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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G262</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>10/31/2023</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-WOODLAND</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>123 WOODLAND DR<br/>RUTHERFORDTON, NC 28139</b> |
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| W 104 | <p><b>GOVERNING BODY</b><br/>CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by:<br/>Based on observation and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to ensure routine repairs and maintenance at the group home were completed in a timely manner. The finding is:</p> <p>Observations throughout the 10/30-31/23 survey revealed damage inside the group home to include one non-functional bathroom sink, a broken bathroom sink drawer, loose hallway handrails, missing bathroom wall tiles, torn living room couch cushions, and torn baseboard vinyl stripping in the dining room. Continued observations revealed the program manager to remove four protruding screws from the bathroom sink drawer when identified by the surveyor. Further observations revealed lightbulbs to be out in both living rooms, the dining room, and the refrigerator.</p> <p>Interview with the program manager on 10/31/23 revealed a work order for the bathroom sink has been submitted but not scheduled. Continued interview with the program manager revealed they were not aware of the current repair and maintenance needs at the group home.</p> | W 104 | <p><i>PM, HS, Maintenance - will ensure that all repairs in home will be repaired or replaced by 12/31/23</i></p> <p><b>DHSR - Mental Health</b><br/><b>NOV 13 2023</b><br/><b>Lic. &amp; Cert. Section</b></p> |  |
| W 287 | <p><b>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</b><br/>CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used for the convenience of staff.</p>  | W 287 |   |  |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><i>Chris Walker</i> | TITLE<br><i>Program Manager</i> | (X6) DATE<br><i>11/8/23</i> |
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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 287  | <p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by:<br/>Based on observation, record review, and interview, the facility failed to ensure staff training for the prevention of restrictive practices used for staff convenience. The finding is:</p> <p>Observation in the group home throughout survey on 10/30-31/23 revealed a chair wedged underneath the main entrance doorknob, blocking the entrance and exit. At no point during either day of observation did staff attempt to remove the chair.</p> <p>Review of facility records on 10/31/23 revealed no approval for facility staffs' use of a chair for security purposes.</p> <p>Interview with the Facilities Program Manager on 10/31/23 revealed staff should not have used a chair to prevent entry into the home. Continued interview with the Program Manager revealed any staff security concern should have been addressed with management before an unsafe practice was initiated.</p> | W 287   | <p><i>Pm, HS, - will in-service all staff on restrictive Practices and the importance of Maintaining a Safe Home Environment By not Blocking access to get out of Home safely By 12/31/23</i></p> |                      |   |
| W 436  | <p><b>SPACE AND EQUIPMENT</b><br/>CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by:<br/>Based on observations and interviews, the facility failed to ensure adaptive equipment for 2 of 6 clients (#3, #6) was furnished and maintained in good repair. The findings are:</p>  | W 436   |   |                      |   |

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| W 436  | <p>Continued From page 2</p> <p>A. The facility failed to ensure client #3's wheelchair was maintained in good repair. For example:</p> <p>Observations throughout the 10/30-31/23 survey revealed client #3 to require staff support to ambulate in his wheelchair. Continued observations throughout the survey revealed client #3's wheelchair and seatbelt to be dirty and stained.</p> <p>Review of facility records on 10/31/23 revealed a daily third shift task log to include cleaning adaptive equipment. Review of the task log indicated third shift staff are cleaning adaptive equipment daily.</p> <p>Interview with the home manager on 10/31/23 revealed third shift staff are responsible for cleaning adaptive equipment, including client's wheelchairs, on a weekly basis. Continued interview confirmed client #3's wheelchair is not being cleaned daily as indicated by the third shift task log. Further interview confirmed it is management's responsibility to ensure staff are following protocols to clean and maintain adaptive equipment in good repair.</p> <p>B. The facility failed to ensure adaptive equipment for client #6 was furnished and maintained in good repair. For example:</p> <p>Observations throughout the 10/30-31/23 survey revealed client #6 to ambulate with and without a wheelchair. Continued observations throughout the survey revealed client #6 to be without a gait belt. Further observations throughout the survey revealed the client's wheelchair to be missing a</p> | W 436   | <p><i>Pm, HS, - will inservice all staff on proper care and maintenance of all adaptive equipment and proper care of wheelchairs as well as cleaning of wheelchairs. By 12/31/23</i></p> <p><i>Pm, HS will inservice all staff a properly report when adaptive equipment is in need of repair as well as the importance of maintaining proper care of all adaptive equipment by 12/31/23</i></p> |                      |   |

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

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| W 436  | Continued From page 3<br>tire on the right side.<br><br>Review of client #6's record on 10/31/23 revealed a person-centered plan (PCP) dated 8/18/23. Review of the PCP indicated client's daily adaptive equipment to include a suprapubic catheter, catheter bag, dental partial, glasses, diabetic shoes, shoe inserts, Urinal, wheelchair, and gait belt.<br><br>Interview with the home manager on 10/31/23 confirmed the adaptive equipment indicated in client #6's PCP to be current. Continued interview revealed the client's physician recommended use of a wheelchair this year due to on-going health issues. Further interview confirmed client #6 should wear his gait belt at all times when ambulating. Subsequent interview revealed they were unaware the client's wheelchair was missing a tire. | W 436   | <i>fm, HS will in service all staff on proper Repting of broken or Damaged adaptive equipment as well as proper use of apparel all equipment (ie gait Beltr, wheelchairs, etc) By 12/31/23</i> |                      |   |