is: 17/23 of client #2's Behavior ated 8/12/22 revealed an or fewer episodes of agitation per	{W 257}		ately or
	T OF DEFICIENCIES AND ORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	V 10 10 10 10 10 10 10 10 10 10 10 10 10	IPLE CONSTRUCTION (X	3) DATE SURVEY COMPLETED
					R 06/23/2023
		34G281	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	QQ/Z3/Z0Z3
NAME OF	PROVIDER OR SUPPLIER			105 GREENWOOD CIRCLE	

(X5) COMPLETION

DATE

ID

PREFIX TAG

SMITHFIELD, NC 27577

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

VOCA-GREENWOOD GROUP HOME

(X4) ID

PREFIX

TAG

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

Continued From page 9	(W 263)
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). During a follow-up sruvey 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." 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.	{W 263}
	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). During a follow-up sruvey 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." Interview on 6/23/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed no current written informed consent for the BSP was available for