

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

PRINTED: 04/27/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G218	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/16/2018
NAME OF PROVIDER OR SUPPLIER VOCA-OBIE			STREET ADDRESS, CITY, STATE, ZIP CODE 322 OBIE DRIVE DURHAM, NC 27713		
(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 122	<p>CLIENT PROTECTIONS CFR(s): 483.420</p> <p>The facility must ensure that specific client protections requirements are met.</p> <p>This CONDITION is not met as evidenced by: The facility failed to: ensure that clients were not subjected to physical, verbal and/or psychological abuse or punishment. This occurred twice (127).</p> <p>The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated services of client protections to its clients.</p> <p>The survey team identified these failures as immediate jeopardies and notified the facility. The facility implemented corrective actions while the team was onsite and removed the immediate jeopardies. See facility plan of correction details at W127.</p>	W 122			
W 127	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(5)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure clients residing in the home were not subject to physical, verbal and psychological abuse or punishment. This affected all clients residing in the home. The findings are:</p>	W 127			

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 127	Continued From page 1 Clients #1, #2, #3, #4, #5, and #6 were subject to physical, verbal or psychological abuse and/or punishment. 1. During an interview on 4/12/18, staff who works second shift (#9) reported there are times when client #3 would have to be "jacked jump" by staff (#10, #6 and #7) when he is having a behavior. Further interview revealed "jack jump" meant when a staff person would grab client #3 by the collar of his shirt, hold him against a wall and tell him to "calm down." The staff (#9) revealed when client #3 was once having a behavior, they grabbed his arms, put them behind his back and made him sit on the floor; until he was calm. Additional interviews with staff (#9, #10, #5, and #7) revealed the technique of "You're Safe and I'm Safe" "doesn't work on [Client #3]." Staff (#9) revealed if any staff "get rough or out of hand" with any of the clients, it should be reported to the home manager (HM); even though she did not report it. Review on 4/12/18 of client #3's behavior support plan (BSP) dated 6/1/17 revealed, "Target Behaviors: 1) Physical Aggression: any action/attempted action that is directed at others with the possible effect of doing physical harm. This includes, but is not limited to hitting, slapping, hair pulling, pinching, scratching, pushing, throwing objects, ripping items, etc.....Response to Inappropriate Behaviors: If [Client #3] engages in Physical Aggression, staff will: 1) Use a FIRM, but non-confrontational tone of voice (ex. "No, [Client #3], that is not polite to.....). If attempts persist, ask him if he would like to go to a quiet area to calm down. If he refuses, assist him in relocation with the lease	W 127			

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W 127	<p>Continued From page 2</p> <p>amount of sanctioned physical assistance as necessary...2) Try to determine what may be bothering him; focus on helping him calm down. Ask him if he would like to go his room, as this has been shown to help calm him down...4) However, if aggression continues and [Client #3] becomes a danger to himself or others, use light physical prompts, if absolutely needed in conjunction with redirection and FIRM tone of voice to stop. Remember, to use a FIRM tone of voice with [Client #3] and do NOT yell at him. Only if necessary and there is potential to harm himself or others, interrupt and block further attempts utilizing the least restrictive You're Safe, I'm Safe Techniques at home. 5) Verbally redirect [Client #3] to an activity that might relax and calm him down (watching television, listening to music, etc.)..."</p> <p>Review on 4/16/18 of client #3's Rights Acknowledgement stated, "The rights of persons receiving services from Community Alternatives include, but are not limited to:...7. The right to be free from restraint...17. The right to be free from physical, verbal...psychological abuse or punishment... 23. Each individual has the right to receive appropriate treatment..."</p> <p>2. During an interview on 4/12/18, staff (#9) who works second shift reported when client #6 was not "acting right" they would turn off the television. Further interview revealed client #6 really enjoys watching Black Entertainment Television (BET) and basketball.</p> <p>Review on 4/16/18 of client #6's Rights Acknowledgement stated, "The rights of persons receiving services from Community Alternatives include, but are not limited to:...17. The right to</p>	W 127			

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W 127	<p>Continued From page 3</p> <p>be free from...psychological abuse or punishment...22...The right to constant access to his or her personal possessions unless contraindicated by treatment needs. 23. Each individual has the right to receive appropriate treatment...."</p> <p>3. During an interview on 4/12/18, client #2 took out of his pocket his personal cell phone. Further interview revealed he is able to call his "wife" and he has also called the HM.</p> <p>During an interview on 4/12/18, staff (#9) stated client #2 will be told, "You can't talk on the phone" if he starts to act up.</p> <p>Review of client #2's individual program plan (IPP) dated 11/22/17 stated, "...To have access to a cell phone."</p> <p>Review on 4/16/18 of client #2's Rights Acknowledgement stated, "The rights of persons receiving services from Community Alternatives include, but are not limited to:...17. The right to be free from...psychological abuse or punishment...22...The right to constant access to his or her personal possessions unless contraindicated by treatment needs. 23. Each individual has the right to receive appropriate treatment...."</p> <p>4. During an interview on 4/13/18, staff (#12) who works third shift revealed how another staff (#7) person would come on shift and begin yelling at the guys to get up, even though it was the weekend and they did not have get up early, like during the weekday. Further interview revealed the staff (#7) who did the yelling would "belittle" the guys and how he had a "military approach"</p>	W 127			

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W 127	<p>Continued From page 4</p> <p>when it came to talking to the clients. When asked the staff who works third shift (#12) reported they had training on reporting abuse and neglect as recently as 4/13/18. Further interview with staff who works third shift (#12) revealed how the behavior of staff (#7) has been on-going; where he continues to yell and "belittle" the guys and how he had a "military" approach when it came to talking to the clients. Staff #12 siad she had not reported this behavior to management staff.</p> <p>During an interview on 4/12/18, management staff revealed staff have been trained to report any signs of verbal, physical of psychological abuse towards any of the clients residing in the home.</p> <p>A-After review of the above evidence, it was determined by the team on-site on 4/12/18 that a situation of immediate jeopardy (IJ) existed for 6 clients in that the allegations of mistreatment by direct care staff on 2nd shift had not been identified or responded to by the facility.</p> <p>The facility was notified by the surveyors on 4/12/18 that an immediate jeopardy existed in the facility which effected all clients in the facility. The facility responded with the following actions:</p> <p>"We put all 2nd shift staff on 4/12/18 on administrative leave during investigation. After the conclusion of investigation, we will follow our corrective action according to our policy & procedure. All staff identify during investigation will be placed on administrative leave. We will contact guardian & let her know that we will be unable to serve [Client #3] due to we are unequip to safely protect consumers, staff & visitors. We</p>	W 127			

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W 127	<p>Continued From page 5</p> <p>will contact Alliance care coordinator to inform then that we are unable to serve [Client #3] immediately. We will work with Alliance, Murdoch Center to get an immediate bed for [Client #3]. We will contact Alliance Crisis Center to secure a bed for [Client #3]. [Client #3] will be admit to Duke hospital until a permanent placement.</p> <p>We will train staff on abuse, neglect & reporting, client rights & YSIS tonight tomorrow by 10pm to discuss (a word unlegible) to take away items & blocking room or area of their home. Training staff on adaptive equipment & protective equipment & proper usage. ED & QP will conduct all training by 10pm. We will inform 2nd shift staff on 4/12/18 that they will be coming in tomorrow morning ar 10am when consumer will not be home & get statement & putt staff on administrative leave. After returning all training will be conduct. In-services staff on Behavioral Support Plan & Behavioral Guidelines. The team will complete a core team meeting to discuss & make changes to ISP-BSP if need to include all protective & adaptive equipment. ISP & BSP will provide staff structure in how to handle any behavioral issues that have been identified."</p> <p>After observing the steps taken on 4/12/18 the survey detirmined the immediate jeopardy to be removed.</p> <p>B-The facility was notified by the surveyors on 4/13/18 that an IJ existed in the facility based on the evidence of staff #12 which effected all clients in the facility. The facility responded with the following actions:</p> <p>"We will put (staff #7 & staff #12) on immediate</p>	W 127			

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W 127	<p>Continued From page 6</p> <p>administrative leave. Since (staff #12) refuses to report about any abuse we will recommend for immediate termination.</p> <p>We will follow up about the investigation & add to investigation about findings.</p> <p>We will monitor once on each shift. We will train on the chain of command; who is the first to call on on monitor sheet; where the list. We will ask each person on shift the chain of command, who is the first to call; where is the list. If staff are unable to answer the question they (staff) fo on administrative leave. We have monitor all staff within 2 week after which, management team will review for monitoring frequency. We will train all staff starting tonight on 3rd shift 4/13/18 & complete training 4/18/18.</p> <p>Based on (staff #9) statement, we will recommend for (staff #9) to be terminated.</p> <p>(Staff #12) is on adminstrative leave as of 4/13/18. (Staff #7) is on administrative leave effective 4/13/18 but will be informed on 4/14/14. Manager will be at Obie by 7am to ensure (staff #7) does not enter the home. Manager has left (staff #7) a voicemail & text that he is to meet manager at the main office."</p> <p>1. On 4/13//18 the facility informed the survey team that based on staff (#12) refusing "to report any abuse" they will recommend for immedidate termination.</p> <p>2. On 4/13/18 the facility informed the survey team that based on staff (#9) statements to their investigator, they recommend for staff (#9) to be terminated.</p>	W 127			

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W 127	Continued From page 7	W 127			
W 159	<p>3. On 4/13/18 the facility informed the survey team that staff (#7) will be put on suspension effective 4/13/18, pending an investigation of an allegation of significant misconduct.</p> <p>After reviewing the plan and observing the steps, the team determined the IJ has been removed.</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. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 6 audit clients (#3) behavior support plan (BSP), behavior consent and behavior data was sufficiently monitored by a qualified intellectual disabilities professional (QIDP). The finding is: Client #3's BSP was not sufficiently monitored by the QIDP.</p> <p>Review on 4/12/18 of client #3's individual program plan (IPP) dated 6/1/17 revealed he was admitted to the facility on 1/21/12.</p> <p>Review on 4/12/18 of client #3's record revealed a behavior support plan (BSP) dated 6/1/17. Further review revealed the following target behaviors: "1) Physical Aggression...2) Self-Injurious Behavior: Any behavior that could or does cause injury to self, including hitting head, banging head on walls, furniture, etc...3) Agitation...." Additional review revealed, "Documentation...A standard data sheet will be</p>	W 159			

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W 159	<p>Continued From page 8 used to document any behavior episodes, antecedents, and consequences".</p> <p>Review on 4/12/18 of client #3's behavioral checklist revealed data missing on 3/22/18 from 12am thru 7am; 2pm thru 7:30pm and 10:30pm thru 11:30pm.</p> <p>Review on 4/12/18 of client #3's physical therapy evaluation dated 5/9/17 stated, "Recommendations:...2. Review of [Client #3's] records and interview with staff revealed that [Client #3] has hit his head against the wall or hit his head with his hand on mutiple occasions. Use of a helmet is recommended to protect his head...."</p> <p>During an interview on 4/12/18, staff revealed they are to document whenever client #3 is sleeping, when he is calm and when the helmet is worn. During an interview on 4/13/18, staff (3) revealed all behaviors are documented in the "behavior book".</p> <p>During an interview on 4/12/18, the home manager (HM) revealed documentation should be completed before the end of the staff persons' shift.</p> <p>During an interview on 4/12/18, PT revealed client #3 has the helmet for his behaviors of headbutting and banging his head. Further interview revealed the usage for the helmet should be "covered in the behavior plan". Additional interview revealed, "the helmet came from a order from the doctor".</p> <p>During an interview on 4/12/18, the qualified intellectual disabilities professional (QIDP)</p>	W 159			

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W 159	Continued From page 9 revealed when she first started working in May 2017, she noticed how client #3 was banging his head and also headbutting the walls of the home. The QIDP was concerned client #3 was causing damage whenever he headbutted, so she spoke with the physical therapist (PT) who had a helmet constructed for client #3. Further interview revealed client #3's guardian did not give written; informed consent for the usage of the helmet. The QIDP revealed the psychologist was previously unaware of the helmet; but became aware once the survey team came to conduct a complaint investigation. When asked if the helmet was actually protecting client #3 from injury on a consistent basis, the QIDP replied, "No". The QIDP was unable to locate an order from client #3's doctor for the helmet. The QIDP stated, "I'm thinking he wears it all the time, because of this head banging".	W 159			
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff were sufficiently trained in the proper procedures for 1 of 6 audit clients (#3) behavior support plans (BSP). The finding is: Staff were not sufficiently trained in the proper procedures for client #3's BSP.	W 189			

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W 189	Continued From page 10 Review on 4/12/18 of client #3's record revealed a behavior support plan (BSP) dated 6/1/17. Further review revealed the following target behaviors: "1) Physical Aggression...2) Self-Injurious Behavior...3) Agitation...." Additional review revealed, "Documentation...A standard data sheet will be used to document any behavior episodes, antecedents, and consequences". Review on 4/12/18 of client #3's behavioral checklist revealed data missing on 3/22/18 from 12am thru 7am; 2pm thru 7:30pm and 10:30pm thru 11:30pm. During an interview on 4/12/18, staff revealed they are to document whenever client #3 is sleeping, when he is calm.... During an interview on 4/13/18, staff (3) revealed all behaviors are documented in the "behavior book". During an interview on 4/12/18, the home manager (HM) revealed documentation should be completed before the end of the staff persons' shift. During an interview on 4/12/18, the qualified intellectual disabilities professional (QIDP) stated, "I'm not sure why data is missing for that day".	W 189			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.	W 252			

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W 252	<p>Continued From page 11</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure data was documented for 1 of 6 audit clients (#3). The finding is:</p> <p>Staff failed to collect data as prescribed for client #3's behavioral data.</p> <p>Review on 4/12/18 of client #3's record revealed a behavior support plan (BSP) dated 6/1/17. Further review revealed the following target behaviors: "1) Physical Aggression...2) Self-Injurious Behavior: Any behavior that could or does cause injury to self, including hitting head, banging head on walls, furniture, etc...3) Agitation...." Additional review revealed, "Documentation...A standard data sheet will be used to document any behavior episodes, antecedents, and consequences".</p> <p>Review on 4/12/18 of client #3's behavioral checklist revealed data missing on 3/22/18 from 12am thru 7am; 2pm thru 7:30pm and 10:30pm thru 11:30pm.</p> <p>During an interview on 4/12/18, staff revealed they are to document whenever client #3 is sleeping, when he is calm and when the helmet is worn. During an interview on 4/13/18, staff (3) revealed all behaviors are documented in the "behavior book".</p> <p>During an interview on 4/12/18, the home manager (HM) revealed documentation should be completed before the end of the staff persons' shift.</p> <p>During an interview on 4/12/18, the qualified</p>	W 252			

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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 252	Continued From page 12	W 252			
W 253	intellectual disabilities professional (QIDP) stated, "I'm not sure why data is missing for that day". 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 staff interview, the facility failed to document significant events, affecting 1 of 6 audit clients (#3). The finding is: Significant events for client #3 were not documented. Review on 4/12/18 of incident/accident forms for client #3 revealed the following incidents where he was transported to Duke emergency room (ER): 1/11/18; 1/30/18; 4/6/18 and 4/12/18. Client #3 was transported to Duke ER due to having behaviors where he was headbutting or banging his head. Further review did not reveal any other incident/accident forms or documentation of any other ER visits. During an interview on 4/12/18, the qualified intellectual disabilities professional (QIDP) stated client #3 had a total of 6 Duke ER visits: 1/30/18; 3/13/18; 3/25/18; 3/30/18; 4/6/18 and 4/12/18. Further interview with the QIDP revealed she was unsure why the other ER visits were not documented.	W 253			
W 254	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(2)	W 254			

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

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W 254	<p>Continued From page 13</p> <p>The facility must document significant events that contribute to an overall understanding of the client's ongoing level and quality of functioning.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure a clients' individual program plan (IPP) was reviewed and revised as necessary. This affected 1 of 6 audit clients (#3). The finding is:</p> <p>Client #3's behavior support plan (BSP) has not been revised to reflect the usage of adapative equipment.</p> <p>During interviews on 4/12/18 and 4/13/18, staff (5) revealed client #3 wore the helmet once as a "demonstration", but he has not worn it since. Further interview revealed the former home manager (HM) and the qualified intellectual disabilities professional (QIDP) provided the training on the usage of the helmet for client #3. Staff further revealed the helmet should be applied as soon as client #3 is having a behavior, but he does not like to wear or keep the helmet on and he is able to remove it.</p> <p>Review on 4/12/18 of client #3's record revealed a behavior support plan (BSP) dated 6/1/17. Further review revealed the following target behaviors: "...2) Self-Injurious Behavior: Any behavior that could or does cause injury to self, including hitting head, banging head on walls, furniture, etc...3) Further review revealed client #3's BSP had an addendum implemented on 2/22/18, which did not include the usage of any adapative equipment.</p>	W 254			

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W 254	Continued From page 14 During an interview on 4/12/18, the QIDP stated, "I'm thinking he wears it all the time; because of his head banging". Further interview revealed the helmet was on the van; which had left to take the 5 other clients to their day programs, while client #3 remained in the home. The van was gone for 1 hour and 45 minutes.	W 254			