

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

PRINTED: 03/16/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G228</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>02/28/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-CREEKWAY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>424 CREEKWAY DRIVE FUQUAY VARINA, NC 27526</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 288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a technique to manage client #4's inappropriate behavior was included in an active treatment program. This affected 1 of 3 audit clients. The finding is:</p> <p>Locking door of 5 clients' room to address client #4's entering to housemates rooms was not included in a formal active treatment program.</p> <p>Review on 2/28/20 of the facility Human Rights Committee minutes revealed a technique to lock all clients' doors to prevent client #4 from entering and taking house mates items without their permission.</p> <p>Review on 2/28/2020 of client #4's Behavior Support Plan (BSP) dated 11/28/2019 did not reveal entering others' rooms as a target behavior.</p> <p>Interview on 2/28/2020 with staff A reviewed all client rooms apart from client #4 are locked to prevent their items being removed from their</p>	W 288	<p>This deficiency will be corrected by the following actions:</p> <p>A. The Clinical Supervisor will work with the Psychological Consultant to ensure that client #4's BSP is updated to include her most current targeted behaviors and strategies for addressing them. B. The Clinical Supervisor will ensure that client #4's ISP is updated to reflect her current BSP targeted behaviors and strategies for addressing those behaviors. C. The Clinical Supervisor will update client #4's goals to include addressing her entering the room of other consumers and taking possessions without permission. D. The Clinical Supervisor will train all Direct Support Professionals on the updated BSP, ISP and goals for client #4. This training will be documented on Form F9.8 In-Service Training Signature Sheet. That form will be filed in the training binder in the home. E. Direct Support Professionals will document their training on Form F10.10 Person Specific Information. The completed forms will be filed in the training binder in the home. F. The Site Supervisor will monitor Direct Support Professionals 1x/week for adherence to the BSP, ISP and goals for all clients residing in the home. G. The Clinical Supervisor will monitor Direct Support Professionals 1x/week for adherence to the BSP, ISP and goals for all clients residing in the home. H. A member of the Administrative team, or a designated representative, will monitor Creekway at a minimum of 1x/month through the Site Review process.</p> <p style="text-align: right; color: blue; font-weight: bold;">DHSR-Mental Health</p> <p style="text-align: center; color: red; font-weight: bold;">MAR 23 2020</p> <p style="text-align: right; color: blue; font-weight: bold;">Lic. &amp; Cert. Section</p>	4/30/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

Program Manager

3/18/20

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 288	Continued From page 1 room by client #4.  Interview on 2/28/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 does not understand respecting others privacy in their room. She added client had be on training but it was not effective. The interdisiplinary team had a meeting and locking all the other client was the best option. However, she acknowledge client #4's IPP did not list entering others room as a target behavior.	W 288	Please see Page 1.		

March 18, 2020

Wambui Karanu BSN. RN.,  
Nurse Consultant I  
Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

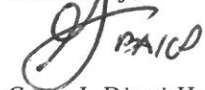
Re: Plan of Correction for Creekway Complaint Investigation  
VOCA-Creekway, 424 Creekway Drive, Fuquay-Varina, NC 27526  
Provider Number: 34G 228  
MHL Number: MHL-092-102

Dear Ms. Karanu,

Thank you for your time and the feedback given during the survey you completed on February 28, 2020. We appreciate your diligence in assisting us in providing the best care possible to the consumers we serve. We look forward to making the recommended changes that will improve the services we provide.

Enclosed you will find the Plan of Correction. If you have any questions, please call me at (919) 387-1011 ext. 217. Again, thank you for your time and patience.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Ricci II".

Gary J. Ricci II, BA/QP  
Program Manager, CANC

Enclosures