

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

PRINTED: 12/16/2019
FORM APPROVED
OMB NO. 0938-0391

| | | | | |
|---|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G036 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/10/2019 |
| NAME OF PROVIDER OR SUPPLIER SEVEN OAKS ROAD-DURHAM | | | STREET ADDRESS, CITY, STATE, ZIP CODE 614 SEVEN OAKS ROAD DURHAM, NC 27704 | |
| (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 120 | <p>SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3)</p> <p>The facility must assure that outside services meet the needs of each client.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure outside services met the needs of 1 of 5 audit clients (#2). The finding is:</p> <p>Client 3's plate riser was not utilized at the day program.</p> <p>During lunch observations at the day program on 12/09/19, client #2 plate was placed on the table. Client struggled to bend her head as the plate was too low and had uncontrollable handshaking.</p> <p>Review on 12/9/19 of client #2's Individual Program Plan (IPP) dated 3/15/19 revealed, under adaptive eating equipment, the client utilizes a "plate riser....".</p> <p>Interview on 6/5/19 with the qualified intellectual disabilities professional (QIDP) confirmed client #2 should use a plate riser at meals and her dining equipment should be available at the day program.</p> | W 120 | <p>W.120 This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> A. Qualified person will review all ISP. B. OT will assess the need for the use of adaptive equipment. C. OT will give guideline for the use of equipment D. All adaptive equipment will be discussed in a team meeting, to include day program E. All people served will be in service on their adaptive equipment F. All vocational staff will be in-service on the use and need of adaptive equipment. G. Vocational staff will be in serviced on the need to increase independence during lunch time. H. All person served will be assessed for adaptive equipment. I. Day program will be provided adaptive equipment J. Day program will be in serviced on all adaptive equipment K. Residential Manager will monitor one time a week. L. Qualified Professional will monitor one time a week | 02.25.2020 |
| W 125 | <p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right</p> | W 125 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Murika Whack TITLE
Executive Director (X6) DATE
1/10/2020

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 125 | <p>Continued From page 1 to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #3 had the right to be treated with dignity regarding wearing appropriate clothing's. This affected 1 of 5 audit clients. The finding is:</p> <p>Client #3s dignity was not considered regarding wearing appropriate clothing.</p> <p>During observations at the day program and in the home on 12/9/19, client #3 was wearing sweatshirt that was torn around the cuff on the sleeve and the trim of the neck line. Further observation of the client at the day program on 12/10/19, the client's undershirt was visible and the trim around the neck line was torn.</p> <p>Interview on 12/10/19 with Staff D revealed client #3 chew on his cloth and hard to redirect from chewing and needs assistance to choose his clothing.</p> <p>Review on 12/10/19 of client #3's individual program plan (IPP) dated 6/12/19 revealed the client has the right to be treated with respect, consideration and dignity. Further review revealed client #3, "chew his clothes and if a shirt has been damaged, he should not wear out of home."</p> <p>Interview on 12/10/19 with the qualified intellectual disabilities professional (QIDP) revealed client #3 chews on his clothes but he should not leave the house with a tore shirt. He further added, chewing clothes was one of client #3's target behavior and the psychiatric want to address the habit with medication but the guardian refused.</p> | W 125 | <p>W.125</p> <p>This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> A. Qualified person will review all ISP. B. ISP will be updated, to address the client rights and choice of clothing to wear. C. BSP will be reviewed to address consumer chewing clothing. D. Guardians will provide consents for the use of medication for behavior modification. E. If guardian is not in agreement a risk v/s benefit will be addressed. F. Day program will be provided BSP G. Day program will be in serviced on all BSP H. Staff will be in serviced on BSP I. Residential Manager will monitor one time a week. J. Qualified Professional will monitor one time a week | 02.25.2020 | |

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| W 130 | <p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to assure the right to privacy during free time in the bedrooms. This affected 1 of 5 audit clients (#3, #4). The finding is:</p> <p>Client #3, #4 were not afforded privacy during their free time in the bedroom.</p> <p>During observations in the home on 12/9/19 between 7:38 am and 8:08am, client #3 & #4 were in their room. Staff C just walked into their room on two different occasions without knocking and started communicating with them.</p> <p>Interview on 12/9/19 with Staff C indicated that staff should always knock at the client's door before entering their rooms.</p> <p>Interview on 12/9/19 with the qualified intellectual disabilities professional (QIDP) revealed that staff should always knock before entering clients rooms.</p> | W 130 | <p>W130 This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> A. All community/ home assessment will be reviewed to look at all current needs of persons served. B. Team will address all privacy issues via written training program. C. All person served will be afforded the opportunity for privacy. D. Adequate supervision will be provided for consumers to ensure privacy E. Consumer's will be in-service on requesting privacy. F. staff will be in-service on ensuring that all consumers are being monitored, assess and provided active treatment and privacy G. Residential Manager will monitor on time a week. H. Qualified Professional will monitor one time a week. | 02.25.2020 | |
| W 248 | <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(7)</p> <p>A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> | W 248 | | | |

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| W 248 | Continued From page 3 This STANDARD is not met as evidenced by: Based on reviews and interviews the facility failed to assure outside services meet the needs of each client. This affected all the clients residing in the home. The findings are: 1. Clients #1 did not have current individual program plans (IPP) and current behavior intervention plan (BIP) available at the day program. During review on 12/9/19 at the day program of client #1's record revealed an individual program plan (IPP) dated 3/29/18. This was the most current IPP on file at the day program. Further review on 12/9/19 of client #1's record at the home revealed an IPP dated 3/29/19. This was the most current IPP on file at the home 2. Clients #2 did not have current individual program plans (IPP) and current behavior intervention plan (BIP) available at the day program. During review on 12/9/19 at the day program of client #2's record revealed an individual program plan (IPP) dated 3/15/18 and BSP dated 3/15/17. This was the most current IPP and BIP on file at the day program. Further review on 12/9/19 of client #1's record at the home revealed an IPP dated 3/15/19 and BSP dated 3/1/19. This was the most current IPP, BIP on file at the home 3. Clients #3 did not have current individual program plans (IPP) and current behavior intervention plan (BIP) available at the day | W 248 | W248 This deficiency will be corrected by the following actions: A. All Individual Support plans and behavior support will be reviewed and revise as needed. B. All Individual Support plans and behavior support plans will be provided to day program. C. The manager/qualified person will be in serviced on all BSP- with supporting documentation D. Copies of the Individual Support plans and behavior support will be provided to the day program. E. Day program staff will be in serviced on all vocational needs, goals and objectives, if applicable F. Residential Manager will monitor one time a week. G. Qualified Professional will monitor one time a week. | 02.25.2020 | |

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| W 248 | <p>Continued From page 4 program.</p> <p>During review on 12/9/19 at the day program of client #3's record revealed an individual program plan (IPP) dated 3/24/18 and BSP dated 10/18/17 . This was the most current IPP and BIP on file at the day program. Further review on 12/9/19 of client #1's record at the home revealed an IPP dated 6/12/19 and BSP dated 11/25/19. This was the most current IPP, BIP on file at the home</p> <p>4. Clients #4 did not have current individual program plans (IPP) and current behavior intervention plan (BIP) available at the day program.</p> <p>During review on 12/9/19 at the day program of client #4's record revealed an individual program plan (IPP) dated 1/25/17 and BSP dated 1/25/17 . This was the most current IPP and BIP on file at the day program. Further review on 12/9/19 of client #1's record at the home revealed an IPP dated 2/7/19 and BSP dated 11/25/19. This was the most current IPP, BIP on file at the home.</p> <p>5. Clients #5 did not have current individual program plans (IPP) available at the day program.</p> <p>During review on 12/9/19 at the day program of client #5's record revealed an individual program plan (IPP) dated 11/29/17. This was the most current IPP on file at the day program. Further review on 12/9/19 of client #1's record at the home revealed an IPP dated 11/7/19 and BSP. This was the most current IPP, on file at the home</p> <p>During an interview on 11/19/19, the qualified</p> | W 248 | | | |

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| W 248 | Continued From page 5 intellectual disabilities professional (QIDP) confirmed the current clinets' IPPs and BSPs were not availabel at the day program. | W 248 | | | |
| W 353 | COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE CFR(s): 483.460(f)(2) Comprehensive dental diagnostic services include periodic examination and diagnosis performed including radiographs when indicated and detection of manifestations of systemic disease. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to maintain comprehensive dental diagnostic services include periodic examination and diagnosis performed including radiographs when indicated and detection of manifestations of systemic disease . This affected 1. of 5 audit clients (#3). The finding is: Client #3 dental follow-up were not completed as recommended by the dentist. Record review conducted on 12/9/19 revealed client #3 received dental care on 1/4/19. The exam noted fair dental hygiene with a follow-up to be completed in 3 months to complete prophyll. Further review revealed client #3 had not been to the dentist for follow-up. Interview on 12/10/19 with the qualified intellectual disabilities professional (QIDP) confirmed client #3's dentist had recommended follow-up which was not completed due to the guardian request to be present at time of service. | W 353 | W.353 This deficiency will be corrected by the following actions: A. All physician orders and medical consults will be reviewed for accuracy. B. All dental treatment will be received in a timely manner. C. RN will monitor monthly D. Qualified Professional will monitor monthly via core team meetings | 02.25.2020 | |

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| W 353 | Continued From page 6 | W 353 | | | |
| W 454 | <p>He added the guardians lives out of state and had cancelled the client appointment on numerous occasions.</p> <p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure a sanitary environment was provided to avoid transmission of infection and to prevent possible cross-contamination. This potentially affected all clients residing in the home. The finding is:</p> <p>Precautions were not taken to promote client/staff health/safety and prevent possible cross-contamination.</p> <p>During oral hygiene care in the home on 12/9/19 at approximately 7:39pm, the staff C prompted client #3 to brush his teeth and headed to the bathroom with client #3. The staff help the client to put toothpaste to the brush and client licked the paste. Staff applied more paste and took the brush. The staff C retrieved the brush from client hand and helped him brush his back teeth and all the four corners. After the rinsing the toothbrush, staff C wiped her hands without washing them. At no time did the staff wear gloves.</p> <p>During an interview on 12/9/19, staff C revealed gloves should be worn while brushing teeth or when there is potential of contamination and staff should wash their hands before proceeding to</p> | W 454 | <p>W.454 This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> A. All precautions will be taken to ensure health and safety of all people served. B. Protective intervention equipment will be provided and accessible to prevent cross contamination. C. All people served will be in service on equipment D. All staff will be in-service on their equipment working conditions, an teaching people served on the use of said equipment E. Residential Manager will monitor one time a week. F. Qualified Professional will monitor one time a week | 02.25.2020 | |

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| W 454 | Continued From page 7 another activity. During an interview on 12/9/19, the qualified intellectual disabilities professional (QIDP) revealed the staff should have worn the gloves while brushing client teeth. | W 454 | | | |

Community Alternatives – NC
Southeast Region
1001 Navaho Drive Suite 101
Raleigh, NC 27609
Phone: 984-205-2630
FAX: 984-205-2643

FAX

To: Wambui Thuku From: Jermaine Koonj
 Fax: 919.715.8028 Pages: 9
 Phone: 919.855-3798 Date: 1/10/2020
 Re: Survey Seven Oaks cc:

- Urgent For Review Please Comment Please Reply Please Recycle

Comments: _____



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January 10, 2020

Wambui Thuku, BSN, RN

Tabitha.karanu@dhhs.nc.gov

Nurse 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

919.715.8078 fax

**RE: Plan of Correction for Annual Survey conducted: December 10, 2019
VOCA—Seven Oaks
614 Seven Oaks Road, Durham NC 27707
Provider Number 34G036
MHL# 032-010**

Dear Ms. Wambui Thuku, BSN, RN

We appreciate the courtesy extended by you while surveying the **VOCA—Seven Oaks** North Carolina.

As indicated on the Plan of Correction, we will have the Deficiencies corrected for, the Annual survey conducted On **December 10, 2019**, it will be completed **February 25, 2020** (**please note that we received statement on January 10, 2020 via email there may be a delay in the completion.**)

We are committed to providing the highest possible care for the people we serve at **VOCA—Seven Oaks**

If you have questions, please contact JerMaine Kearney, Program Manager
984.205.2630 ext 403

Sincerely,



Marika Whack, Executive Director

Community Alternatives North Carolina- Southeast Region

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Raleigh, North Carolina, 27609

919.827.2790 cell

984.205.2630 ext 405

mawhack@rescare.com