

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G271	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/19/2024
NAME OF PROVIDER OR SUPPLIER VOCA-ROLLINS GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 297 BOB ROLLINS ROAD FOREST CITY, NC 28043		
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W 000	INITIAL COMMENTS	W 000			
W 159	<p>A complaint survey was completed on 8/19/24 for Intake #NC00220799. The allegation was unsubstantiated and no deficiencies were cited related to the allegation. However, deficiencies unrelated to the allegation were cited.</p> <p>QIDP CFR(s): 483.430(a)</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- This STANDARD is not met as evidenced by: Based on record reviews and interviews the qualified intellectual disabilities professional (QIDP) failed to coordinate and document an interdisciplinary team (IDT) meeting or team collaboration relative to changes in clients' behaviors and an increase in falls for 4 of 6 audit clients (#1, #3, #4, and #6) at the facility. The findings are:</p> <p>A. The QIDP failed to meet with the IDT regarding recent changes in client #1's behaviors and increased falls at the facility.</p> <p>Review on 8/19/24 of client #1's program book revealed a behavior log dated from 4/1/24-8/15/24. Continued review revealed the following documented behaviors: 8/7/24 client #1 was awake all night staggering around and using the bathroom with assistance. 8/8/24 client #1 was awake all night staggering around and using the bathroom with assistance. 8/11/24 client #1 threw herself on the floor and she was acting as if she could not hear or comprehend anything. Client #1 continue to throw herself on the floor. Further review revealed no documentation of an</p>	W 159			

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 159	<p>Continued From page 1</p> <p>IDT meeting to review status or possible change in client #1's health status.</p> <p>Review on 8/19/24 of the facility's Critical Incident Reports revealed the following incidents: 4/6/24 client #1 used the restroom lost her balance and fell down causing her to hit the side of her face on the floor leaving a red bruise. Client #1 was provided medical care. 8/15/24 revealed client #1 was lethargic and body temperature was low; she throws herself on the floor and threaten to slap staff. She continue to throw herself on the floor. Client #1 was taken to the ER and admitted for low body temperature and possible UTI. 8/16/24 client #1 was transported by EMS to the hospital and was diagnosed with subdural hematoma near the right eye, bruises on both arms and left eye was black. Continued review revealed no documentation of an IDT meeting to review status or frequency of falls, injuries related to falling events or behaviors, or prevention measures to address fall incidents.</p> <p>Interview on 8/19/24 with the program manager confirmed client #1 has recently experienced multiple falls and hospital visits. Continued interview with the program manager revealed there were no recent team meeting discussions pertaining health status, frequency of falls, and fall prevention. Additional interview with the program manager revealed that the home supervisor would first contact the doctor to get appointment and IDT would usually meet within a week to discuss incidents. The program manager confirmed that the facility's interdisciplinary team should have had a team meeting to ensure appropriate safeguards for client #1's increasing behaviors and fall occurrences.</p>	W 159			

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W 159	<p>Continued From page 2</p> <p>B. The QIDP failed to meet with the IDT regarding falls at the facility for client #3.</p> <p>Review on 8/19/24 of the facility's Critical Incident Reports revealed the following incidents: 7/28/24 client #3 was leaving for an outing and went to open the back door and hit his head on the door leaving a scratch on his forehead. Client #3 received medical care. 7/29/24 client #3 was getting out of the bathtub hit teeth on the faucet of the tub chipped his front teeth. Client #3 received medical care. Continued review revealed no documentation of an IDT meeting to review status or frequency of falls, injuries related to falling events or behaviors, or prevention measures to address fall incidents.</p> <p>Interview on 8/19/24 with the program manager confirmed client #3 has recently experienced multiple falls. Continued interview with the program manager revealed there were no recent team meeting discussions pertaining to injuries related to fall events, frequency of falls, and fall prevention. Additional interview with the program manager revealed that the home supervisor would first contact the doctor to get appointment and IDT would usually meet within a week to discuss incidents. The program manager confirmed that the facility's interdisciplinary team should have had a team meeting to ensure appropriate safeguards for client #3's fall occurrences.</p> <p>C. The QIDP failed to meet with the IDT regarding increase in behaviors at the facility for client #4.</p> <p>Review on 8/19/24 of the facility's Critical Incident Report revealed the following incident: 8/9/24</p>	W 159			

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W 159	<p>Continued From page 3</p> <p>client #4 had a behavior in the living room and bit her right hand. Staff cleaned area and applied a bandage.</p> <p>Review on 8/19/24 of client #4's program book revealed a behavior log dated for the month of August 2024. Continued review revealed the following documented behaviors: 8/1/24 client #4 was on the van going to workshop; she pulled staff from the back while she was driving and pulled the seat belt so it would choke the staff, clients were scared. 8/2/24 client #4 was getting ready for bath threw her shoes at staff and spit and hit staff on the side. Throwing all her things out of her room. 8/3/24 client #4 hit staff in the face hard, staff cried and went outside to cool off. 8/4/24 client #4 got on the van and smacked three peers, pulled one peers' hair, and tried to bite one peer. 8/8/24 client #4 was sitting in the living room starting yelling, bit her hand until it bled, and wiped blood all over her clothes. 8/9/24 client #4 was in bath, splashed water everywhere out of the tub by kicking and yelling. Client #4 flooded the bathroom floor. 8/11/24 client #4 kicked her shoes off, slung them and hit another peer. Continued review revealed no documentation of an IDT meeting to review status or frequency of behaviors, injuries related to behaviors, or prevention measures to address the increase in behaviors.</p> <p>Interview on 8/19/24 with the program manager confirmed client #4 has recently experienced an increase in behaviors. Continued interview with the program manager revealed there were no recent team meeting discussions pertaining to the frequency of behaviors, injuries related to the behaviors, or preventative measures. Additional interview with the program manager revealed that</p>	W 159			

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W 159	<p>Continued From page 4</p> <p>IDT would usually meet within a week to discuss incidents. The program manager confirmed that the facility's interdisciplinary team should have had a team meeting to ensure appropriate safeguards for client #4's increased behaviors.</p> <p>D. The QIDP failed to meet with the IDT regarding falls at the facility for client #6.</p> <p>Review on 8/19/24 of the facility's Critical Incident Report revealed the following incident: 5/25/24 client #6 was on the floor of his bedroom stuck under the bed after a fall. Staff assisted him up and he had bruising to his head down to hip on the right side of his body due to fall. Called Non-Emergency to transport to hospital wasn't able to stand or walk even with assistance of a walker. Continued review revealed no documentation of an IDT meeting to review status or frequency of falls, injuries related to falling events or behaviors, or prevention measures to address fall incidents.</p> <p>Interview on 8/19/24 with the program manager confirmed client #6 has fallen between his bed or he would get stuck by going under his bed. Continued interview with the program manager revealed there were no recent team meeting discussions pertaining to injuries related to fall events, frequency of falls, and fall prevention. Additional interview with the program manager revealed that the home supervisor would first contact the doctor to get appointment and IDT would usually meet within a week to discuss incidents. The program manager confirmed that the facility's interdisciplinary team should have had a team meeting to ensure appropriate safeguards for client #6's fall occurrences.</p>	W 159			

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W 253 W 253	Continued From page 5 PROGRAM DOCUMENTATION CFR(s): 483.440(e)(2) The facility must document significant events that are related to the client's individual program plan and assessments. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to document significant events, specifically relative to the body check and incident reporting forms, affecting 5 of 6 clients (#1, #2, #3, #4, and #5). The findings are: A. Staff did not document a completed body audit on the body check forms for client #1. Record review in the home on 8/19/24 revealed twice daily body checks for client #1 dated 5/1/24 through 8/15/24. Further review of the body checks revealed only one body check was completed on 6/25/24, one body check completed on 6/26/24, and the last completed body check completed on 7/23/24. Interview on 8/19/24 with the home supervisor and program manager revealed body checks are completed twice a day by staff and documented on the body check form. Further interview revealed if a client is not in the home, it is supposed to be documented on the form. The home supervisor and program manager confirmed the lack of documentation shows the body checks for client #1 were not completed. B. Staff did not document a completed body audit on the body check forms for client #2. Review on 8/19/24 of the facility's program chart, revealed CANS Head and Body Check forms	W 253 W 253			

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W 253	<p>Continued From page 6 dated 5/1/24-8/19/24. Continued review revealed several incomplete dates where staff did not document or complete a body audit for client #2. Further review revealed no documented body checks from 8/12/24-8/19/24.</p> <p>Interview on 8/19/24 with the home supervisor and program manager revealed body check forms are to be completed daily for all residents residing at the facility. Continued interview revealed client body audits to be completed and documented on the body check form twice a day in the mornings and after returning from the day program. Further interview revealed that if a client returns from a hospital visit, staff are to complete a body audit and document it on the body check form. The home supervisor and program manager confirmed the lack of documentation staff provided on the body check forms for client #2 that were not completed.</p> <p>C. Staff did not document a completed body audit on the body check forms for client #3.</p> <p>Review on 8/19/24 of the facility's program chart, revealed CANS Head and Body Check forms dated 5/1/24-8/19/24. Continued review revealed several incomplete dates where staff did not document or complete a body audit for client #3. Further review revealed no documented body checks from 7/23/24-8/19/24.</p> <p>Interview on 8/19/24 with the home supervisor and program manager revealed body check forms are to be completed daily for all residents residing at the facility. Continued interview revealed client body audits to be completed and documented on the body check form twice a day in the mornings and after returning from the day</p>	W 253			

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W 253	<p>Continued From page 7</p> <p>program. Further interview revealed that if a client returns from a hospital visit, staff are to complete a body audit and document it on the body check form. The home supervisor and program manager confirmed the lack of documentation staff provided on the body check forms for client #3 that were not completed.</p> <p>D. Staff did not document a completed body audit on the body check forms for client #4. Staff did not complete incident report forms regarding client #4's behaviors.</p> <p>Review on 8/19/24 of the facility's program chart, revealed CANS Head and Body Check forms dated 5/1/24-8/19/24. Continued review revealed several incomplete dates where staff did not document or complete a body audit for client #4. Further review revealed no documented body checks from 8/12/24-8/19/24.</p> <p>Subsequent review on 8/19/24 of client #4's behavior logs dated for the month of August 2024 revealed several behaviors that resulted in physical contact with another peer. Continued reviewed revealed the following behaviors: 8/4/24 client #4 got on the van and smacked three peers, pulled one peers' hair, and tried to bite one peer. 8/8/24 client #4 was sitting in the living room starting yelling, bit her hand until it bled, and wiped blood all over her clothes. 8/11/24 client #4 kicked her shoes off, slung them and hit another peer. Further review revealed no completed incident report forms for 8/4, 8/8, and 8/11.</p> <p>Interview on 8/19/24 with the home supervisor and program manager revealed body check forms are to be completed daily for all residents residing at the facility. Continued interview</p>	W 253			

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W 253	<p>Continued From page 8</p> <p>revealed client body audits to be completed and documented on the body check form twice a day in the mornings and after returning from the day program. Further interview revealed that if a client returns from a hospital visit, staff are to complete a body audit and document it on the form.</p> <p>Subsequent Interview with the program manager revealed staff are to complete an incident report form for any behaviors that include peer to peer or a physical injury. The home supervisor and program manager confirmed the lack of documentation staff provided on the body check and incident report forms for client #4 that were not completed.</p> <p>E. Staff did not document a completed body audit on the body check forms for client #5.</p> <p>Review on 8/19/24 of the facility's program chart, revealed CANS Head and Body Check forms dated 5/1/24-8/19/24. Continued review revealed several incomplete dates where staff did not document or complete a body audit for client #5. Further review revealed no documented body checks from 7/28/24-7/31/24 and 8/3/24-8/19/24.</p> <p>Interview on 8/19/24 with the home supervisor and program manager revealed body check forms are to be completed daily for all residents residing at the facility. Continued interview revealed client body audits to be completed and documented on the body check form twice a day in the mornings and after returning from the day program. Further interview revealed that if a client returns from a hospital visit, staff are to complete a body audit and document it on the form. The home supervisor and program manager confirmed the lack of documentation staff</p>	W 253			

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W 253	Continued From page 9	W 253			
W 340	<p>provided on the body check forms for client #5 that were not completed.</p> <p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained to implement appropriate health methods. This affected 5 of 6 audit clients (#1, #2, #3, #4, and #5). The findings are:</p> <p>A. Nursing services failed to provide oversight and training in completing daily body checks for client #1.</p> <p>Record review in the home on 8/19/24 revealed twice daily body checks for client #1 dated 5/1/24 through 8/15/24. Further review of the body checks revealed only one body check was completed on 6/25/24, one body check completed on 6/26/24, and the last completed body check completed on 7/23/24. There was no oversight provided by nursing or management staff to ensure the body checks were being completed to determine any injuries or situations that needed to be addressed.</p> <p>Interview on 8/19/24 with the home supervisor and program manager revealed body checks are completed twice a day by staff and documented on the body check form. Further interview</p>	W 340			

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W 340	<p>Continued From page 10</p> <p>revealed if a client is not in the home, it is supposed to be documented on the form. The home supervisor and program manager confirmed the lack of documentation shows the body checks for client #1 were not completed.</p> <p>B. Nursing services failed to provide oversight and training in completing daily body checks for client #2.</p> <p>Review on 8/19/24 of the facility's program chart, revealed CANS Head and Body Check forms dated 5/1/24-8/19/24. Continued review revealed several incomplete dates where staff did not document or complete a body audit for client #2. Further review revealed no documented body checks from 8/12/24-8/19/24.</p> <p>Interview on 8/19/24 with the home supervisor and program manager revealed body check forms are to be completed daily for all residents residing at the facility. Continued interview revealed client body audits to be completed and documented on the body check form twice a day in the mornings and after returning from the day program. Further interview revealed that if a client returns from a hospital visit, staff are to complete a body audit and document it on the body check form. The home supervisor and program manager confirmed the lack of documentation staff provided on the body check forms for client #2 that were not completed.</p> <p>C. Nursing services failed to provide oversight and training in completing daily body checks for client #3.</p> <p>Review on 8/19/24 of the facility's program chart, revealed CANS Head and Body Check forms</p>	W 340			

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W 340	<p>Continued From page 11 dated 5/1/24-8/19/24. Continued review revealed several incomplete dates where staff did not document or complete a body audit for client #3. Further review revealed no documented body checks from 7/23/24-8/19/24.</p> <p>Interview on 8/19/24 with the home supervisor and program manager revealed body check forms are to be completed daily for all residents residing at the facility. Continued interview revealed client body audits to be completed and documented on the body check form twice a day in the mornings and after returning from the day program. Further interview revealed that if a client returns from a hospital visit, staff are to complete a body audit and document it on the body check form. The home supervisor and program manager confirmed the lack of documentation staff provided on the body check forms for client #3 that were not completed.</p> <p>D. Nursing services failed to provide oversight and training in completing daily body checks for client #4.</p> <p>Review on 8/19/24 of the facility's program chart, revealed CANS Head and Body Check forms dated 5/1/24-8/19/24. Continued review revealed several incomplete dates where staff did not document or complete a body audit for client #4. Further review revealed no documented body checks from 8/12/24-8/19/24.</p> <p>Subsequent review on 8/19/24 of client #4's behavior logs dated for the month of August 2024 revealed several behaviors that resulted in physical contact with another peer. Continued reviewed revealed the following behaviors: 8/4/24 client #4 got on the van and smacked three</p>	W 340			

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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	
W 340	<p>Continued From page 12</p> <p>peers, pulled one peers' hair, and tried to bite one peer. 8/8/24 client #4 was sitting in the living room starting yelling, bit her hand until it bled, and wiped blood all over her clothes. 8/11/24 client #4 kicked her shoes off, slung them and hit another peer. Further review revealed no completed incident report forms for 8/4, 8/8, and 8/11.</p> <p>Interview on 8/19/24 with the home supervisor and program manager revealed body check forms are to be completed daily for all residents residing at the facility. Continued interview revealed client body audits to be completed and documented on the body check form twice a day in the mornings and after returning from the day program. Further interview revealed that if a client returns from a hospital visit, staff are to complete a body audit and document it on the form.</p> <p>Subsequent Interview with the program manager revealed staff are to complete an incident report form for any behaviors that include peer to peer or a physical injury. The home supervisor and program manager confirmed the lack of documentation staff provided on the body check and incident report forms for client #4 that were not completed.</p> <p>E. Nursing services failed to provide oversight and training in completing daily body checks for client #5.</p> <p>Review on 8/19/24 of the facility's program chart, revealed CANS Head and Body Check forms dated 5/1/24-8/19/24. Continued review revealed several incomplete dates where staff did not document or complete a body audit for client #5. Further review revealed no documented body checks from 7/28/24-7/31/24 and 8/3/24-8/19/24.</p>	W 340			

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

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