

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

PRINTED: 04/04/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G228	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/03/2018
NAME OF PROVIDER OR SUPPLIER VOCA-CREEKWAY			STREET ADDRESS, CITY, STATE, ZIP CODE 424 CREEKWAY DRIVE FUQUAY VARINA, NC 27526		
(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 225	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include, as applicable, vocational skills.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure the comprehensive functional assessment (CFA) for 1 of 3 audit clients (#5) included a current assessment of the client's educational/vocational skills and deficits. The finding is:</p> <p>The facility failed to ensure an assessment of client #5's vocational skills was completed and in his record for review.</p> <p>During observation on 4/2/18 client #5 was at a vocational center working on adult basic educational skills.</p> <p>Review on 4/3/18 of client #5's individual program plan (IPP) dated 2/6/18 revealed he was admitted on 2/18/16. Further review revealed he attended a vocational center Monday through Friday to work on work related skills.</p> <p>Review on 4/3/18 of client #5's record revealed no vocational assessment for client #5.</p> <p>Interview on 4/3/18 with the Qualified Intellectual Disabilities Professional (QIDP) revealed a vocational assessment was not available. He stated client #5 had been attending the vocational center since last summer 2017. He was able to provide a vocational progress note but there was no vocational assessment of client #5's skills and abilities.</p>	W 225			

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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 3 audit clients (#3) received a continuous active treatment plan consisting of needed interventions and services as identified in the individual program plan (IPP) in the area of medication administration. The finding is:</p> <p>Staff failed to consistently implement a formal written training program for audit client #3.</p> <p>During observations on 4/2/18 at 6pm, client #3 came into the office to receive medications. She assisted staff in getting her medication bin down, getting her water and pouring it into a cup. She assisted in hand over hand punching her pill from a blister pack. She was not asked to name her medication.</p> <p>During observations on 4/3/18 at 6:28am, client #3 came into the office to receive her medications. She assisted staff in getting her medication bin down, getting her water and pouring it into a cup. She assisted in hand over hand punching her pills from a blister pack. She</p>	W 249			

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W 249	<p>Continued From page 2 was not asked to name her medications.</p> <p>Review on 4/3/18 of client #3's individual program plan (IPP) dated 12/14/17 revealed the following priority training needs: Exercise, Oral Hygiene, Room Maintenance, Money Management, Medication Administration. Further review of the IPP revealed a formal written training objective that was implemented on 4/1/18. This objective requires: During the medication pass, [Client #3] will be asked to name one of her medications with 50% independence for 3 consecutive months. There is one step to this objective which requires staff to ask client #3 to name one of her medications.</p> <p>Interview on 4/3/18 with the Qualified Intellectual Disabilities Professional (QIDP) revealed this objective for client #3 is current and should be trained at the medication pass. The QIDP confirmed data should be collected at least three times weekly.</p>	W 249			