

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023-196</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/25/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-GINGER DRIVE GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>604 GINGER DRIVE</b> <b>KINGS MOUNTAIN, NC 28086</b>		
(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) COMPLETE DATE
V 000	INITIAL COMMENTS  An annual and follow up survey was completed on February 25, 2025. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC .5600C Supervised Living for Adults with Developmental Disability.  This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.	V 108		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

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V 108	<p>Continued From page 1</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 3 audited staff (Staff #1 and Staff #2) had current first aid/cardiopulmonary resuscitation (CPR) training. The findings are:</p> <p>Review on 2/25/25 of Staff #1's personnel file revealed: -Hire date: 3/5/20. -No valid documentation of first aid/CPR training.</p> <p>Review on 2/25/25 of Staff #2's personnel file revealed: -Hire date: 7/21/22. -No valid documentation of first aid/CPR training.</p> <p>Interviews on 2/24/25 and 2/24/25 with the Qualified Professional revealed: -Responsible for notifying facility staff when their first aid/CPR training was due for completion. -Not responsible for keeping track of first aid/CPR training certificates. -"[Human Resources (HR)] has access to the training certificates."</p> <p>Interview on 2/25/25 with the Program Manager revealed: -HR was responsible for keeping track of first</p>	V 108		

Division of Health Service Regulation

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V 108	Continued From page 2  aid/CPR certificate of successful completion. -Did not have access to first aid/CPR training certificates.  Interview on 2/25/25 with HR revealed: -Only one who had access to HR files and staff training certificates. -Unable to locate valid first aid/CPR certifications for the HM and Staff #1.	V 108			
V 123	27G .0209 (H) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all medication (med) administration errors were immediately reported to a pharmacist or physician affecting 3 of 3 audited clients (#1, #2 and #3). The findings are:  Review on 2/25/25 of Client #1's record revealed: -Date of admission: 1/23/13. -Diagnoses: Mild Intellectual Developmental Disability (IDD), Infantile Cerebral Palsy, Epilepsy,	V 123			

Division of Health Service Regulation

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V 123	<p>Continued From page 3</p> <p>and Major Depressive Disorder.</p> <p>-Physician order's:</p> <p>-1/2/25: Briviact 100 milligram (mg), 1 tablet (tab) twice daily for seizures.</p> <p>-10/16/24: Vitamin D 50 micrograms (mcg), 1 capsule (cap) daily for Vitamin D deficiency.</p> <p>Review on 2/25/25 of Client #2's record revealed:</p> <p>-Date of admission: 11/23/15.</p> <p>-Diagnoses: Intellectual Disability, Autism, Psychosis, Impulse Control Disorder, Allergic Rhinitis, and Eczema.</p> <p>-Physician order's dated 10/16/24:</p> <p>-Olanzapine 5mg, 1 tab every morning for impulse control.</p> <p>-Metformin 500mg, 1 tab every morning for high blood sugar.</p> <p>Review on 2/25/25 of Client #3's record revealed:</p> <p>-Date of admission: 7/28/20.</p> <p>-Diagnoses: Moderate IDD, Mild Neurocognitive Disorder, Unspecified; Cataracts, Vitamin D Deficiency, Type 2 diabetes Mellitus, Allergies, Hyperlipidemia, Anxiety, and Mild to Moderate Dementia.</p> <p>-Physician order's dated 10/16/24:</p> <p>-Metformin 500mg, 1 tab twice daily with morning and evening meals for pre-diabetes.</p> <p>-Fluticasone Spray 50mcg, 2 sprays in each nostril every morning for allergies.</p> <p>Review on 2/24/25 of Client #1's Medication Administration Record (MAR) dated 12/1/24-2/24/25 revealed:</p> <p>-Briviact 100mg, not initialed as administered 2/2/25 and 2/3/25.</p> <p>-Vitamin D 50mcg, not initialed as administered 2/24/25.</p> <p>-"Medication has not arrived at the facility" listed as the reason on the MAR for the medication not</p>	V 123		

Division of Health Service Regulation

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V 123	<p>Continued From page 4</p> <p>being administered for those dates.</p> <p>Review on 2/24/25 of Client #2's MAR dated 12/1/24-2/24/25 revealed: -Olanzapine 5mg, not initialed as administered 2/23/25. -Metformin 500mg, not initialed as administered 2/24/25. -"Medication has not arrived at the facility" listed as the reason on the MAR for the medication not being administered for those dates.</p> <p>Review on 2/24/25 of Client #3's MAR dated 12/1/24-2/24/25 revealed: -Metformin 500mg, not initialed as administered 2/24/25. -Fluticasone Spray 50mcg, not initialed as administered 1/15/25. -"Medication has not arrived at the facility" listed as the reason on the MAR for the medication not being administered for those dates.</p> <p>Interview on 2/25/25 with Client #2 revealed: -Staff administered his medications to him. -Could not recall if he ever missed a scheduled medication dose.</p> <p>Interview on 2/25/25 with Client #3 revealed: -Staff administered his medications to him. -Could not remember missing any scheduled medication doses.</p> <p>Interview on 2/25/25 with Staff #2 revealed: -Administered medications to the clients. -Had issues with the pharmacy delivering medications to the facility on time. -Never missed administering a medication as scheduled.</p> <p>Interview on 2/24/25 with the QP revealed:</p>	V 123			

Division of Health Service Regulation

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V 123	Continued From page 5  -Responsible for reviewing the facility's medications and MARs. -If a medication was not administered as scheduled staff would complete a medication error report and fax the report to prescribing physician and pharmacy. -Unaware of any medications not administered as scheduled. -Planned to retrain staff on the process of reporting any missed medications.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 123		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment for 2 of 3 audited staff (Qualified Professional (QP) and Staff #2). The findings are:  Review on 2/25/25 of the QP's personnel file	V 131		

Division of Health Service Regulation

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V 131	<p>Continued From page 6</p> <p>revealed: -Hire date: 2/21/23. -HCPR accessed: 12/23/23.</p> <p>Review on 2/25/25 of Staff #2's personnel file revealed: -Hire date: 7/21/22. -No documentation of HCPR accessed prior to hire date.</p> <p>Interviews on 2/24/25 and 2/25/25 with the QP revealed: -Not responsible for accessing HCPR for staff prior to hire. -Did not have access to the staff personnel records. -Human Resources (HR) was the only one with access to staff personnel records.</p> <p>Interview on 2/25/25 with the Program Manager revealed: -Not responsible for accessing HCPR for staff prior to hire, "...[HR] does that." -Did not have access to staff personnel records. -Going forward, will have HR explain where the HCPR is on the background checks. -Will follow up with HR for a backup plan to be able to access staff personnel records.</p> <p>Interview on 2/25/25 with Human Resources revealed: -Only one who had access to staff personnel records. -"HCPR is done with the background checks...the one (criminal background check) that I sent you wasn't the right one." -Unable to locate the HCPR accessed prior to hire for the for the QP and Staff #2.</p> <p>This deficiency constitutes a re-cited deficiency</p>	V 131		

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V 131	Continued From page 7  and must be corrected within 30 days.	V 131			