

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

PRINTED: 05/21/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G280</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/16/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VOCA-SECOND AVENUE GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>49 SECOND AVENUE SE TAYLORSVILLE, NC 28681</b>
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(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
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W 262	<p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(3)(i)</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that updated, written informed consent from the human rights committee (HRC) was secured for exterior door alarms for 5 of 6 clients (#1, #2, #3, #4 and #6). The finding is:</p> <p>Observations in the group home during the survey period from 5/15/23 - 5/16/23 revealed exterior door alarms to ring upon staff and clients entering and exiting the facility.</p> <p>Review of client records on 5/16/23 for client #1 revealed a signed guardian consent dated 12/9/22. Continued review for client #2 revealed a guardian consent dated 3/30/23. Further review of client #3 revealed a guardian consent dated 3/24/23. Subsequent review of client #4 revealed a guardian consent dated 3/9/23. Additional review of client #6's record revealed a guardian consent dated 3/10/23. Continued review of the record did not reveal written informed consents from the HRC relative to exterior door alarms.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) and program manager (PM) on 5/16/23 revealed that current human rights consent limitation forms for clients #1, #2, #3, #4 and #6 could not be located during the survey. Continued interview with the QIDP and PM verified HRC limitation consent forms for all</p>	W 262	<p><i>CS will ensure that all restrictive intervention consents will be signed by both the guardian and by a member of the Human Rights Committee and will be filed in individual's charts in a timely manner</i></p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

*Program Manager*

(X6) DATE

*5/26/23*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting provided 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.

DHSR - Mental Health

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W 262	Continued From page 1 clients should be updated and signed by the HRC and legal guardian annually.	W 262			