T-028 P0003/0021 F-366

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 11/02/2021 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO). 0938-0391
	OF DEFICIENCIES FOORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		34G228	B. WING_				C 28/2021
NAME OF F	ROVIDER OR SUPPLIER			42	REET ADDRESS, CITY, STATE, ZIP CODE 4 CREEKWAY DRIVE UQUAY VARINA, NC 27526	-	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION OATE
W 000	A complaint Investigated October 28, 2021 for complaint was substated in CLIENT PROTECTION of the facility must ensure the facility must ensure the facility of the facility failed to and procedures that procedures that procedures the facility statutorily mandated to its clients. STAFF TREATMENT CFR(s): 483.420(d)(1) The facility must developed to the facility must dev	ation was completed on Intake# NC00182625. The Intiated. An immediate Intiated. An immediat	W	1122	W.122 This deficiency will be corrected the following actions: a. All polices will be review with staff, regarding about and neglect b. Staff will be trained on crights c. Staff will be trained on incident reports d. Staff will be training on incident reporting e. All incident reports will to reviewed at safety common f. Site Supervisor will monitor weekly g. Qualified Professional will monitor weekly h. Program manager will monitor weekly	ved use client client nittee	12.17.2021
ADODAYADA	of 6 clients (#2). The Review on 10/28/21 of behavioral logs and it revealed the following 8/29/21 at 7:16: Law Service. 9/17/21 at 1:00am: C and walked to the ma	of local law enforcement, acident reports for the facility		and the second s	ΤΥΓΙΕ		(X8) DAYE

Any desciency statement ending with an asterial (*) 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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: JRH211

Facility ID: 921719

If continuation sheet Page 1 of 17

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB N	O. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION		E SURVEY PLETED
		34G228	8. WING			10	C 0/28/2021
NAME OF P	ROVIDER OR SUPPLIER			1	STRÉET ADDRESS, CITY, STATE, ZIP CODE		7
VOCA-CR	eeu166AV			4			
VOOMGR	CCNYAI				FUQUAY VARINA, NC 27526		
(X4) IÖ PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 149	Continued From page	» 1	W	149	-W.149 _a This deficiency will be cor	rected by	12.17.2021
	· -	vit on the ground. He kept		170	the following actions:		
		of Parkway. Staff called law			 a. Qualified Profession 	nal will	
		vas picked up at a skilled			review all ISP's		
	nursing facility (0.7 m	iles away), Law			b. Qualified Profession	nal will	
	enforcement took him evaluated.	to a regional hospital to be			review home and		
	9/23/21 at 9:45am: V	lalked outside and then			assessments		
	down the road.				c. All Behavior Suppo	ort Plans	
	9/24/21 at 13:30: Law welfare check	enforcement called for			will be reviewed, a	and	
1	10/3/21: Asked to wait while staff was assisting				updates as		,
	another client, he slar			needed/warrante	a		
		ed the home manager and			d. All staff will be train	1	
	law enforcement.						
	10/3/21 (later in the d				YSIS (you're safe I'r	, ,	
	enforcement. Took of	r down the road. / enforcement called for			e. Staff will be trained	d on client	
	Welfare Check.	remoterness called to			rights (addressing,	/abuse and	
		ent to the bathroom, kitchen			neglect and repor	ting)	
		ne screen in his bedroom			f. Staff will be trained	don	
		out of the window(Gone 5			incident reports ar	nd	
	minutes).	w enforcement call for			appropriate docur	ì	
	£	ner review revealed client			g. All incident report	1	
		partment store 1.8 miles			reviewed within 2	1	
	away at 14:26.						
	10/14/21: Walked out				h. All incident report		
	10/26/21 at 9:40: Cal Service	led law enforcement for			reviewed at safety	}	
	Delate				i. All restrictions will		
	Observations on 10/2	8/21 at the facility revealed			addressed and app	proved via	
	\$	(staff A, staff B and staff C)			HRC. (if applicable)	
		from 9:00am-3:30pm,			j. Site Supervisor wil	monitor	•
		in his bedroom at 9:30am			weekly	1	
	}	r was shut. Two of the four ity had alarms. The front			k. Qualified Profession	nal will	
		or on the hallway, where the				O FOIL AAIII	
		pedrooms are located, were			monitor weekly		
	not alarmed.	•			I. Program manager	WIII	
ORM CMS-256	: 57(02-99) Previous Versions Obs	solete Event IO: JRH	211	F	monitor weekly		

11-05-'21 09:20 FROM-

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

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G228	B. WING		C 10/28/2021	
NAME OF P	ROVIDER OR SUPPLIER		4	TREET ADDRESS, CITY, STATE, ZIP CODE 24 CREEKWAY DRIVE UQUAY VARINA, NC 27526		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
W 149	Continued From page	⊋ 2	W 149			
	had been working in She stated client #2 is several times and that enforcement had been locating client #2. She staff work on 1st and supervision is provide interview confirmed the side doors on the been alarmed. She shad been installed or recently after he had. Interview on 10/28/21 and 3rd shifts revealed with client #2 trying to working. Further intermale staff employed support staff. Addition front door and one of female hallway had not stated that a window client #2's bedroom weloped. Staff D stated shift the night of 10/2 there was no other did interview on 10/28/21 was a new direct care the third day working interview revealed shift individual progras support program (BS to be aware of client interview on 10/28/21 individual progras support program (BS) to be aware of client interview on 10/28/21	ed to client #2. Further hat the front door and one of a female hallway had never tated that a window alarm in client #2's bedroom window eloped "at least twice". I with staff D who works 1st ed he has not had difficulty belope when he was rview revealed he is the only at the facility as a direct in all interview confirmed the interview confirmed the lever been alarmed. He alarm had been installed on window recently after he had to he worked alone on 3rd 7/21 into 10/28/21 because rect care staff. I with staff B revealed she is support staff and this was in the facility. Further we was unfamiliar with client im plan(IPP) and behavior P). She stated she was told #2's location at all times.				
		I with staff C revealed she at the facility for over 20				

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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STATEMENT OF DEFICIENCIES NAME OF PROVIDER OR SUPPLIER VOCA-CREEKWAY VOCA-CREEKWAY VOCA-CREEKWAY A SULDING OF PROVIDER OR SUPPLIER VOCA-CREEKWAY VOLA-CREEKWAY VOCA-CREEKWAY VOCA-CREEKWAY VOLA-CREEKWAY CROOSS-REFERENCED TO CRECECTED TO CRECECTED TO CRECECTED TO CREC	CENTER	S FOR MEDICARE &	MEDICAID SERVICES					O. 0938-0391
NAME OF PROVIDER OR SUPPLIER VOCA-CREEKWAY STREET ADDRESS, CITY, STATE, 2P CODE 2/4 CREEKWAY DRIVE 2/4 CRE				ı		CONSTRUCTION	(X3) DAT	E SURVEY
ANALOGO PROVIDED OR SUPPLIES VOCA-CREEKWAY VOCA-CREEKWAY ISSUMMARY STATEMENT OF DEFICIENCIES IPAGE AND PROVIDED TO PROVIDE TO PROVIDE THE PROVIDED TO PROVIDE CROSS-REPERSINGED TO THE APPROPRIATE DEFICIENCY OF LED IDENTIFIANTS IN EXCELLENCY OF LED IDENTIFIANTS IN EXPLORATION SHOULD BE CROSS-REPERSINGED TO THE APPROPRIATE DEFICIENCY OF LED IDENTIFIANTS IN EXCELLENCY OF LED IDENTIFIANTS IN EXCELLENCY OF LED IDENTIFIANTS IN EXPLORATION OF LAPPROPRIATE DEFICIENCY OF LED IDENTIFIANTS IN EXPLORATION OF LED IDENTIFICATION OF LED IDENTIF			34G228	8. WING			1	-
INCLUDENCE NAME SUMMANY STATEMENT OF DEPICIPICIES PROVIDENT PLANS PROFICE PROVIDENT PLANS PR	NAME OF P	ROVIDER OR SUPPLIER		t	ST	REET ADDRESS, CITY, STATE, 2IP CODE	1 17	// LO: LUZ 1
MAIN SUMMARY STATEMENT OF DEFICIENCIES PRESENT PROVIDEDE PLAN OF CORRECTION PRESENT	VOCA-CR	EEKWAY						
years. Further interview revealed client #2 has elopement as a target behavior in his BSP. Additional interview revealed the front door and one of the side doors on the female hallway had never been alarmed. She stated that a window alarm had been installed on client #2's bedroom window recently after he had eloped. Staff C stated they check on client #2's every 10-15 minutes, even when he is in his bedroom, because he will attempt to elope through his window or out of the doors of the facility if he gets mad or if he wants something staff in which staff cannot assist him. Interview on 10/28/21 with the residence manager (RM) contirmed there had been many elopements by client #2' in the last several weeks and months. Further interview confirmed two of the four doors were not alarmed and she was not aware of any recent changes to his behavior support program (BSP). Additional interview confirmed that client #2's bedroom window had recently had an alarm installed because client #2 had eloped out of the bedroom window at least twice. The RM stated since the alarms on the window had been installed client #2 had not attempted to elope out of his bedroom window but had walked of the facility using the back door with staff following him. Interview on 10/28/21 with client #2 revealed he was "bored" Client #2 stated he had left the facility several times without staff and that law enforcement had picked up at two local department stores. Further interview with client #2 revealed he wanted money to buy drinks and snacks at the store and that he had walked out of the facility to locat the times he wanted to the four that the store and that he had walked out of the facility trying to locate the times he wanted to the four that the store and that he had walked out of the facility trying to locate the times he wanted to the four that the store and that he had walked out of the facility trying to locate the times he wanted to the facility trying to locate the titems he wanted to the facility trying to locate the times he wa	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETION
	W 149	years. Further intervie elopement as a targe Additional interview roone of the side doors never been alarmed. alarm had been instail window recently after stated they check on minutes, even when a because he will attern window or out of the comad or if he wants so cannot assist him. Interview on 10/28/21 manager (RM) confirmed the four doors were not aware of any recent confirmed that client are recently had an alarm had eloped out of the twice. The RM stated window had been instal attempted to elope out but had walked of the with staff following him thereign on 10/28/21 was "bored." Client #2 facility several times we enforcement had pick department stores. Full #2 revealed he wanter snacks at the store and the facility trying to loce the side of the store and the facility trying to loce the side of the store and the facility trying to loce the side of the store and the facility trying to loce the side of the store and the facility trying to loce the side of the store and the facility trying to loce the side of the store and the facility trying to loce the side of the store and the facility trying to loce the side of the side of the store and the facility trying to loce the side of the	ew revealed client #2 has t behavior in his BSP. sevealed the front door and on the female hallway had She stated that a window liled on client #2's bedroom he had eloped. Staff C client #2 every 10-15 he is in his bedroom, he to elope through his doors of the facility if he gets mething staff in which staff with the residence hed there had been many #2 in the last several weeks interview confirmed two of ot alarmed and she was not hanges to his behavior P). Additional interview #2's bedroom window had i installed because client #2 bedroom window at least since the alarms on the talled client #2 had not to of his bedroom window facility using the back door in. with client #2 revealed he to stated he had left the vithout staff and that law ed up at two local urther interview with client d money to buy drinks and ad that he had walked out of totate the items he wanted to	V	149			

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

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	· · · · · · · · · · · · · · · · · · ·	MEDICAID SERVICES				OMB NO	D. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUU A. BUILDI		CONSTRUCTION	(X3) DATE	SURVEY PLETED
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		34G228	B. WING			1	C / 28/2021
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 10	TOSTORI
VOCA-CR	EEKWAY			42	4 CREEKWAY DRIVE		
1 W W 2 1 1 1 1 1 1				FU	IQUAY VARINA, NC 27526		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI YAG	1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	IE ATE	(X5) COMPLETION DATE
W 149	the facility. During the on site visi while the surveyor wa staff A walked over to her client #2 had elop	name and his address at it on 10/28/21 at 1:11pm is sitting in the driveway, the surveyor's car and told address from the facility again	w	149			
	probably call the "polic down the driveway an walked over from the knock on the window was out of eyesight ar client #2 back into the were aware client #2! staff A had gone to fol called from a location returned to the facility, staff A indicate	look for him and would ce again." As staff A walked ad into the street, client #2 back yard and began to of the surveyor's car. Staff A and the surveyor walked facility. Staff B and staff C had left the facility and knew flow him. At 1:15pm staff A in the neighborhood and . Upon returning to the ed she had contacted law contacted them to let them sen located.					
	on 8/8/19. Further reviction #2 has diagnosis Disability and Schizoa in the IPP was a BSP revealed client #2 has included; physical agg and elopement. Strate included: redirection, sor on foot, using "I'm stechniques and to call unsuccessful in locatin strategies were listed at a positive, in a matteye contact with him did	vas admitted to the facility iew of the IPP revealed s of Moderate Intellectual iffective Disorder. Included dated 7/13/21 which target behaviors which pression, non-compliance egies for elopement staff following him in the van eafe, You're safe"					

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

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AND PLAN OF CORRECTION AND PLAN OF CORRECTION ABSTRACT NAMES	STATEMENY	OF DEFICIENCIES	Iva provestantes	· · · · · · · · · · · · · · · · · ·			OMB N	<u>O. 0938-0391</u>
NAME OF PROVIDER OR SUPPLIER VOCA-CREEKWAY STREET ADDRESS, CITY, STATE, 2P DODE 242 CREEKWAY DRIVE FUGURY VARINA, NC 27526 PROVIDER'S PLAN OF CORRECTION GRACH CORRECTIVE ARTHOUGH STATE FOUNDER'S PLAN OF CORRECTION FROM RAPROPRINTE FOUNDER'S PLAN OF CORRECTION (RACH CORRECTIVE ARTHOUGH STATE FOUNDER'S PLAN OF CORRECTION FROM PREPRINTED TO THE ARROPHMENT FOUNDER'S PLAN OF CORRECTION FROM CRACH CORRECTIVE ARTHOUGH STATE CORPORATE ARTHOUGH STATE FOUNDER'S PLAN OF CORRECTION FOUNDER'S PLAN OF CORRECTION FROM CRACH CORRECTIVE ARTHOUGH STATE FOUNDER'S PLAN OF CORRECTION FOUN			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1				
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VOCA-GREEKWAY DRIVE PROJUBENCY STATES PR	NAME OF P	ROVIDER OR SUPPLIER		***************************************	Ş	TREET ADDRESS, CITY, STATE, ZIP CODE	1 10	IZO/ZUZ I
FUQUAY VARINA, NC 27526 FROVERS FROM	VOCA-GR	EEKWAY						
REGIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TABLE TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 149 Continued From page 5 is also crucial in the success of the BSP. Visuality provides choices in client #2's routine whenever possible. Ask him to perform tasks, as opposed to telling him to do so, Monitor for signs of aglitation and offer early intervention, it is important client #2. have structure in his day. Predictability can help with ambety and aglitation. Provide brief, frequent interactions or praise for appropriate behaviors to decrease inappropriate behaviors. Interview on 10/28/21 with the qualified intellectual disabilities professional (QIDP) revealed client #2 has eloped from the facility several times during August, September and October 2021. Further interview confirmed there have been no changes in client #2's level of i supervision, no changes in the stiffing patterns since client #2's recent elopements. Additional interview confirmed window after the eloped from his bedroom window. The QIDP stated of client #2's window on 10/15/21 after he eloped from his bedroom window. The QIDP stated client #2's window on 10/15/21. The QIDP stated on changes were made to his BSP, nor were any environmental modifications added after the elopements on 10/28/21 of the facility's policy on Neglect labeled C. 4.5 revealed. Neglect, defined in 10A NGAC 27c. 0102 as failure to provide care of services necessary to maintain the mental health, physical health and well-being of the client." As a result of the findings, it was determined an	····				F	UQUAY VARINA, NC 27526		
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is also crucial in the success of the BSP. Visually provide choices in client #2's routine whenever possible. Ask him to perform tasks, as opposed to telling him to do so, Monitor for signs of agitation and offer early intervention, it is important client #2 have structure in his day. Predictability can help with anxiety and agitation, Provide brief, frequent interactions or previse for appropriate behaviors. Interview on 10/28/21 with the qualified intellectual disabilities professional (QIDP) (evealed client #2 has eloped from the facility several times during August, September and October 2021. Further interview confirmed there have been no changes in client #2's level of supervision, no changes in the staffing patterns since client #2's erecent elopements. Additional interview confirmed a window alarm was added to client #2's window on 10/15/21 after he eloped from his bedfoom window. The QIDP stated client #2' was early by the Psychiatrist recently and Latuda 40 mg, twice daily and Gabapentin 300 mg, at night was added to his medication regimen on 10/15/21. The QIDP stated no changes were made to his BSP, nor were any environmental modifications added after the elopements on 10/21/21 and 10/26/21. Review on 10/28/21 of the facility's policy on Neglect labeled C. 4.6 revealed, "Neglect, defined in 10A NGAC 27c. O102 as failure to provide care or services necessary to maintain the mental health, physical health and well-being of the client." As a result of the findings, it was determined an		REGULATORY OR L	Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)			(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA	E ATE	COMPLETION
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

T-028 P0009/0021 F-366

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NAME OF PROVIDER OR SUPPLIER VOCA-CREEKWAY (AC) ID SUMMARY STAYSMENT OF DEPOLENCES ((AC) ID PREFIX TAG ((AC) ID REGULATORY OR LSC ((RENT)PYING INFORMATION) W 149 Continued From page 6 that client #2 had repeated elopements from the facility without significant interventions developed and implemented to ensure his safety. The facility was notified of this IJ on 10/28/21 at 4:00pm at their office. Facility management developed a plan of protection (POP) dated 10/28/21 which included: The team met regarding the POP to put in place in order to ensure the safety of client #2. We have/will implement the following items of as an effective plan to do so. -Current ISP and SBS will be updated to ensure the current behaviors and strategies to address them are in place. -Psychologist will be contacted to assist in making the siforementioned changes. -Staff will be inserviced on active treatment, tools of support, client specifics, clients, policy on neglect, questions to be asked every shift. -Work order to be completed on 10/28/21 to place additional alarms on the front door and on the gir's hallway. -Special Team meeting will be held to address all of the above and any other concerns with client #2. The guardian will be notified on 10/29/21 for meeting to be scheduled as soon as possible (ASAP). -Clinical supervisor will updated community home life assessment.	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1 "		(X3) DA	TE SURVEY
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-There will be management oversight daily from the site supervisor, weekly from area supervisor, and weekly from the program managerIf there are future attempted elopements even with the strategies in place, the team will revisit and make adjustments as necessary. This plan was signed by the QIDP and two program managers representing the facility dated	W 149	that client #2 had represent facility without significated implemented to expresent facility without significated in protection (POP) date. Facility management in protection (POP) date. The team met regarding order to ensure the have/will implement the effective plan to do so current ISP and BSF the current behaviors them are in place. Psychologist will be comaking the aforement. Staff will be inservice of support, client specially for the above and any expression of the above and any expression. The guardian will the meeting to be schedul (ASAP). Clinical supervisor willife assessment. There will be manage the site supervisor, we and weekly from the purif there are future attered with the strategies in pand make adjustments.	eated elopements from the cant interventions developed ensure his safety. The facility on 10/28/21 at 4:00pm at developed a plan of ad 10/28/21 which included: ng the POP to put in place safety of client #2. We ne following items of as an adversary of client #2. We ne following items of as an adversary of client #2. We ne following items of as an adversary of client #2. We ne following items of as an adversary of client #2. We ne following items of as an adversary of client #2. We ne following items of as an adversary of a safety of client #2. We ne following items of as an adversary of a safety of as an adversary of a safety of a saf	W	149		

11-05-'21 09:22 FROM-T-028 P0010/0021 F-366 PRINTED: 11/02/2021 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ C 34G228 B. WING 10/28/2021 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 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W.195 W 149 Continued From page 7 W 149 This deficiency will be corrected by the 12.17.2021 following actions: 10/28/21. a. All person served will have a Observations on 10/28/21 at the facility from home and community life 7:00pm-7:40pm of training content provided to assessment completed. direct care staff by the program managers and b. All ISP will be reviewed and QIDP confirmed this plan being immediately modified as needed to address implemented. There were also interviews with direct care staff after this training regarding the all items in the home and level of supervision required for client #2. The community life assessment surveyor also checked all of the exits of the c. Active treatment will be facility at 7:30pm which confirmed all doors were provided to all persons served alarmed and client #2's bedroom window was d. All people served will be free alarmed. The POP was accepted by the surveyor from physical, verbal and on 10/28/21 at 7:40pm and it was determined the immediate jeopardy (IJ) to client #2 was removed. psychological abuse or W 195 **ACTIVE TREATMENT SERVICES** W 195 punishment. CFR(s): 483,440 e. All BSP will be reviewed and assessed by psychologist. The facility must ensure that specific active f. All target behavior to include treatment services requirements are met. Inappropriate Behaviors, Physical Aggression and Elopement, will be addressed This CONDITION is not met as evidenced by: and added to BSP The team failed to: ensure that each client g. All restrictive intervention will be received a continuous active treatment program, address via HRC

This CONDITION is not met as evidenced by:
The team failed to: ensure that each client received a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training and treatment directed towards the acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible (W196 and W249).

The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated active treatment services to the clients.

Event ID: JRH211

h. The home will be trained on

Everyone has the right to

and free from movement
Staff will not use any techniques

that were not trained and

that were not trained and

YSIS- Protective intervention.

receive appropriate treatment

sanctioned by YSIS curriculum

sanctioned by YSIS curriculum

Staff will not use any techniques

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DAT	O. 0938-0 E SURVEY PLETED
NAME OF	PROVIDER OR SUPPLIER	34G228	B. WING			С
				STREET ADDRESS, CITY, STATE, ZI	<u> 10</u>	/28/2021
VOCA-C	REEKWAY			424 CREEKWAY DRIVE	0004	
/\data ===				FUQUAY VARINA, NC 27526		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	10			
TAG	REGULATORY OR L	MIGST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A: CROSS-REFERENCED TO DEFICIE	OTION SHOULD BE THE APPROPRIATE	(X%) COMPLET: DATE
W 149	Continued From page	7		W.195 (continued)	7 1	
	10/28/21,	,	W 149	This deficiency will be o	orrected by the 12	.17.2021
	·WEGIE,		***	following actions:		
	Observations on 10/28	/21 of the familie	W-	k. All consumers w	ill be trained on	
	7:00pm-7:40pm of train	ning content provided to		reporting		
	I direct care staff by the	DIODIEM Menadem and	4,44	Qualified Profess		
	Give confirmed this pl	an being immediataly	00000004 4	all BSP have been	n signed and	
	i inibiamanteo. There we	ere also inforcious with		reviewed by HRC		
	cirect care staff after th	is training regarding the		m. All staff will be in	serviced on BSP	
	level of supervision req	uired for client #2. The		n. All staff will be in		
	surveyor also checked facility at 7:30pm which	confirmed all doors were		Active Treatment		
	alarmed and client #2's	bedroom window was	1	o. All staff will be in	serviced on	
	alarmed. The POP was	accepted by the currous		Tools of support.		
	Un 10/20/21 at /:40pm:	and if was determined the	***************************************	p. All staff will be in		
	mineriate leopardy (IT)	to client #2 was removed	***************************************	, Rights of person :		
11 100	WOUNG IKENIMENT	SERVICES	W 195	q. All staff will be in		
	CFR(s): 483.440		1 100	serviced on indivi	dual Client	
	The facility must ensure	that annula		Specific		
	treatment services requi	rements are mot	-	r. Qualified Professi		
	 	The met.		address BSP in mo	Onthly core	
			1	teams meeting.		
1.	This American			Gualified Professi	onal will train	
	This CONDITION is not	met as evidenced by:	1	on all BSP		
	THE REDUIT INITED TO: SUST	ire that each client		 dualified Profession 		
	received a continuous ac Which includes aggressiv	ave treatment program,		all staff is trained	on client rights	
į į	mplementation of a prog	ram of specialized and		emphasis on neg		
} <u>\</u>	Jerrenc training and treat	Ment directed towards		u. Management will	weekly	
} L	he acquisition of the beh	aviors necessary for the		monitoring on 1s,		
1 4	Menició inuction with as i	Nuch self-determination	***************************************	shifts. Per rotation	of staff.	
į c	ino independence as po:	ssible (W196 and		v. Site Supervisor wil	l monitor	
Į V	V249).		- I	weekly document		
T	he cumulative offers			knowledge of staf		
i ne	he cumulative effect of the sulted in the facility's fait	nese systemic practices	- Commonweal	individual client sp		
SI	fatutorily mandated activ	e treatment comitees 4		w. Qualified Profession		
th	18 Clients.	~ "Gamein Services to		monitor weekly do		
		ļ		knowledge of staf	f. Via the	
	2-99) Previous Versions Obsolete] [- · · · J ~ ~ · J · · · · · ·		

Continued

11-05-'21 09:23 FROM-

CENTERS FOR MEDICARE & MEDICAID SERVICES

T-028 P0012/0021 F-366 OMB NO. 0938-0391

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN					TE SURVEY MPLETED
		34G228	B. WING					C
NAME OF PI	ROVIDER OR SUPPLIER	JTVZZU	J. 11110	STO	EET ADDE	RESS, CITY, STATE, ZIP CODE	1 1	10/28/2021
SAMOR OF LE	NO POLITON COLL S CICIC					VAY DRIVE		
VOCA-CR	EEKWAY		1			ARINA, NC 27526		
	C1 2444 CV/ CY			100	KWEST YES	· · · · · · · · · · · · · · · · · · ·		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	***************************************	•	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD B COSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 196	ACTIVE TREATMEN' CFR(s): 483.440(a)(1)	W 1	96 J	ollowir	ficiency will be corrected by ng actions: All person served will have		12.17.2021
	treatment program, we consistent implement specialized and gene services and related subpart, that is directed (i) The acquisition of the client to function we determination and independent services.	ric training, treatment, health services described in this set toward: I the behaviors necessary for with as much self lependence as possible; and r deceleration of regression			c. d.	home and community life assessment completed. All ISP will be reviewed and modified as needed to addit all items in the home and community life assessment Active treatment will be provided to all persons serv All people served will be free from physical, verbal and psychological abuse or	ress red	
	Based on observation confirmed by interview failed to provide an agree specialized treatment areas of behavioral introutines and enhancing findings are:	not met as evidenced by: ns, record review and vs with staff, the facility ggressive implementation of to 1 of 6 clients (#2) in the ntervention, following daily ng daily living skills. The		осо-со-со-со-со-со-со-со-со-со-со-со-со-	f.	punishment. All BSP will be reviewed and assessed by psychologist. All target behavior to includinappropriate Behaviors, Physical Aggression and Elopement, will be addressed and added to BSP	de ed	
W 249	continuous active trea maximize his daily livi inappropriate behaviors program implementations program implementations program implementations and interest formulated a client's interest maximum and interest program in the	i. ENTATION) isciplinary team has ndividual program plan, ive a continuous active	W 2	49	h. i.	All restrictive intervention viaddress via HRC The home will be trained or YSIS- Protective intervention Everyone has the right to receive appropriate treatment and free from movement Staff will not use any technic that were not trained and sanctioned by YSIS curriculty.	n n. ent iques um	
	interventions and servented and frequency to supp	vices in sufficient number port the achievement of the n the individual program		***************************************	j. ,	Staff will not use any techni that were not implemented approved in BSP.		

11-05-121 09:23 FROM-

DEPARTMENT OF HEALTH AND HUMAN SERVICES

T-028 P0013/0021 F-366

CENTER	S FOR MEDICARE &	MEDICAID SERVICES					O. 0938-0391
	OF DEFICIENCIES FCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION		SURVEY PLETED
	v	34G228	8. WING			1	C //28/2021
NAME OF P	ROVIDER OR SUPPLIER			ı	TREET ADDRESS, CITY, STATE, ZIP CODE		/A.U.L.V.
VOCA-CR	EEKWAY			ŀ	24 CREEKWAY DRIVE FUQUAY VARINA, NC 27526		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(XS) COMPLETION DATE
W 196	treatment program, we consistent implement specialized and general services and related subpart, that is directed (i) The acquisition of the client to function vector and indirections and indirections and indirections are consistent to the client to function vector and indirections are consistent to the client to function and indirections are consistent to the client to function and indirections are consistent to the client to function and indirections are consistent to the c	ive a continuous active hich includes aggressive, tation of a program of ric training, treatment, health services described in this ed toward: i the behaviors necessary for vith as much self lependence as possible; and r deceleration of regression	W	196	W.196 (continued) This deficiency will be corrected to following actions: k. All consumers will be train reporting I. Qualified Professional will all BSP have been signed a reviewed by HRC. m. All staff will be in serviced n. All staff will be in serviced Active Treatment. o. All staff will be in serviced Tools of support. p. All staff will be in serviced	ed on ensure and on BSP on	12.17.2021
W 249	Based on observation confirmed by interview failed to provide an ag specialized treatment areas of behavioral ir routines and enhancifindings are: A. Cross refer W249. continuous active treatmaximize his daily livitinappropriate behaviors PROGRAM IMPLEME CFR(s): 483.440(d)(1).	vs with staff, the facility agressive implementation of to 1 of 6 clients (#2) in the attervention, following daily and daily living skills. The The facility failed to provide attent to 1 of 6 clients to a skills and replace his are with more socially. ENTATION sciplinary team has	Wa	249	Rights of person served q. All staff will be in serviced serviced on individual Clie Specific r. Qualified Professional will address BSP in monthly co teams meeting. s. Qualified Professional will on all BSP t. Qualified Professional will all staff is trained on client (emphasis on neglect) u. Management will conuct monitoring on 1st, 2nd and shifts. v. Site Supervisor will monito	nt train ensure rights weekly	
ORM CMS-256	each client must recei treatment program co- interventions and serv- and frequency to supp	rices in sufficient number port the achievement of the the individual program		Fac		ting the	
					individual client specifics		

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

T-028 P0014/0021 F-366

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE 5 COMPL	
		34G228	8. WING		10/2	8/2021
VOCA-CR (X4) (D PREFIX	SUMMARY ST.	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SO DEFICIENT INCOMENTATION	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE	E	(X5) COMPLETION
TAG W 249	Continued From page	SC IDENTIFYING INFORMATION)	TAG W 249	W249 This deficiency will be corrected by following actions:	 	2.17.2021
	Based on observation interview, the facility of (#2) received a continuous program consisting of services as identified plan (IPP) in the area behavioral intervention. A. Observations on 10 revealed three direct and staff C) working of 9:00am-3:30pm. Client bedroom at 9:30am as shut. Two of the four alarms. The front doon hallway, where the thinded the majority of the observation of his bedroom for luming the control of t	on. The finding is: 0/28/21 at the facility care staff (staff A, staff B with 6 clients from the staff (staff A) was asleep in his not his bedroom door was doors exiting the facility had or and the side door on the ree female client's d, were not alarmed. During servations at the facility, bedroom without activities, offered to him. He came out not, did participate in putting washer and did brush his ame out of his bedroom and loudly, direct care staff A to go his bedroom to calm es were provided to client 1 with staff A revealed she he facility for over a year. #2 had eloped from the		a. All person served will have home and community life assessment completed. b. All ISP will be reviewed an modified as needed to add all items in the home and community life assessment. c. Active treatment will be provided to all persons served. All people served will be firom physical, verbal and psychological abuse or punishment. e. All BSP will be reviewed a assessed by psychologist. f. All target behavior to including propriate Behaviors, Physical Aggression and Elopement, will be address and added to BSP. g. The home will be trained YSIS- Protective interventive Everyone has the right to receive appropriate treatment. h. Staff will not use any tech that were not trained and sanctioned by YSIS curricular. Staff will not use any tech that were not implement.	d dress t ved ree nd ude ssed on on. ment. nniques d ulum nniques	

11-05-'21 09:24 FROM-

DEPARTMENT OF HEALTH AND HUMAN SERVICES

T-028 P0015/0021 F-366

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL [*] A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G228	8. WING			1	C /28/2021
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	10.	ZUZUZI
1/001 CD	CT1/15/43/			4	24 CREEKWAY DRIVE		
VOCA-CR	EEVANAL			UQUAY VARINA, NC 27526			
(X4) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI YAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 249	least two staff work or ensure supervision is Further interview confland one of the side do had never been alarm window alarm had be bedroom window receleast twice". Interview on 10/28/21 and 3rd shifts, reveale with client #2 trying to working. Further intermale staff employed a support staff. Addition front door and one of female hallway had not stated that a window a client #2's bedroom weloped. Staff D stated shift the night of 10/27 there was no direct care the third day working interview on 10/28/21 was a new direct care the third day working interview revealed she #2's individual program support program (BSF to be aware of client #2 Interview on 10/28/21 had been employed a years. Further interview reconsidered and one of the side doors	n 1st and 2nd shifts to provided to client #2. irmed that the front door pors on the female hallway led. She stated that a sen installed on client #2's ently after he had eloped "at with staff D who works 1st led he has not had difficulty elope when he was view revealed he is the only at the facility as a direct al interview confirmed the the side doors on the lever been alarmed. He alarm had been installed on indow recently after he had he worked alone on 3rd 1/21 into 10/28/21 because are staff. with staff B revealed she support staff and this was in the facility. Further a was unfamiliar with client in plan (IPP) and behavior P). She stated she was told 2's location at all times. with staff C revealed she is the facility for over 20 we revealed client #2 has	w:	249	34/340	will be signed if the sal	12.17.2021
	:	ed on client #2's bedroom					

11-05-'21 09:24 FROM-

DEPARTMENT OF HEALTH AND HUMAN SERVICES

T-028 P0016/0021 F-366

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB N	O. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G228			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DAT	E SURVEY 1PLETED	
		B. WING_		44	C 1/28/2024		
NAME OF PROVIDER OR SUPPLIER VOCA-CREEKWAY				STREET ADDRESS, CITY, STATE, ZIP 424 CREEKWAY DRIVE FUQUAY VARINA, NC 27526		10/28/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST 8E PRÉCEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TIÓN SHOULD BE THE APPROPRIATE	(X5) COMPLETION DAYS	
W 249	stated they check on minutes, even when it because he will attern window or out of the comad, or if he wants so cannot get for him. Interview on 10/28/21 manager (RM) confirmelopements by client and months. Further it the four doors were not aware of any recent of Additional interview of bedroom window had installed because clie the bedroom window stated since the alarminstalled, client #2 had out of his bedroom window stated since the back him. Interview on 10/28/21 was "bored." Client #2 facility using the back him. Interview on 10/28/21 was "bored." Client #2 facility several times wenforcement had pick department stores. Further facility trying to loce eat and drink. Addition revealed he knew his the facility. During the on site visit while the surveyor was staff A walked over to	he had eloped. Staff C client #2 every 10-15 he is in his bedroom, he to elope through his doors of the facility if he gets comething in which staff with the residence hed there had been many #2 in the last several weeks interview confirmed two of ot alarmed and she was not	W	249			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

T-028 P0017/0021 F-366
PRINTED: 17/02/2021
FORM APPROVED
OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G228		1 ' '	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		8. WING_		C 10/28/2021			
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD				
VOCA-CREEKWAY			424 CREEKWAY DRIVE				
VOOA-DREERWAI			FUQUAY VARINA, NC 27526				
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST 8E PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETION			
and she was going to probably call the "polic down the driveway an walked over from the knock on the window was out of eyesight ar client #2 back into the were aware client #2 is staff A had gone to foll called from a location returned to the facility. facility, staff A indicate enforcement but later know client #2 had be Review on 10/28/21 o 9/28/21 revealed he won 8/8/19. Further revolient #2 has diagnosis Disability and Schizoa in the IPP was a BSP revealed client #2 has included: physical agging and elopement. Strate included: redirection, so or on foot, using "I'm stechniques and to call unsuccessful in locating strategies were listed to a positive, in a mattey contact with him of he realizes you are spis also crucial in the suprovide choices in cliepossible. Ask him to p to telling him to do so, agitation and offer ear	look for him and would be again." As staff A walked dinto the street, client #2 back yard and began to of the surveyor's car. Staff A and the surveyor walked facility. Staff B and staff C had left the facility and knew low him. At 1:15pm staff A in the neighborhood and. Upon returning to the ed she had contacted law contacted them to let them en located. If client #2's IPP dated was admitted to the facility lew of the IPP revealed so of Moderate Intellectual affective Disorder. Included dated 7/13/21 which transfer affollowing him in the van safe, You're safe" 911 if staff were no client #2 responds best ter of fact approach, Make during interactions. Ensure heaking to him. Consistency uccess of the BSP. Visually ent #2's routine whenever perform tasks, as opposed. Monitor for signs of	W2	49				

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391								
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G228			1 ' '		ONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		8. WING	***************************************		1	28/2021		
NAME OF PROVIDER OR SUPPLIER VOCA-GREEKWAY			**************************************	STREET ADDRESS, CITY, STATE, ZIP CODE 424 CREEKWAY DRIVE FUQUAY VARINA, NC 27526				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO TO DEFICIENCE		ON SHOULD BE COM HE APPROPRIATE		
W 249	Provide brief, frequent appropriate behaviors behaviors. Interviews on 10/28/2 intellectual disabilities the operations managdirect care staff have #2's BSP and should implementing proactive offer a variety of choice further elopements from the	with anxiety and agitation. It interactions or praise for to decrease inappropriate 1 with the qualified professional (QIDP) and ler (OM) confirmed that been inserviced on client consistently be re behavioral strategies and less for client #2 to prevent om the facility. 10/28/21 of client #2's IPP and active treatment ded: place dishes in verbal prompts for 4 check mailbox 6 times pendence, participate in ssing and identifying dollar couracy for 6 consecutive I the observations on an-3:30pm at the facility, bedroom without activities, offered to him. He came out leach, did participate in putting washer and did brush his ame out of his bedroom and floudly, direct care staff A to go his bedroom to calm less were provided to client some activities provided and management or to go for a walk or check the	W	249				

11-05-'21 09:25 FROM-

DEPARTMENT OF HEALTH AND HUMAN SERVICES

T-028 P0019/0021 F-366

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB N	0. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G228			(X2) MUL A. BUILDI		E CONSTRUCTION		E SURVEY PLETED
		B. WING			1	C /28/2021	
NAME OF PROVIDER OR SUPPLIER VOCA-CREEKWAY			4:	STREET ADDRESS, CITY, STAYE, ZIP CODE 124 CREEKWAY DRIVE FUQUAY VARINA, NC 27526	, , , , , , , , , , , , , , , , , , ,	I LUCAUA S	
(X4) ID PKEFIX TAG	(さんじ) ひとだくだいじ	ATEMENT OF DEFICIENCIES Y MUST BE FACUEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION LEACH CONNECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	ಶ೬	(XS) COMPLETION DATE
W 249	Interviews on 10/28/2 revealed they have to keep client #2 engage activities and to provide predictability MGMT OF INAPPROBEHAVIOR OFR(s): 483.450(b)(4). The use of systematic inappropriate client be incorporated into the plan, in accordance withis subpart. This STANDARD is reased on observatio interviews, the facility to address client #2's included in a formal a effected 1 of 6 clients. Review on 10/28/21 of behavioral logs and in revealed the following 8/29/21 at 7:16: Law Service. 9/17/21 at 1:00am: Coand walked to the mailbox and threw walking to nearby Judenforcement and he walking to nearby Judenforcement took him evaluated. 9/23/21 at 9:45am: Word down the road.	1 with the QIDP and the OM ained direct care staff to ad in active treatment de choices to him to a unstructured time and to in his daily routine. PRIATE CLIENT) c interventions to manage ahavior must be client's individual program with §483.440(c)(4) and (5) of not met as evidenced by: ns, record review and failed to ensure a technique inappropriate behavior was ctive treatment plan. This (#2). The finding is: of local law enforcement, noident reports for the facility grenforcement called for lient walked out of the facility without the ground. He kept id Parkway. Staff called law was picked up at a skilled		289	This deficiency will be corrected the following actions: A. Qualified Professional or review all ISP's B. Qualified Professional or update all ISP' to include specific techniques that to be utilized or goals to need to be put in place manage client behavior. C. Qualified Professional or update the ISP for to inspecific techniques that be used to address elopement (target behavior). D. Qualified Professional or review all BSP's to ensure that any techniques t	will le any t need hat t to r will clude t can aviors) will ire at are de in will in- dated nitor is is veek will it that	12.17.2021
ORM CMS-256	37(02-99) Previous Versions Obs	oiste Event ID: JRH2	11	Fæ	this is occurring one ti week	ne a	
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11-05-'21 09:26 FROM-

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES T-028 P0020/0021 F-366

PRINTED: TWUZZUZT FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G228	B. WING.				C 28/2021	
NAME OF PROVIDER OR SUPPLIER VOCA-CREEKWAY				424	REET ADDRESS, CITY, STATE, ZIP CODE CREEKWAY DRIVE QUAY VARINA, NC 27526	3	and the second	
(X4) ID PREFIX TAG	(ÉACH DÉFICIÉI	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	86	(XS) COMPLETION DATE	
W 289	Continued From page 15 welfare check 10/3/21: Asked to wait while staff was assisting another client, he slammed the door and walked out of the house, called the home manager and law enforcement. 10/3/21 (later in the day): Called law enforcement. Took off down the road. 10/7/21 at 21:50: Law enforcement called for Welfare Check. 10/9/21 at 3:05am: Went to the bathroom, kitchen and then kicked out the screen in his bedroom window and climbed out of the window(Gone 5 minutes). 10/10/21 at 13:18: Law enforcement call for missing person. Further review revealed client was found at local department store 1.8 miles away at 14:26. 10/14/21: Walked out the front door. 10/26/21 at 9:40: Called law enforcement for Service. Observations on 10/28/21 at the facility revealed three direct care staff (staff A, staff B and staff C) working with 6 clients from 9:00am-3:30pm. Client #2 was asleep in his bedroom at 9:30am		W	289				
	door and the side of three female clients not alarmed. Obsel window also reveal Review on 10/28/2	cility had alarms. The front loor on the hallway, where the bedrooms are located, were vation of client #2's bedroom ed it had an alarm. 1 of client #2's individual dated 9/28/21 revealed he		minimental de la companie de la comp				
	was admitted to the review of the IPP re of Moderate Intelle Schizoaffective Dis	e facility on 8/8/19. Further evealed client #2 has diagnosis		уд. жин нижини на				

11-05-'21 09:26 FROM-

DEPARTMENT OF HEALTH AND HUMAN SERVICES

T-028 P0021/0021 F-366
PRINTED: 11/02/2021
FORM APPROVED
OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G228		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLEYED	
		8. WING		***************************************	C 10/28/2021		
NAME OF P	ROVIDER OR SUPPLIER		***	STREET ADDRESS, CITY, STATE		10/20/2021	
VOCA-CREEKWAY				424 CREEKWAY DRIVE FUQUAY VARINA, NC 2752	26		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(XS) COMPLETION DATE	
W 289	which included: Phys Non-compliance and elopement included: I him in the van or on f safe" techniques and unsuccessful in locati door alarms, window in the BSP. Interview on 10/28/21 intellectual disabilities revealed the BSP dat that door alarms and address client #2's ta However, the QIDP of	#2 had target behaviors ical aggression, elopement. Strategies for Redirection, staff following cot, using "I'm safe, You're to call 911 if staff were ng client #2. The use of alarms was not addressed with the qualified	W	289			

11-05-'21 09:19 FROM-

T-028 P0001/0021 F-366

Southeast Region 1001 Navaho Drive Suite 101

Raleigh, NC 27609 Phone: 984-205-2630 FAX: 984-205-2643

FAX

To: K. MCCaskill	From: J. Karny
Pax: 9/9 7/5 8078	Pages: 20
Phone: 919 835 3795	Date: 11/5/2021
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Pescare Our (questions.

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November 5, 2021

Kimberly C. McCaskill MSW
Facility Compliance 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 Complaint Survey conducted: October 28, 2021
VOCA—Creekway
424 Creekway Drive, Fuquay Varina NC 27526
Provider Number 34G228
MHL# 092-102
Complaint Intake NC00182625

Kimberly C. McCaskill MSW

We appreciate the courtesy extended by you while surveying the VOCA—Creekway Group Home North Carolina.

As indicated on the Plan of Correction, we will have the Condition Level Deficiencies corrected on **December 12, 2021**.

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

If you have questions, please contact Juanita Jefferson, Program Manager 984.205.2630 ext 405 or JerMaine Kearney, Program Manager 984.205.2630 ext 403.

Sincerely,

Cynthia Bradford, MSW

Assoc. Executive Director

CANC – Raleigh East

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