

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

PRINTED: 08/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G096	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER VOCA-DENBUR DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 8324 DENBUR DRIVE CHARLOTTE, NC 28215		
(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 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure clients' had the right to dignity and respect relative the use of adult briefs and shirt protectors affecting 2 of 6 clients (#3 and #5). The findings are:</p> <p>A. The facility failed to ensure that client #5 had the right to dignity and respect relative to the storage of adult briefs. For example:</p> <p>Observations throughout the recertification survey from 8/6/24-8/7/24 revealed a large stack of adult briefs to be uncovered and visible on the bathroom shelf. Continued observations revealed the adult briefs to not be marked or covered to ensure privacy. Further observations at 7:45AM on 8/7/24 revealed this surveyor to show the qualified intellectual disabilities professional (QIDP) the uncovered and exposed stack of adult briefs in the bathroom. Additional observations revealed the QIDP to place the briefs in a garbage bag.</p> <p>Interview with the QIDP on 8/7/24 verified that client #5 was the only client that uses adult briefs regularly. Continued interview with the QIDP revealed that staff should protect the dignity and respect of the clients at all times.</p> <p>B. The facility failed to ensure that client #3 had the right to dignity and respect relative to wearing</p>	W 125			

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 125	Continued From page 1 a clothing protector. For example: Observations in the group home on 8/7/24 at 7:00 AM revealed client #3 to sit at the dining table to participate in the breakfast meal. Continued observations revealed staff C to place client's #3 high sided divided dish on top of his clothing protector which was draped over the dining table. Further observation revealed client #3 to bend over, with his head almost inside the dish to consume the breakfast meal. Subsequent observation revealed client #3 trying his best not to move his head around to prevent his dish from sliding off the clothing protector. Additional observation did not reveal staff to remove client's dish from under the clothing protector while consuming his breakfast meal. Interview with the QIDP on 8/7/24 confirmed the use of the clothing protector is to avoid spillage and should not be placed on the table under any clients' dish while consuming meals. Continued interview with QIDP revealed that staff should protect the dignity and respect of the clients at all times.	W 125			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation and interviews, the facility failed to assure all medications and biologicals remained locked except when being prepared for medication administration for 1 non-sampled client (#5). The finding is:	W 382			

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W 382	<p>Continued From page 2</p> <p>Observations on 8/7/24 from 6:20AM-8:00AM revealed a toiletry caddy in client #5's room sitting on his dresser. Continued observations revealed two prescribed tubes of Tolnaftate cream to sit inside of the caddy. Further observations at 8:00AM revealed this surveyor to show the qualified intellectual disabilities professional (QIDP) two tubes of prescribed topicals in client #5's caddy in his room. Additional observations revealed the QIDP to remove the topicals from the caddy in client #5's room.</p> <p>Review of the record for client #5 on 8/7/24 revealed physician's orders dated 8/7/24 revealed a PRN prescription for Tolnaftate cream 1% to be used for Tinea Pedis diagnosis. Review of the physician's order for client #5 revealed that the prescription for Tolnaftate cream was current.</p> <p>Interview with the QIDP on 8/7/24 revealed that although the two tubes of Tolnaftate cream were expired, topicals should be stored in a plastic container in the medication administration room when not in use.</p> <p>Interview with nursing services on 8/7/24 revealed that the Tolnaftate cream is a PRN topical medication for client #5. Continued interview with nursing services revealed that nursing has provided training with facility staff relative to the proper storage of medications and topicals when they are not being used. Further interview with nursing services verified that all prescribed topicals should be locked in the medication administration room when they are not being administered.</p>	W 382			