

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

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/26/2019
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NAME OF PROVIDER OR SUPPLIER VOCA-GENTRY	STREET ADDRESS, CITY, STATE, ZIP CODE 2219 GENTRY DRIVE DURHAM, NC 27705
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(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
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W 000	INITIAL COMMENTS	W 000		
W 275	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR 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	<p>W275 This deficiency will be corrected by the following actions:</p> <ol style="list-style-type: none"> 1. All behavior support plans will be reviewed. 2. All behavior support plans will be implemented as written 3. All aspects of plan will be implemented as needed. All questionnaires for accusation will be used. 4. All investigation that have a questionnaire will be added to the investigation summary. 5. The facility/ investigator will adhere to behavior support plan addressing all target behaviors. 	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Muska Whack AR TITLE: Executive Director (X8) DATE: 12/9/19

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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NAME OF PROVIDER OR SUPPLIER VOCA-GENTRY			STREET ADDRESS, CITY, STATE, ZIP CODE 2219 GENTRY DRIVE DURHAM, NC 27705		
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W 275	Continued From page 1 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. 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. 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 & #3) accused Staff A of abuse.	W 275			

Community Alternatives - NC
Southeast Region
1001 Navaho Drive Suite 101
Raleigh, NC 27609
Phone: 984-205-2630
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FAX

To: <u>Esther Moore</u>	From: <u>Jermone Keay</u>
Fax: <u>919-715-8078</u>	Pages: <u>2</u>
Phone: <u>919-855-3795</u>	Date: <u>12/9/19</u>
Re: _____	CC: _____

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Comments: _____



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December 09, 2019

Esther Moore, BSW, QIDP
Facility Survey Consultant I
Mental Health Licensure and Certification section
NC Division of Health Services Regulations
2718 Mail Service Center
Raleigh NC 27699-27118
919.855.3795 office
919.612.8832
919.715.8078 fax

RE: **Plan of Correction for Complaint conducted: November 26, 2019**
VOCA-Gentry
2219 Gentry Drive. Durham NC 27705
Provider Number 34G225
MHL# 032-075
Complaint intake NC00158217

Dear Esther Moore

We appreciate the courtesy extended by you while surveying the **VOCA-Gentry** North Carolina.

As indicated on the Plan of Correction, we will have the Deficiencies corrected for, the Annual survey conducted On **November 26, 2019**, it will be completed **January 25, 2020**.

We are committed to providing the highest possible care for the people we serve at **VOCA-Gentry**.

If you have questions, please contact JerMaine Kearney, Program Manager
984.205.2633.

Sincerely,

Marika Whack

Marika Whack, Executive Director
Community Alternatives North Carolina- Southeast Region
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Raleigh, North Carolina, 27609
919.827.2790 cell
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