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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	0/00 14/11 700		OMB N	VO. 0938-03
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION		TE SURVEY MPLETED
		34G228	B. WING_			С
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 424 CREEKWAY DRIVE FUQUAY VARINA, NC 27526	0	5/16/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	II D RE	(X5) COMPLETIO DATE
Function of the state of the st	that assures a full and clients' personal funds behalf of clients. This STANDARD is not allowed behalf of clients. This STANDARD is not allowed behalf of clients. This STANDARD is not allowed behalf of clients and complete to establish and complete sonal funds relative ampled clients (#4) a light of clients and review of records. Stient #4's personal funds review on 5/16/19 of client that a large deposit from diministration was deposit from diministration was deposit from diministration was deposit from diministration was deposit from diministration and personal in the property of the business of the property o	blish and maintain a system of complete accounting of a entrusted to the facility on the facility on the facility on the facility of and record reviews, facility maintain a system to be to money for 1 of 1 as evidenced by interviews. The finding is: Indistrict which is the facility maintain a system to be to money for 1 of 1 as evidenced by interviews. The finding is: Indistrict which is the finding is the finding is: Indistrict which is the finding i		All money and items purchased (totaling \$25,000) for Client #4 a accounted for. At the time of the some receipts had not been proof the Business Manager due to what were turned in. Since then, thos have been processed by the Business Manager and show that all mone requested was spent and any left money was turned back into the Manager. This deficiency will be corrected the following actions: A.) The Business Manager will me consumer accounts and provide documentation to the Program Manand Executive Director for review monthly. Copies of statements for consumer will also be kept at the ghomes and provided to parents/guilles. All Home Managers were provitraining on May 22, 2019 dealing we process and procedure for managic consumer funds to include petty caspecial requests for funds. The Home Managers were also provided with instructions on what day of the wear equests for funds should be made when any checks from those requested available to pick up. Lastly, the importance of turning in receipts on was stressed in this training. RECEIVED JUN 05 2019 DHSR-MH Licensure Sections in the stream of the strea	e survey, bessed by the receipts siness by the conitor anagers purposes reach group tardians. ded with the ng tardians and ome clear ek any on and sts will	6/14/201

Ingram Manager 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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DA	TE SURVEY MPLETED	
34G228		B. WING	B. WING			
NAME OF PROVIDER OR SUPPLIER VOCA-CREEKWAY (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			STREET ADDRESS, CITY, STATE, ZIP CODE 424 CREEKWAY DRIVE FUQUAY VARINA, NC 27526 PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	CTION UID BE	(X5) COMPLETION DATE	
receipt lacked details of spent on laundry. c. On 3/31/19, \$80.00 with receipt lacked details of spent on laundry. d. On 3/31/19, \$1,996.0 washer and dryer, haulit parts. e. On 4/2/19, \$550.00 with photography. f. On 4/4/19, \$100.00 with root details were attached g. On 4/8/19, \$965.18 with store for 6 kid-proof 10"	was spent on laundry. The n how the money was was spent on laundry. The n how the money was as spent on laundry. The n how the money was as spent for new as used as a deposit for as spent at bowling alley; as spent at electronics tablets. The spent at clothing store. de a request to the aw \$10,000 from client order to spend down and go towards furniture, acations. On 4/22/19, business office manager tracking Form that the \$10,000 check. as spent at restaurant to receipt lacked details on the spent on the	W 140	C.) Home Manager and/or Clinica Supervisor will ensure that guard sign off on any special spending prior to the funds being requested Business Manager. D.) Community Alternatives NC hinstituted a new requirement in will Program Managers are required toff on any requests for consumer.	ians requests d from the as also hich two	6/14/2019	

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
			A. SDIEDING				
		34G228 B. WNG				С	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		05/16/2019	4
VOCACE	DEEKWAY		1	424 CREEKWAY DRIVE			
VOCA-CREEKWAY			1	FUQUAY VARINA, NC 27526	(1)		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID				4
PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 140	The state of the s		W 14	40			I
	along with wall mount	equipment and extended					
	e. On 4/19/19, \$1,295.	40 was spent at an					l
	electronics store on ele	ectronic equipment,					
	accessories and earph	ones.				1 1	
		was spent at unknown				1	ĺ
	location on clothes.	Course and a first time.					
	g. On 4/20/19, \$464.15 was spent at clothing store.						
	Total Cost = \$9,958.88						
	3. On 4/17/19, the HM i	made a request to the					
	business office to withd	raw \$15,000.00 from					
	client #4's financial acci	ount to buy furniture,					
	clothes, television and	vacations. On 5/16/19, the					
	HM submitted receipts to business office manage	for purchases to the er.					
	a. On 4/23/19, \$600.86 store.	was spent at clothing					
4	b. On 4/24/19, \$552.06	was spent at shope					
1	store.			1			
	c. On 4/24/19, \$974.45	was spent at an		1			
15	electronics store on 2 ca	ameras, DVD player, a		1			
	tablet, and three extende	ed warranties.					
	d. On 4/25/19, \$285.09 store.	was spent at clothing					
	e. On 4/26/19, \$463.98	was spent on leasing a					
1	vehicle for 3 days.	The oponic of foliating a					
f	. On 4/26/19, \$17.52 wa	as spent at fast food					
į r	estaurant on 2 meals.						
9	J. On 4/2//19, \$45,00 w	as spent at gas station.					
	nent at water park man	4/28/19, \$2,467,88 was t, plus \$100.00 on paw					
5	points, at the arcade, \$15	5.00 spent on a block					
C	ard and \$44.93 on 2 ins	sulated totes					
i.	On 4/29/19, \$6001.55	was spent at an					
е	lectronics store on a 55'	television, plus					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G228 NAME OF PROVIDER OR SUPPLIER VOCA-CREEKWAY		IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) D	(X3) DATE SURVEY COMPLETED	
		34G228	34G228 B. WING			С		
			STREET ADDRESS, CITY, STATE, ZIP CODE 424 CREEKWAY DRIVE FUQUAY VARINA, NC 27526		05/16/2019			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
a a a a a a a a a a a a a a a a a a a	mounting equipment a j. On 4/29/19, \$9.19 w meal. k. On 4/30/19, \$40.00 l. On 5/13/19, \$1,453. supply store on a full a multi-layer mattress are furniture protection pa Total costs: \$11,841.1 No receipts were provious balance of \$3,200.27. During an interview with 5/16/19, he revealed he facility in March 2019 to #4 had received from signardian requested that he went to the local soon guardian added that he money, but wanted to expressed that he learn requested for a vacation his concerns about how spent on a vacation at a saked if he was happy a money being spent at the stated he has been therefore the protection of the spent on the protection of the spent on the spent	was spent at fast food for a was spent at gas station. 24 was spent at a medical electric hospital bed, nd \$19.20 was spent on d. ded to account for a cash the client #4's guardian on the had a meeting with the observation of the control client was to money be spent until cial security. The observation of the control client #4 which raised of that \$15,000 had been on for client #4 which raised of that amount could be of water park resort. When about that amount of the water park resort he the and there is no way that they just two people. The guardian received the details client #4 money dian revealed another or petty cash, but does ney went. During the the guardian only agreed ashing machine and	W					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G228	B. WING			1.	C	
	NAME OF PROVIDER OR SUPPLIER VOCA-CREEKWAY			424	REET ADDRESS, CITY, STATE, ZIP CODE CREEKWAY DRIVE QUAY VARINA, NC 27526	05/16/2019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE.	(X5) COMPLETION DATE	
i i i i p	#4, clothes, a new be nothing else. Also dur guardian had requeste money was being sper revealed the guardian flat screen televisions client #4's peers who re been purchased. Curr happy with the way clies spent; he does not thin transparent enough. He spend down is not "sitti would like to know how spent and who is making the 6/30/19 deadline in Medicaid eligible. The inelectronic equipment, a and took client on a vac water park resort. The lectronic ending the spend of other client washer and dryer units washer and dryer	ts, an iPad only for client d and shoes for client #4, ing the March meeting and all receipts on how the nt. Additional interview was not aware of the two in the home and tablets for eside in the home had ently, the guardian is not ent #4's money has been at the facility is being for eight with him"; he client #4's money is being and those decisions. In 5/16/19 at 8:08am coordinating spending ed survivor benefits before order for client to remain HM had purchased oppliances, clothing, shoes, ation last month to the HM stated that client #4 res and pointing to items uardian had reportedly in the home sharing the with client #4. ed intellectual disability 5/16/19 at 8:45am and in March, 2019 with	W	140	JENOICHVI)			
e b c s	expressed concerns above spent and did not wan lients, such as on clother hared that he was awar	nut how the money would but it spent on other less. The QIDP also le that the HM went on 4. Staff were not required						

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			OMB NO. 0938-039		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING	JONSTRUCTION		E SURVEY MPLETED		
		34G228	B. WING			С		
	PROVIDER OR SUPPLIER		424	REET ADDRESS, CITY, STATE, ZIP CODE 4 CREEKWAY DRIVE QUAY VARINA, NC 27526	1 05	5/16/2019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E ATE	(X5) COMPLETION DATE		
III no or T for sea of the sea of	sure if all the expenses water park resort trip, vexpenses could be con The QIDP believed the tolerance policy for staff on 5/16/19 at 10:30 am received \$76,485.58 for Administration on 9/13/2 any funds requests for capproved by their Executives released to the HM BOM said that the HM penny received, any left redeposit into the account currently waiting for the \$15,000.00 check. The receipts were on 5/12 expecting the receipts to the receipts were on 5/12 expecting the receipts to the HM believed the two or shopping trips at two or shopping trips at two or tated that the home did and dryer in March, 2019 lient's clothes to the laund 240 at the laundromat be accounted to the	stance. The QIDP was not a paid by client #4 on the which included the HM's expect as gift purchases. The process office manager (BOM) revealed client #4 or Social Security 18. The BOM shared that experts 100 had to be utive Director. The check after every request. The Must account for any over funds would be nt." The BOM was HM to bring in receipts for The deadline to submit 5/19 but she was day. 15/16/19 at 3:45pm or the standard receipts were clothing stores. The HM not have working washer so staff had to take the indromat. Client #4 spent etween 3/27/19 to that client #4 needed to the due to incontinence. It can be stored that to furnish receipts.	W 140					

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	STATEMENT	OF DECICIENCIES	Aug			OMB I	NO. 0938-0391
	AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED
			34G228	B. WING		1 .	C =/48/2040
NAME OF PROVIDER OR SUPPLIER VOCA-CREEKWAY				1 1	STREET ADDRESS, CITY, STATE, ZIP CODE 424 CREEKWAY DRIVE FUQUAY VARINA, NC 27526		5/16/2019
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	IDBE	(X5) COMPLETION DATE
	f s f t f f f f f f f f f f f f f f f f	tablet that HM did not reacknowledged it was sistore receipt. HM commerces purchased in her possession. HM redeposit any unspent is leftover money was avait was rolled over to mail HM commented that all had received had been a linterview with the Programiliar with their policy should have paid for the The PD stated "In the expansion of the PD found their Hum Practice Manual, dated 3 if the PD found their Hum Practice Manual, dated 3 if the policy of the PD found their hum Practice Manual, dated 3 if the policy of the PD found their hum Practice Manual, dated 3 if the policy of the PD found their hum Practice Manual, dated 3 if the policy of the policy	chotographer from the Also missing was a \$149 remember buying but canned on the electronics mented that she would be rsing client #4 for any new d that she does not have was also asked if she had money and stated that if allable after a transaction, ke additional purchases. of the money that she spent. am Director (PD) on aled that he was not on gifts or if the client on gifts or if the client went the client does not company them on trip, o her (client #4) account. an Resources Policy and 3/1/2001, where Policy I that "ResCare (facility) gratuities, in the form of the individuals we serve, as, or vendors. Gifts	W 140			