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STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(VO) 141 H TH		OMB N	NO. 0938-03	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		MULTIPLE CONSTRUCTION ILDING		(X3) DATE SURVEY COMPLETED	
		34G228	B. WING			С	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	0	5/16/2019	
VOCA-CE	REEKWAY			424 CREEKWAY DRIVE			
				FUQUAY VARINA, NC 27526			
(X4) ID PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTI	DN	(X5)	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE PRIATE	COMPLETIC	
W 140	THE STATE OF THE S		W 140				
	CFR(s): 483.420(b)(1)(i)	VV 14(All money and items purchased		6/14/201	
				(totaling \$25,000) for Client #4 are	•	0/14/20	
	The facility must estab	olish and maintain a system		accounted for. At the time of the	SURVEY		
ĺ	that assures a full and	complete accounting of		some receipts had not been proce	ssed by		
1	behalf of clients.	entrusted to the facility on		the Business Manager due to whe	n they		
	benan of thems.			were turned in. Since then, those have been processed by the Busin	receipts	1	
1	(4)			Manager and show that all money	iess		
	This STANDARD is no	ot met as evidenced by:		requested was spent and any lefto	Ver		
- 1	Based on interviews a	nd record reviews, facility		money was turned back into the B	usiness		
- 1	failed to establish and	maintain a system to		Manager.			
	ensure a full and comp	lete accounting of		This is the same of			
	personal funds relative	to money for 1 of 1		This deficiency will be corrected by	the		
- 13	sampled clients (#4) a	s evidenced by interviews		following actions:			
1	and review of records.	The finding is:		A.) The Business Manager will mor	itar		
	Client #4 's personal fu	ada wasa sat sa		consumer accounts and provide	intor		
1	reconciled.	nds were not completely		documentation to the Program Man	agers		
				and Executive Director for review of	urnoses		
F	Review on 5/16/19 of cl	ient #4's "Resident	1	monthly. Copies of statements for	each		
5	Statement Landscape"	dated 5/16/19 revealed		consumer will also be kept at the gr	oup		
, t	nat a large deposit from	Social Security		homes and provided to parents/gua	rdians.		
A	Administration was depo	osited into client #4's	1	B.) All Home Managers were provid	ed		
a	ccount on 9/13/18.		9	training on May 22, 2019 dealing will process and procedure for managing	h the		
F	urther review on 5/16/1	10 -54b IID 11		consumer funds to include petty cas	b one		
S	tatement Landscape" r	everaled the fellowing		special requests for funds. The Hon	ne		
	- Lanuscape 1	evealed the following:		Managers were also provided with c	lear		
1.	On 3/7/19, the home r	nanager (HM) made a		instructions on what day of the week	any		
re	equest to the business (office to withdraw \$4 nnn	4	requests for funds should be made of	n and	W.	
110	om client 4's financial a	ccount to purchase a		when any checks from those reques	s will		
te	levision and personal if	ems for the client. On		be available to pick up. Lastly, the importance of turning in receipts on t			
4/	9/19, the HM submitted	to the business office		was stressed in this training.	me		
m	anager a "NDC Specia	Request Tracking		3 = .3			
ch	orm" that itemized purch eck.	nases from the \$4,000		RECEIVED			
a.	On 3/27/19, \$80.00 wa	s spent on laundry. The		JUN 05 2019			
red	ceipt lacked details on t	now the money was	2	DHSR-MH Licensure Sect		1	
UKY DIRE	CTOR'S OR PROVIDER/SUPP	LIER REPRESENTATIVE'S SIGNATURE	1	TITLE	(XR)	DATE	
			TOALOP	Program Manager		4/19	
ency state	ement ending with an asterisl	(*) denotes a defeirement of	/	- Gicin I anacyt	6/	7/17	

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	(X2) MULTIPLE CONSTRUCTION			OMB NO. 0938-039	
		I IUENTIFICATION NUMBER:		S		(X3) DATE SURVEY COMPLETED	
		34G228	B. WNG			C	
				STREET ADDRESS, CITY, STATE, ZIP CODE 424 CREEKWAY DRIVE FUQUAY VARINA, NC 27526	0	5/16/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RE	(X5) COMPLETION DATE	
b. ur. c. re: de	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		W 140	ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOULTS) TAG CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOULTS) TAG CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOULTS		6/14/2019	

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	STATEMENT AND PLAN O	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		101
	34G228		B. WING	B. WING			С		
NAME OF PROVIDER OR SUPPLIER VOCA-CREEKWAY				STREET ADDRESS, CITY, STATE, ZIP 424 CREEKWAY DRIVE FUQUAY VARINA, NC 27526	CODE	05	/16/2019		
	(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	PROVIDER'S PLAN OF	TION SHOULD BE THE APPROPRIATE		(X5) COMPLETION DATE	N
	to the second of	along with wall mount of warranties. a. On 4/19/19, \$1,295.4 electronics store on eleaccessories and earphif. On 4/20/19, \$440.00 location on clothes. g. On 4/20/19, \$464.15 store. Total Cost = \$9,958.88 3. On 4/17/19, the HM representation of the store. Total Cost = \$9,958.88 3. On 4/17/19, the HM representation of the store of the store of the store of the store of the store. a. On 4/23/19, \$600.86 store. b. On 4/24/19, \$552.06 store. c. On 4/24/19, \$552.06 store. c. On 4/24/19, \$974.45 store. d. On 4/25/19, \$285.09 store. d. On 4/26/19, \$463.98 store. d. On 4/26/19, \$17.52 wastaurant on 2 meals. d. On 4/27/19, \$45,00 wastaurant on 2 meals.	equipment and extended 40 was spent at an actronic equipment, ones. was spent at unknown was spent at clothing made a request to the raw \$15,000.00 from punt to buy furniture, racations. On 5/16/19, the for purchases to the r. was spent at clothing was spent at shoes was spent at an meras, DVD player, a red warranties. was spent at clothing was spent at fast food as spent at fast food as spent at gas station. 4/28/19, \$2,467,88 was to plus \$100.00 on paw to spent on a kiosk culated totes. was spent at an	W	140				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	(X2) MULTIPLE CONSTRUCTION		
		IDENTIFICATION NUMBER:	A. BUILDING	(X3) DATE SU COMPLE		
	34G228		B. WNG		С	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	05/16	/2019
V004			1	424 CREEKWAY DRIVE		
VOCA-CREEKWAY				FUQUAY VARINA, NC 27526		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID.			
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	ae c	(X5) COMPLETION
TAG REGULATORY OR LSC IDENTIFYING INFO		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	IATE	DATE
	<u> </u>			DEFICIENCY)		
W 140	C					
VV 140	Continued From page		W 140			1
	mounting equipment a	nd 5 year warranty.				
		as spent at fast food for a				- 1
	meal.					
	L On 5/13/19 \$1 453 3	was spent at gas station. 24 was spent at a medical				
	supply store on a full e	lectric hospital had			1	
	multi-layer mattress an	d \$19.20 was spent on				
1	furniture protection pad	i.				- 1
	Part of the second seco		1			
	Total costs: \$11,841.17	•				
	ACR E I					
	No receipts were provided to account for a cash					
	balance of \$3,200.27.					
1	During an intention with	a aliant #4In I'-				
	5/16/19 he revealed he	n client #4's guardian on				1
	5/16/19, he revealed he had a meeting with the facility in March 2019 to discuss the money client		1			
1;	#4 had received from so	ocial security. The				
	guardian requested that	no money be spent until				
[1	he went to the local soc	ial security office. The				
19	guardian added that he	does not control client #4				- 1
1	money, but wanted to e	nsure there was no fraud			1	
i	nvolved with the spendi	ing. The guardian	1			
6	expressed that he learn	ed that \$15,000 had been			1	
1.	equested for a vacation	for client #4 which raised				
ľ	nis concerns about how	that amount could be				
S	spent on a vacation at a asked if he was happy a	water park resort. When				
	noney being spent at th					
s	tated he has been there	and there is no way that				
a	mount could be spent h	v iust two people				
F	amount could be spent by just two people. Further interview revealed the guardian received					1
n	monthly statements which details client #4 money					
tr	ansactions. The guard	ian revealed another				
\$	10,000 was taken out for	or petty cash, but does				
n	ot know where that mor	ney went. During the				
m	neeting in March 2019 th	ne guardian only agreed				
	the purchase of the wa					1
dr	ryer for the home, an up	grade to client #4's			1	- 1

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			
		34G228 B. WING			С		
				1	05/16/2019		
NAME OF PROVIDER OR SUPPLIER VOCA-CREEKWAY			STREET ADDRESS, CITY, STATE, ZIP CODE 424 CREEKWAY DRIVE FUQUAY VARINA, NC 27526	•			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE	N
	pre-need arrangement #4, clothes, a new bein nothing else. Also dur guardian had requeste money was being sper revealed the guardian flat screen televisions is client #4's peers who rebeen purchased. Curn happy with the way clies spent; he does not thin transparent enough. His spend down is not "sitti would like to know how spent and who is making the 6/30/19 deadline in Medicaid eligible. The lectronic equipment, all and took client on a vact water park resort. The lectronic equipment, all and took client on a vact water park resort. The lectronic equipment, all and took client on a vact water park resort. The lectronic equipment, all and took client on a vact water park resort. The lectronic equipment, all and took client on a vact water park resort. The lectronic equipment, all and took client on a vact water park resort. The lectronic equipment is water park resort. The lectronic equipment is water park resort. The lectronic equipment is washer and dryer units washer and dryer units washer and dryer units washer and dryer units washer and did not wardlients, such as on clothes shared that he was awar	is, an iPad only for client d and shoes for client #4, ing the March meeting id 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 if further stated that the ingright with him"; he client #4's money is being ing 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 in March, 2019 with int #4, the guardian ut how the money would not it spent on other es. The QIDP also	W 1	40			
	to accompany clients on	trips however client #4	1			1	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G228		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
		IDENTIFICATION NOMBER:	A. BUILDING	A. BUILDING				
		34G228	B. WING			C 05/16/2019		
	PROVIDER OR SUPPLIER		424	REET ADDRESS, CITY, STATE, ZIP CODE CREEKWAY DRIVE QUAY VARINA, NC 27526	1 05	/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 CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DRE	(X5) COMPLETION DATE		
I to the state of	sure if all the expenses water park resort trip, vexpenses could be con The QIDP believed the tolerance policy for state on 5/16/19 at 10:30 am received \$76,485.58 for Administration on 9/13/ any funds requests for capproved by their Executors 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 5/1 expecting the receipts to the receipts were on 5/1 expecting the receipts to the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two of the HM believed the two or shopping trips at two or shopping trips a	stance. The QIDP was not a paid by client #4 on the which included the HM's weyed as gift purchases. company had a zero of receiving gifts for clients. The sess office manager (BOM) revealed client #4 or Social Security 18. The BOM shared that over \$100 had to be utive Director. The check after every request. The Must account for any over funds would be not." The BOM was HM to bring in receipts for the deadline to submit 5/19 but she was day. 5/16/19 at 3:45pm or set of the set of the meals and bowling. In marked receipts were clothing stores. The HM not have working washer so staff had to take the adromat. Client #4 spent endermat. Client #4 spent endermat. Client #4 needed to the needed to set of the meals and that the set of the set	W 140					

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OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED C 34G228 B. WING 05/16/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 424 CREEKWAY DRIVE VOCA-CREEKWAY FUQUAY VARINA, NC 27526 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PREFIX PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 140 | Continued From page 6 W 140 any pictures from the photographer from the 4/13/19 photo session. Also missing was a \$149 tablet that HM did not remember buying but acknowledged it was scanned on the electronics store receipt. HM commented that she would be responsible for reimbursing client #4 for any new merchandise purchased that she does not have in her possession. HM was also asked if she had redeposit any unspent money and stated that if leftover money was available after a transaction, it was rolled over to make additional purchases. HM commented that all of the money that she had received had been spent. Interview with the Program Director (PD) on 5/16/19 at 3:30pm revealed that he was not familiar with their policy on gifts or if the client should have paid for the HM to accompany client. The PD stated "In the event the client does not pay for employee to accompany them on trip, they would cut a check to her (client #4) account. The PD found their Human Resources Policy and Practice Manual, dated 3/1/2001, where Policy 6.15 on Gratuities stated that "ResCare (facility) prohibits acceptance of gratuities, in the form of gifts and/or money, from the individuals we serve, family members/guardians, or vendors. Gifts and/or money are to be returned with an explanation that ResCare's policy does not permit acceptance."