

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

PRINTED: 12/05/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G225</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/26/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-GENTRY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2219 GENTRY DRIVE</b> <b>DURHAM, NC 27705</b>		
(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	W 000			
W 275	<p>A complaint investigation was conducted on 11/26/19 for Intake NC00158217. The complaint allegation was unsubstantiated however other non compliance was found and a deficiency was cited.</p> <p><b>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</b> CFR(s): 483.450(b)(1)</p> <p>Policies and procedures that govern the management of inappropriate client behavior must be consistent with the provisions of paragraph (a) of this section. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to adhere to the behavior support plan (BSP) for 1 of 2 audited clients (#2), when addressing targeted behaviors. The findings is:</p> <p>Facility did not perform client #2's Accusation Questionnaire when an abuse allegation was made.</p> <p>During review on 11/26/19 of client #2's BSP dated 1/28/19, it revealed that client #2 had a false accusation protocol developed due to her having a history of making false accusations, typically against staff. The questionnaire would test the validity of client #2's accusations and to see "if they hold up over time and across persons."</p> <p>An additional review on 11/26/19 of the facility's investigative summary, dated 11/12/19 revealed that client #3 alleged that during the weekend (11/9-11/10/19), client #2 was hit by Staff A. On 11/12/19, qualified intellectual developmental</p>	W 275			

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 275	<p>Continued From page 1</p> <p>professional (QIDP) interviewed client #2, who stated that she was hit by staff A on the right side of her face, and then hit staff back. The nurse examined the client, but found no signs of injury. Interviews were conducted with both Staff A and Staff B who on duty over the weekend. Both staff denied hitting client #2.</p> <p>It was further revealed during the review that the abuse investigative summary had no evidence that the questionnaire was used by the investigator. The facility had unsubstantiated the abuse allegation, due to a lack of evidence.</p> <p>During an interview with the QIDP on 11/26/19, she admitted that she forgot to use the abuse questionnaire for client #2 during the recent investigation, in which two clients (#2 &amp; #3) accused Staff A of abuse.</p>	W 275		