STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G218	A. BUILDING _____ B. WING _____	C 05/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-OBIE	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 000	INITIAL COMMENTS A complaint survey was completed on May 15, 2019 for complaint intake #NC00150451. The allegation was unsubstantiated. However one standard level deficiency was cited.	W 000		
W 192	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2) For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff were adequately trained to demonstrate skills and competencies directed toward client #1's health needs. This affected 1 of 2 audit clients (#1). The finding is: Direct care staff did not consistently implement instructions from the facility nurse in identifying signs and symptoms of illness for client #1. Interview on 5/15/19 with staff A from the vocational setting where client #1 attends revealed on 3/8/19 client #1 came into work with a very harsh cough. Vocational staff A stated client #1 sneezed, coughed and stated he generally did not feel well. Upon picking client #1 up from the vocational setting, vocational staff A told facility staff client #1 was not feeling well. Vocational staff A stated he does not specifically remember which facility staff picked client #1 up on that Friday afternoon. Vocational staff A stated on Monday 3/11/19 client #1 was again dropped off to the vocational setting and client #1 stated he was very sick. Vocational staff A stated client	W 192		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 192	Continued From page 1	W 192		

#1 was coughing, sneezing and moving slowly. Vocational staff A stated several times client #1 laid his head on the desk at work. Vocational staff A stated he contacted the Residential Manager by phone. Vocational staff A stated direct care staff were sent to pick client #1 up at work and take him home.

Interview on 5/15/19 with client #1 regarding his illness on 3/8/19-3/11/19 revealed he was " Sick, really sick."

Review on 5/15/19 of client #1's record revealed he was seen at a local physician office on 3/12/19 for coughing and that he was diagnosed with "Acute bronchitis" and prescribed antibiotics.

Review on 5/15/19 of the electronic medication administration record (MAR) for March 8, 2019 and March 11, 2019 revealed no record of any vital signs, including a temperature, taken by direct care staff that were working on 3/8/19 or on 3/11/19.

Interview on 5/15/19 with the facility Nurse revealed direct care staff are trained anytime a client presents with symptoms of illness they are to record vital signs such as temperature, blood pressure and pulse so this information is available to the facility nurse when they contact her. Further interview confirmed direct care staff working on 3/11/19 should have taken vital signs in the morning before sending client #1 to the vocational setting. The Nurse stated she should have been contacted to make the decision about sending him to the vocational setting . She confirmed direct care staff contacted after client #1 returned to facility from the vocational setting and an appointment was made for the physician

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W 192	Continued From page 2 the following day on 3/12/19. Interview on 5/15/19 with the Operations Manager confirmed staff are trained by the nurse to recognize signs and symptoms of illness and should follow guidelines outlined by the nurse to obtain vital signs and contact her for further instructions before sending clients out to vocational programs if they demonstrate symptoms of illness.	W 192		