

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

PRINTED: 04/25/2019
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 04/23/2019
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 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a client (#4) was afforded dignity regarding the use of washable incontinence pads and client (#6) with a need for legal guardianship appointed by the court. This affected 2 of 5 audit clients. The findings are:</p> <p>1. Client #4's dignity was not considered regarding the use of washable incontinence pad placed underneath her as she sat.</p> <p>During afternoon observations in the home on 4/22/19 at 4pm, a washable incontinence pad was observed placed on the couch, which was visible to everyone in the home. At 6:20pm, client #4 left the dining room table and sat down on the couch, on top of the washable incontinence pad.</p> <p>Review on 4/23/19 of client #4's psychiatry progress noted dated 7/25/18 revealed client #4 had increased behaviors, anxiety and was urinating on self. Further review of client #4's record did not indicate the use of a incontinence pad.</p> <p>Interview on 4/22/19 with Staff A revealed the washable incontinence pad was placed on the couch because on rare occasions client #4 became incontinent. Further, Staff A commented that client #4 preferred to use the pad as a</p>	W 125	<p>This deficiency will be corrected by the following actions:</p> <p>A. Clinical Supervisor will contact guardian to notify them that North Carolina does not recognize guardianship documents from another state. Clinical Supervisor will assist the guardian in applying for guardianship within North Carolina should assistance be needed. If not applied for by 6/15/2019, the agency will file for guardianship on behalf of the consumer.</p> <p>B. Clinical Supervisor and/or Home Manager will ensure that any medical equipment/devices/aids are in place due to the current needs of the consumers. Should any such equipment/device/aids no longer be relevant to a consumer's current needs, the use of that equipment/device/aids will be discontinued.</p> <p>C. If the use is warranted (based on a medical diagnosis), the Clinical Supervisor will ensure that the device is part of that consumers ISP/BSP/OT/PT/SLP assessments. Clinical Supervisor and/or Home Manager will ensure that there is a valid order from a medical doctor for any such equipment/device/aids.</p> <p>D. Clinical Supervisor will ensure that any changes to documentation is accompanied by a signature from the legal guardian.</p> <p>E. Clinical Supervisor will monitor 2x/week.</p> <p>F. Home Manager will monitor 3x/week.</p> <p style="text-align: center;">RECEIVED MAY 09 2019 DHSR-MH Licensure Sect</p>	6/22/2019	

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 125	Continued From page 1 marker of the spot that she wanted to sit on the couch. 2. Client #6 does not have documentation of a legal guardian. Review on 4/22/19 of client #6's record revealed there is no documentation of guardianship. Further review of client #6's individual program plan (IPP) dated 7/27/18 revealed his legal guardian is his uncle. Review on 4/23/19 of client #6's record revealed he has a behavior support plan consent which consists of the following medications for maladaptive behaviors: Lexapro 20mg, Risperdal 3mg, Inositol 1000mg and Lavazo 2mg. During an interview on 4/23/19, the residential manager (RM) revealed she was under the impression the former qualified intellectual disabilities professional (QIDP) had ensured client #6's guardianship paperwork was current.	W 125	Please see Page 1.		
W 248	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(7) A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the clients' individual plan were made available to all relevant staff, including	W 248	Please see Page 3		

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W 248	Continued From page 2 staff of other agencies who work with the clients. This affected 2 of 5 audit clients (#3, #6). The findings are: Clients #3 and #6 did not have a current individual program plans (IPP's) available at the day program. a. During review on 4/22/19 at the day program of client #3's record revealed the IPP on file was dated 12/14/17. b. During review on 4/22/19 at the day program of client #6's record revealed the IPP on file was dated 7/7/2017. During an interview on 4/22/19, the day program manager commented sometimes she got the current IPP and sometimes she did not. She always requests a copy of the IPP at the annual meeting. During an interview on 4/23/19, the residential manager (RM) was asked for an explanation about the absence of the IPP at the day program, her response was that "there was no justifiable reason."	W 248	This deficiency will be corrected by the following actions: A. Clinical Supervisor will ensure current and valid ISP's are in place for all consumers residing at Creekway. B. Clinical Supervisor will in-service and train staff at Creekway and Wake Enterprises regarding proper program implementation. This training will include, but not be limited to, Active Treatment based on the consumers ISP as well as BSP guidelines. This training will also address program documentation. C. Direct Support Professionals will document their training on form F10.10 Client Specific Competencies. That form will then be filed in the training binder at the group home. D. Clinical Supervisor will monitor staff 2x/week at Creekway and 2x/month at the day program. E. Home Manager will monitor staff 3x/week at Creekway and 2x/month at the day program.	6/22/2019	
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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.	W 249	Please see Page 4		

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W 249	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to ensure each client received a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) in the area of appearance and dental hygiene. This affected 2 of 5 audit clients (#3, #6). The findings are:</p> <p>1. Client #3 was not prompted to wipe her mouth when she drooled.</p> <p>During observations during the survey on 4/22 - 23/19, client #3 was not prompted on a consistent basis to wipe her chin area. Further observations revealed client #3 had excessive drool on her chin area and her shirt.</p> <p>An additional observation of client #3 on 4/22/19 at the day program eating lunch, revealed client #3 had drool on her chin and several wet spots on her left pant leg. When client #3 arrived home from day program on 4/22/19, she changed her clothes and was now wearing a pink shirt. Before dinner, the front of the shirt had a noticeable circular wet stain directly under her chin. Staff were not observed prompting client #3 to wipe her mouth.</p> <p>Review on 4/23/19 of client #3's IPP dated 1/15/19 stated, "[Client #3] needs to be reminded to wipe her mouth/chin (uncontrollable due to drooling)."</p> <p>During an interview on 4/23/19, the residential</p>	W 249	<p>This deficiency will be corrected by the following actions:</p> <p>A. Clinical Supervisor will in-service and train staff at Creekway and Wake Enterprises regarding proper program implementation. This training will include, but not be limited to, Active Treatment based on the consumers ISP as well as BSP guidelines. This training will also address program documentation.</p> <p>B. Direct Support Professionals will document their training on form F10.10 Client Specific Competencies. That form will then be filed in the training binder at the group home.</p> <p>C. Home Manager will ensure that equipment/devices/aids that are notated within a consumer's ISP/BSP/OT/PT/SLP documentation is in place and in working order and replace any that need to be replaced. Clinical Supervisor will ensure that any changes to documentation is accompanied by a signature from the legal guardian.</p> <p>D. To address the concern of drooling, the following will be explored; 1.) Medication to assist with reducing drooling., 2.) Use of a neck bandana to protect clothing., and 3.) Providing extra clothing items in case they are needed.</p> <p>E. Clinical Supervisor will monitor staff 2x/week at Creekway and 2x/month at the day program.</p> <p>F. Home Manager will monitor staff 3x/week at Creekway and 2x/month at the day program.</p>	6/22/2019	

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W 249	Continued From page 4 manager (RM) confirmed staff should remind client #3 to wipe her chin due to her uncontrollable drooling. 2. Client #6 did not utilize his electric toothbrush. During afternoon observations in the home on 4/22/19 at 4:23pm, client #6 was observed brushing his teeth. Further observations revealed client #6 was using a manual toothbrush. Review on 4/22/19 of client #6's IPP dated 7/27/18 revealed he has an electric toothbrush to assist with toothbrush. Further review revealed client #6 should use the electric toothbrush whenever he is brushing his teeth and staff need to ensure the toothbrush is in good working condition. During an interview on 4/23/19, the residential manager (RM) revealed client #6's electric toothbrush is broken.	W 249	Please see Page 4		
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review, observations and interviews, the facility failed to complete in a timely manner a swallow study for 1 of 5 clients (#4) with choking episodes during eating, to rule out aspiration. The finding is: The nurse failed to ensure the recommended swallow study be completed for client #4.	W 331	This deficiency will be corrected by the following actions: A. RN will complete a choking assessment for this consumer by 5/15/19. A swallow study was completed on 5/6/2019. Results are pending. B. RN will coordinate with the Home Manager to ensure that all follow up medical appointments are scheduled in a timely and accurate manner. RN and/or Clinical Supervisor will review this for each consumer at the monthly Core Team meeting. C. RN and/or Home Manager will provide training to Direct Support Professionals on dietary restrictions/requirements for each consumer in the home with specific focus on food item sizes. This training will also include choking prevention, choking recognition (signs/ symptoms), who to contact and when.		6/22/2019

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W 331	<p>Continued From page 5</p> <p>During observation on 4/23/19 at 8:00am, client #4 was eating scrambled eggs, crushed pineapples, 1/2" bite sized pieces of turkey sausage and toast, with a sports drink and water. Staff B sat next to client #4 to supervise her at meal. Client #4 was observed coughing 17 times during her meal and was prompted by Staff B to cover her mouth. Staff B commented to surveyor, "Don't worry she doesn't have a cold; the doctor knows about it and then added, "she only coughs when eating."</p> <p>Review on 4/23/19 of client #4's speech therapist (ST) quarterly note dated 1/3/19 revealed her diet was downgraded to regular diet with no foods larger than 1/2" pieces, with deboned meat. Further review revealed a recommended swallow study due to current possible signs of aspiration. A meal observation was completed with foods cut into bite sized pieces, with sports drink. ST observed client #4 coughing, gurgling and watery eyes while eating and drinking. Staff reported that these behaviors were occurring frequently.</p> <p>Review on 4/23/19 of client #4's medical consult report with primary care physician (PCP) dated 1/21/19 revealed an order for swallow study for choking. A subsequent follow up with PCP on 2/4/19 revealed an order to follow up with gastrointestinal (GI) specialist for Dysphagia.</p> <p>Review on 4/23/19 of client #4's nursing monthly summary dated on 2/4/19 revealed client #4 had a swallow study scheduled for 3/21/19. Client #4's record did not contain any documentation of a completed swallow study.</p> <p>Review on 4/23/19 of client #4's medical</p>	W 331	<p>D. Direct Support Professionals will document their training on form F10.10 Client Specific Competencies. That form will then be filed in the training binder at the group home.</p> <p>E. RN will monitor 1x/week.</p> <p>F. Home Manager will monitor 3x/week.</p>		

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W 331	Continued From page 6 consultation report with GI specialist dated 4/4/19 revealed an order for barium modified swallow study to rule out aspiration or penetration. During an interview on 4/23/19, the residential manager (RM) revealed the GI specialist last month ordered a partial swallow study but it has not been done yet. RM later called to get the swallow study scheduled for 5/6/19.	W 331	Please see Page 5		
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills under varied conditions. This STANDARD is not met as evidenced by: Based on review of fire drill reports and interview, the facility failed to ensure fire evacuation drills were conducted at varied times. This affected all clients residing in the home. The finding is: Fire drills were not conducted at varied times. Review of fire drill reports on 4/22/19 revealed the following: Six fire drills on 1st shift at the following times: 7:50am, 7:50am, 7:11am, 7:24am, 7:56am, and 7:40am. Further review revealed two fire drills at the following times: 10:43am and 10:40am. During an interview on 4/22/19, the residential manager (RM) confirmed the fire drills conducted on first shift were not done at varied times. Further interview revealed the first shift hours are from 7am until 3pm.	W 441	This deficiency will be corrected by the following actions: A. Clinical Supervisor and/or Home Manager will review fire/disaster drills and address noted concerns with when the drill are being carried out. B. Home Manager will assign a specific staff to be responsible for running a fire/disaster drill on each shift where a fire/disaster drill is required. C. Direct Support Professionals assigned to run fire/disaster drills will determine what day and time that drill should be run and then run the drill. D. Home Manager will train staff on when and how to properly conduct fire/disaster drills to include conducting the drills at various times of the day/shift. E. Home Manager will monitor 2x/week. F. Clinical Supervisor will monitor 1x/week. G. Safety Committee will meet 1x/month to review Fire/Disaster Drills and to monitor for trends.	6/22/2019	
W 460	FOOD AND NUTRITION SERVICES	W 460	Please see Page 8		

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W 460	<p>Continued From page 7 CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) in the area of diet. This affected 1 of 5 audit clients (#5). The findings are:</p> <p>1. Client #5's diet consistency were not followed.</p> <p>During breakfast observations in the home on 4/23/19, client #5's breakfast consisted of turkey sausage, 1 slice of toast and crushed pineapples. Further observations revealed client #5 pulling apart the turkey sausage into six pieces with his fingers, which were larger than 1 inch in diameter. Additional observations revealed client #5 pulling apart the slice of toast into 9 pieces, which were larger than 1 inch in diameter.</p> <p>Review on 4/23/19 of client #5's IPP dated 2/6/19 stated, "Staff will encourage [Client #5] to adhere to his dietary guidelines." Further review revealed, "...cut food into bite size pieces as needed."</p> <p>Review on 4/23/19 of client #5's nutritional evaluation dated 10/7/18 indicated, "...food cut into Coarsely Chopped Consistency." Additional review revealed, "...All food must be chopped in kitchen prior to bringing to the table for him."</p>	W 460	<p>This deficiency will be corrected by the following actions:</p> <p>A. RN and/or Home Manager will provide training to Direct Support Professionals on dietary restrictions/requirements for each consumer in the home with specific focus on food item sizes. This training will also include a demonstration of the procedure for completing food prep accurately.</p> <p>B. Home Manager will ensure that when shopping for groceries for the home, enough food is purchased for each planned meal to allow for seconds for those consumers who seconds are not restricted due to dietary reasons.</p> <p>C. RN will monitor 2x/month.</p> <p>D. Home Manager will monitor 1x/week.</p>	6/22/2019	

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W 460	<p>Continued From page 8</p> <p>Review on 4/23/19 of the client diet list dated 1/3/19 stated, "...food cut into Coarsely Chopped Pieces, not to exceed 1/2 inch pieces."</p> <p>During an interview on 4/23/19, the residential manager (RM) revealed client #5's food is cut into 1/2 pieces due to the fact he will eat at a rapid rate and then proceed to "regurgitate" his food. 2. Client #5 should be encouraged to receive second portions at meals to increase calories.</p> <p>During observation on 4/23/19 at 6:08 am, Staff C prepared six turkey sausage patties for clients breakfast in oven. Client #5 received one turkey sausage patty along with the other breakfast food. Client #5 asked Staff C for more turkey sausage after finishing his meal and was told that there were not any left for seconds. The remaining patty was being saved for another client, who had not started breakfast. Client #5 repeatedly asked for turkey sausage. Staff C responded by stating that she would go into the kitchen to prepare more sausage. Client #5 got out of his seat and went to kitchen counter, where he saw the remaining sausage left on a plate and asked for it. Staff C moved the plate of sausage, then offered client #5 second portions of crushed pineapples instead, which he consumed.</p> <p>Review of client #5's record revealed a nutritional evaluation dated 10/7/18 indicated client #5 was on a regular diet and had weight loss in the past. Second portions were appropriate, per request and client #5 regularly received them. It was recommended to continue to encourage increased calories at meals and snacks for continued healthy weight stabilization.</p>	W 460	Please see Page 8		

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W 460	Continued From page 9 During an interview on 4/23/19, the RM revealed staff were expected to prepare enough food to offer seconds. During an interview on 4/23/19, the qualified intellectual disability professional (QIDP) revealed staff were expected to prepare enough food to offer clients seconds and for staff to eat with clients.	W 460	Please see Page 8		

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W 460	Continued From page 9 During an interview on 4/23/19, the RM revealed staff were expected to prepare enough food to offer seconds. During an interview on 4/23/19, the qualified intellectual disability professional (QIDP) revealed staff were expected to prepare enough food to offer clients seconds and for staff to eat with clients.	W 460	Please see Page 8		