

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G228	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/28/2021
NAME OF PROVIDER OR SUPPLIER VOCA-CREEKWAY			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 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 A complaint Investigation was completed on October 28, 2021 for Intake# NC00182625. The complaint was substantiated. An immediate jeopardy was cited during the survey.	W 000	W.122 This deficiency will be corrected by the following actions:	12.17.2021	
W 122	CLIENT PROTECTIONS CFR(s): 483.420(a) The facility must ensure the rights of all clients. Therefore the facility must This CONDITION is not met as evidenced by: The facility failed to: implement written policies and procedures that prohibited neglect (W149).	W 122	a. All policies will be reviewed with staff, regarding abuse and neglect b. Staff will be trained on client rights c. Staff will be trained on incident reports d. Staff will be training on incident reporting e. All incident reports will be reviewed at safety committee f. Site Supervisor will monitor weekly g. Qualified Professional will monitor weekly h. Program manager will monitor weekly		
W 149	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to consistently implement policies and procedures that prohibit neglect to prevent the repeated elopements of 1 of 6 clients (#2). The finding is: Review on 10/28/21 of local law enforcement, behavioral logs and incident reports for the facility revealed the following: 8/29/21 at 7:16: Law enforcement called for Service. 9/17/21 at 1:00am: Client walked out of the facility and walked to the mailbox. He took mail out of	W 149			

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

TITLE

(X6) DATE

Cynthia Bradford *7/16* *Area Executive Director* *11/5/2021*

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.

RECEIVED

By DHSR Mental Health Licensure & Certification at 9:46 am, Nov 05, 2021

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W 149	Continued From page 1 the mailbox and threw it on the ground. He kept walking to nearby Judd Parkway. Staff called law enforcement and he was picked up at a skilled nursing facility (0.7 miles away). Law enforcement took him to a regional hospital to be evaluated. 9/23/21 at 9:45am: Walked outside and then down the road. 9/24/21 at 13:30: Law enforcement called for 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 and his bedroom door was shut. Two of the four doors exiting the facility had alarms. The front door and the side door on the hallway, where the three female client's bedrooms are located, were not alarmed.	W 149 W 149	W.149 This deficiency will be corrected by the following actions: a. Qualified Professional will review all ISP's b. Qualified Professional will review home and community assessments c. All Behavior Support Plans will be reviewed, and updates as needed/warranted d. All staff will be trained on YSIS (you're safe I'm safe) e. Staff will be trained on client rights (addressing/abuse and neglect and reporting) f. Staff will be trained on incident reports and appropriate documentation g. All incident reports will be reviewed within 24 hours h. All incident reports will be reviewed at safety committee i. All restrictions will be addressed and approved via HRC. (if applicable) j. Site Supervisor will monitor weekly k. Qualified Professional will monitor weekly l. Program manager will monitor weekly	12.17.2021	

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W 149	<p>Continued From page 2</p> <p>Interviews on 10/28/21 with staff A revealed she had been working in the facility for over a year. She stated client #2 had eloped from the facility several times and that on several occasions law enforcement had been contacted to assist in locating client #2. She stated that at least two staff work on 1st and 2nd shifts to ensure supervision is provided to client #2. Further interview confirmed that 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 "at least twice".</p> <p>Interview on 10/28/21 with staff D who works 1st and 3rd shifts revealed he has not had difficulty with client #2 trying to elope when he was working. Further interview revealed he is the only male staff employed at the facility as a direct support staff. Additional interview confirmed the front door and one of the side doors on the female hallway had never been alarmed. He stated that a window alarm had been installed on client #2's bedroom window recently after he had eloped. Staff D stated he worked alone on 3rd shift the night of 10/27/21 into 10/28/21 because there was no other direct care staff.</p> <p>Interview on 10/28/21 with staff B revealed she was a new direct care support staff and this was the third day working in the facility. Further interview revealed she was unfamiliar with client #2's individual program plan(IPP) and behavior support program (BSP). She stated she was told to be aware of client #2's location at all times.</p> <p>Interview on 10/28/21 with staff C revealed she had been employed at the facility for over 20</p>	W 149			

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W 149	<p>Continued From page 3</p> <p>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 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.</p> <p>Interview on 10/28/21 with the residence manager (RM) confirmed 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.</p> <p>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 trying to locate the items he wanted to eat and drink. Additional interview with client #2</p>	W 149			

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W 149	<p>Continued From page 4</p> <p>revealed he knew his name and his address at the facility.</p> <p>During the on site visit on 10/28/21 at 1:11pm while the surveyor was sitting in the driveway, staff A walked over to the surveyor's car and told her client #2 had eloped from the facility again and she was going to look for him and would probably call the "police again." As staff A walked down the driveway and into the street, client #2 walked over from the back yard and began to knock on the window of the surveyor's car. Staff A was out of eyesight and the surveyor walked client #2 back into the facility. Staff B and staff C were aware client #2 had left the facility and knew staff A had gone to follow him. At 1:15pm staff A called from a location in the neighborhood and returned to the facility. Upon returning to the facility, staff A indicated she had contacted law enforcement but later contacted them to let them know client #2 had been located.</p> <p>Review on 10/28/21 of client #2's IPP dated 9/28/21 revealed he was admitted to the facility on 8/8/19. Further review of the IPP revealed client #2 has diagnosis of Moderate Intellectual Disability and Schizoaffective Disorder. Included in the IPP was a BSP dated 7/13/21 which revealed client #2 has target behaviors which included: physical aggression, non-compliance and elopement. Strategies for elopement included: redirection, staff following him in the van or on foot, using "I'm safe, You're safe" techniques and to call 911 if staff were unsuccessful in locating client #2. Proactive strategies were listed as: Client #2 responds best to a positive, in a matter of fact approach, Make eye contact with him during interactions. Ensure he realizes you are speaking to him. Consistency</p>	W 149			

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W 149	<p>Continued From page 5</p> <p>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 praise for appropriate behaviors to decrease inappropriate behaviors.</p> <p>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 supervision, no changes in the staffing patterns since client #2's recent elopements. Additional interview confirmed a window alarm was added to client #2's window on 10/15/21 after he eloped from his bedroom window. The QIDP stated client #2 was seen 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.</p> <p>Review on 10/28/21 of the facility's policy on Neglect labeled C.4.5 revealed, "Neglect, defined in 10A NCAC 27c .0102 as failure to provide care or services necessary to maintain the mental health, physical health and well-being of the client."</p> <p>As a result of the findings, it was determined an immediate jeopardy (IJ) existed for client #2 in</p>	W 149			

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W 149	<p>Continued From page 6</p> <p>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.</p> <p>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.</p> <ul style="list-style-type: none"> -Current ISP and BSP 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 aforementioned 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 girl'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. -There will be management oversight daily from the site supervisor, weekly from area supervisor, and weekly from the program manager. -If there are future attempted elopements even with the strategies in place, the team will revisit and make adjustments as necessary. <p>This plan was signed by the QIDP and two program managers representing the facility dated</p>			W 149			

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W 149	Continued From page 7 10/28/21. Observations on 10/28/21 at the facility from 7:00pm-7:40pm of training content provided to direct care staff by the program managers and QIDP confirmed this plan being immediately implemented. There were also interviews with direct care staff after this training regarding the level of supervision required for client #2. The surveyor also checked all of the exits of the facility at 7:30pm which confirmed all doors were alarmed and client #2's bedroom window was alarmed. The POP was accepted by the surveyor on 10/28/21 at 7:40pm and it was determined the immediate jeopardy (IJ) to client #2 was removed.			W 149	W.195 This deficiency will be corrected by the following actions: a. All person served will have a home and community life assessment completed. b. All ISP will be reviewed and modified as needed to address all items in the home and community life assessment c. Active treatment will be provided to all persons served d. All people served will be free from physical, verbal and psychological abuse or punishment. e. All BSP will be reviewed and assessed by psychologist. f. All target behavior to include Inappropriate Behaviors, Physical Aggression and Elopement, will be addressed and added to BSP g. All restrictive intervention will be address via HRC h. The home will be trained on YSIS- Protective intervention, Everyone has the right to receive appropriate treatment and free from movement i. Staff will not use any techniques that were not trained and sanctioned by YSIS curriculum j. Staff will not use any techniques that were not trained and sanctioned by YSIS curriculum		12.17.2021
W 195	ACTIVE TREATMENT SERVICES CFR(s): 483.440 The facility must ensure that specific active treatment services requirements are met. 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.			W 195			

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IDENTIFICATION NUMBER:

34G228

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

(X3) DATE SURVEY
COMPLETED

C

10/28/2021

NAME OF PROVIDER OR SUPPLIER

VOCA-CREEKWAY

STREET ADDRESS, CITY, STATE, ZIP CODE

424 CREEKWAY DRIVE

FUQUAY VARINA, NC 27526

(X4) ID
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W 149

Continued From page 7
10/28/21.

W 149

W. 195 (continued)

This deficiency will be corrected by the
following actions:

12.17.2021

W 195

Observations on 10/28/21 at the facility from 7:00pm-7:40pm of training content provided to direct care staff by the program managers and QIDP confirmed this plan being immediately implemented. There were also interviews with direct care staff after this training regarding the level of supervision required for client #2. The surveyor also checked all of the exits of the facility at 7:30pm which confirmed all doors were alarmed and client #2's bedroom window was alarmed. The POP was accepted by the surveyor on 10/28/21 at 7:40pm and it was determined the immediate jeopardy (IJ) to client #2 was removed.

ACTIVE TREATMENT SERVICES
CFR(s): 483.440

The facility must ensure that specific active treatment services requirements are met.

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.

W 195

- k. All consumers will be trained on reporting
- l. Qualified Professional will ensure all BSP have been signed and reviewed by HRC.
- m. All staff will be in serviced on BSP
- n. All staff will be in serviced on Active Treatment.
- o. All staff will be in serviced on Tools of support.
- p. All staff will be in serviced on Rights of person served
- q. All staff will be in serviced on serviced on individual Client Specific
- r. Qualified Professional will address BSP in monthly core teams meeting.
- s. Qualified Professional will train on all BSP
- t. Qualified Professional will ensure all staff is trained on client rights (emphasis on neglect)
- u. Management will weekly monitoring on 1st, 2nd and 3rd shifts. Per rotation of staff.
- v. Site Supervisor will monitor weekly documenting the knowledge of staff. Via the individual client specifics
- w. Qualified Professional will monitor weekly documenting the knowledge of staff. Via the individual client specifics

Continued

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W 196	<p>ACTIVE TREATMENT CFR(s): 483.440(a)(1)</p> <p>Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and confirmed by interviews with staff, the facility failed to provide an aggressive implementation of specialized treatment to 1 of 6 clients (#2) in the areas of behavioral intervention, following daily routines and enhancing daily living skills. The findings are:</p> <p>A. Cross refer W249. The facility failed to provide continuous active treatment to 1 of 6 clients to maximize his daily living skills and replace his inappropriate behaviors with more socially appropriate behaviors.</p>	W 196	<p>W.196 This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> a. All person served will have a home and community life assessment completed. b. All ISP will be reviewed and modified as needed to address all items in the home and community life assessment c. Active treatment will be provided to all persons served d. All people served will be free from physical, verbal and psychological abuse or punishment. e. All BSP will be reviewed and assessed by psychologist. f. All target behavior to include Inappropriate Behaviors, Physical Aggression and Elopement, will be addressed and added to BSP g. All restrictive intervention will be address via HRC h. The home will be trained on YSIS- Protective intervention. Everyone has the right to receive appropriate treatment and free from movement i. Staff will not use any techniques that were not trained and sanctioned by YSIS curriculum j. Staff will not use any techniques that were not implemented and approved in BSP. 	12.17.2021	
W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program</p>	W 249			

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W 196	<p>ACTIVE TREATMENT CFR(s): 483.440(a)(1)</p> <p>Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and confirmed by interviews with staff, the facility failed to provide an aggressive implementation of specialized treatment to 1 of 6 clients (#2) in the areas of behavioral intervention, following daily routines and enhancing daily living skills. The findings are:</p> <p>A. Cross refer W249. The facility failed to provide continuous active treatment to 1 of 6 clients to maximize his daily living skills and replace his inappropriate behaviors with more socially appropriate behaviors.</p>	W 196	<p>W. 196 (continued)</p> <p>This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> k. All consumers will be trained on reporting l. Qualified Professional will ensure all BSP have been signed and reviewed by HRC. m. All staff will be in serviced on BSP n. All staff will be in serviced on Active Treatment. o. All staff will be in serviced on Tools of support. p. All staff will be in serviced on Rights of person served q. All staff will be in serviced on serviced on individual Client Specific r. Qualified Professional will address BSP in monthly core teams meeting. s. Qualified Professional will train on all BSP t. Qualified Professional will ensure all staff is trained on client rights (emphasis on neglect) u. Management will conduct weekly monitoring on 1st, 2nd and 3rd shifts. v. Site Supervisor will monitor weekly documenting the knowledge of staff. Via the individual client specifics w. Qualified Professional will monitor weekly documenting the knowledge of staff. Via the individual client specifics 	12.17.2021	
W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program</p>	W 249			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G228	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/28/2021
NAME OF PROVIDER OR SUPPLIER VOCA-CREEKWAY			STREET ADDRESS, CITY, STATE, ZIP CODE 424 CREEKWAY DRIVE FUQUAY VARINA, NC 27526		
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W 249	<p>Continued From page 9 plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 1 of 6 clients (#2) received a continuous active treatment program consisting of needed interventions and services as identified in the individual program plan (IPP) in the areas of daily living and behavioral intervention. The finding is:</p> <p>A. 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 and his bedroom door was shut. Two of the four doors exiting the facility had alarms. The front door and the side door on the hallway, where the three female client's bedrooms are located, were not alarmed. During the majority of the observations at the facility, client #2 stayed in his bedroom without activities, choices or programs offered to him. He came out of his bedroom for lunch, did participate in putting his dishes in the dishwasher and did brush his teeth. Each time he came out of his bedroom and began to start talking loudly, direct care staff A and C redirected him to go his bedroom to calm down. No other choices were provided to client #2.</p> <p>Interviews on 10/28/21 with staff A revealed she had been working in the facility for over a year. She stated that client #2 had eloped from the facility several times and that on several occasions law enforcement had been contacted to assist in locating client #2. She stated that at</p>	W 249	<p>W249 This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> a. All person served will have a home and community life assessment completed. b. All ISP will be reviewed and modified as needed to address all items in the home and community life assessment c. Active treatment will be provided to all persons served d. All people served will be free from physical, verbal and psychological abuse or punishment. e. All BSP will be reviewed and assessed by psychologist. f. All target behavior to include Inappropriate Behaviors, Physical Aggression and Elopement, will be addressed and added to BSP g. The home will be trained on YSIS- Protective intervention. Everyone has the right to receive appropriate treatment. h. Staff will not use any techniques that were not trained and sanctioned by YSIS curriculum i. Staff will not use any techniques that were not implemented and approved in BSP. 	12.17.2021	

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W 249	<p>Continued From page 10</p> <p>least two staff work on 1st and 2nd shifts to ensure supervision is provided to client #2. Further interview confirmed that 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 "at least twice".</p> <p>Interview on 10/28/21 with staff D who works 1st and 3rd shifts, revealed he has not had difficulty with client #2 trying to elope when he was working. Further interview revealed he is the only male staff employed at the facility as a direct support staff. Additional interview confirmed the front door and one of the side doors on the female hallway had never been alarmed. He stated that a window alarm had been installed on client #2's bedroom window recently after he had eloped. Staff D stated he worked alone on 3rd shift the night of 10/27/21 into 10/28/21 because there was no direct care staff.</p> <p>Interview on 10/28/21 with staff B revealed she was a new direct care support staff and this was the third day working in the facility. Further interview revealed she was unfamiliar with client #2's individual program plan (IPP) and behavior support program (BSP). She stated she was told to be aware of client #2's location at all times.</p> <p>Interview on 10/28/21 with staff C revealed she had been employed at the facility for over 20 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</p>	W 249	<p>W249 Continue</p> <p>This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> j. All restrictive intervention will be address via HRC k. Qualified Professional will ensure all BSP have been signed and reviewed by HRC. l. Qualified Professional I will address BSP in monthly core teams meeting. m. Qualified Professional will train on all BSP n. Qualified Professional will ensure all staff is trained on client rights (emphasis on the proper way to provide visual oversight to people being served) o. Management will conduct weekly monitoring on 1st, 2nd and 3rd shifts. p. Site Supervisor will monitor weekly documenting the knowledge of staff. Via the individual client specifics q. Qualified Professional will monitor weekly documenting the knowledge of staff and the appropriate use of positive behavioral intervention. 	12.17.2021	

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W 249	<p>Continued From page 11</p> <p>window recently after he had eloped. Staff C stated they check on client #2 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 in which staff cannot get for him.</p> <p>Interview on 10/28/21 with the residence manager (RM) confirmed 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 BSP. Additional interview confirmed that client #2's bedroom window had recently had an alarm installed because client #2 had escaped 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 escape out of his bedroom window but had walked of the facility using the back door with staff following him.</p> <p>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 him 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 trying to locate the items he wanted to eat and drink. Additional interview with client #2 revealed he knew his name and his address at the facility.</p> <p>During the on site visit on 10/28/21 at 1:11pm, while the surveyor was sitting in the driveway, staff A walked over to the surveyor's car and told</p>	W 249			

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W 249	<p>Continued From page 12</p> <p>her client #2 had eloped from the facility again and she was going to look for him and would probably call the "police again." As staff A walked down the driveway and into the street, client #2 walked over from the back yard and began to knock on the window of the surveyor's car. Staff A was out of eyesight and the surveyor walked client #2 back into the facility. Staff B and staff C were aware client #2 had left the facility and knew staff A had gone to follow him. At 1:15pm staff A called from a location in the neighborhood and returned to the facility. Upon returning to the facility, staff A indicated she had contacted law enforcement but later contacted them to let them know client #2 had been located.</p> <p>Review on 10/28/21 of client #2's IPP dated 9/28/21 revealed he was admitted to the facility on 8/8/19. Further review of the IPP revealed client #2 has diagnosis of Moderate Intellectual Disability and Schizoaffective Disorder. Included in the IPP was a BSP dated 7/13/21 which revealed client #2 has target behaviors which included: physical aggression, non-compliance and elopement. Strategies for elopement included: redirection, staff following him in the van or on foot, using "I'm safe, You're safe" techniques and to call 911 if staff were unsuccessful in locating client #2. Proactive strategies were listed as: Client #2 responds best to a positive, in a matter of fact approach. Make eye contact with him during interactions. Ensure he realizes you are speaking to him. Consistency 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.</p>	W 249			

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W 249	<p>Continued From page 13</p> <p>Predictability can help with anxiety and agitation. Provide brief, frequent interactions or praise for appropriate behaviors to decrease inappropriate behaviors.</p> <p>Interviews on 10/28/21 with the qualified intellectual disabilities professional (QIDP) and the operations manager (OM) confirmed that direct care staff have been inserviced on client #2's BSP and should consistently be implementing proactive behavioral strategies and offer a variety of choices for client #2 to prevent further elopements from the facility.</p> <p>B. Further review on 10/28/21 of client #2's IPP dated 9/28/21 revealed active treatment programs which included: place dishes in dishwasher with 75% verbal prompts for 4 consecutive months, check mailbox 6 times weekly with 65% independence, participate in toothbrushing and flossing and identifying dollar amounts with 100% accuracy for 6 consecutive months.</p> <p>During the majority of the observations on 10/28/21 from 9:00am-3:30pm at the facility, client #2 stayed in his bedroom without activities, choices or programs offered to him. He came out of his bedroom for lunch, did participate in putting his dishes in the dishwasher and did brush his teeth. Each time he came out of his bedroom and began to start talking loudly, direct care staff A and C redirected him to go his bedroom to calm down. No other choices were provided to client #2. There were no leisure activities provided and no training on money management or opportunities for him to go for a walk or check the mailbox as described in his IPP.</p>	W 249			

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W 249	Continued From page 14 Interviews on 10/28/21 with the QIDP and the OM revealed they have trained direct care staff to keep client #2 engaged in active treatment activities and to provide choices to him to decrease anxiety from unstructured time and to provide predictability in his daily routine.	W 249	W289 This deficiency will be corrected by the following actions:	12.17.2021	
W 289	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(4) The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure a technique to address client #2's inappropriate behavior was included in a formal active treatment plan. This effected 1 of 6 clients (#2). The finding is: Review on 10/28/21 of local law enforcement, behavioral logs and incident reports for the facility revealed the following: 8/29/21 at 7:16: Law enforcement called for Service. 9/17/21 at 1:00am: Client walked out of the facility and walked to the mailbox. He took mail out of the mailbox and threw it on the ground. He kept walking to nearby Judd Parkway. Staff called law enforcement and he was picked up at a skilled nursing facility (0.7 miles away). Law enforcement took him to a regional hospital to be evaluated. 9/23/21 at 9:45am: Walked outside and then down the road. 9/24/21 at 13:30: Law enforcement called for	W 289	A. Qualified Professional will review all ISP's B. Qualified Professional will update all ISP' to include any specific techniques that need to be utilized or goals that need to be put in place to manage client behavior C. Qualified Professional will update the ISP for to include specific techniques that can be used to address elopement (target behaviors) D. Qualified Professional will review all BSP's to ensure that any techniques that are to be utilized are include in there as well E. Qualified Professional will in-service staff on the updated ISP and BSP F. Site Supervisor will monitor and document that this is occurring one time a week G. Qualified Professional will monitor and document that this is occurring one time a week		

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W 289	<p>Continued From page 15</p> <p>welfare check</p> <p>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.</p> <p>10/3/21 (later in the day) : Called law enforcement. Took off down the road.</p> <p>10/7/21 at 21:50: Law enforcement called for Welfare Check.</p> <p>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).</p> <p>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.</p> <p>10/14/21: Walked out the front door.</p> <p>10/26/21 at 9:40: Called law enforcement for Service.</p> <p>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 and his bedroom door was shut. Two of the four doors exiting the facility had alarms. The front door and the side door on the hallway, where the three female clients bedrooms are located, were not alarmed. Observation of client #2's bedroom window also revealed it had an alarm.</p> <p>Review on 10/28/21 of client #2's individual program plan (IPP) dated 9/28/21 revealed he was admitted to the facility on 8/8/19. Further review of the IPP revealed client #2 has diagnosis of Moderate Intellectual Disability and Schizoaffective Disorder. Included in the IPP was a behavior support program (BSP) dated 7/13/21</p>	W 289			

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W 289	<p>Continued From page 16</p> <p>which revealed client #2 had target behaviors which included: Physical aggression, Non-compliance and elopement. Strategies for elopement included: Redirection, staff following him in the van or on foot, using "I'm safe, You're safe" techniques and to call 911 if staff were unsuccessful in locating client #2. The use of door alarms, window alarms was not addressed in the BSP.</p> <p>Interview on 10/28/21 with the qualified intellectual disabilities professional (QIDP) revealed the BSP dated 7/13/21 is current and that door alarms and a window alarm are used to address client #2's target behavior of elopement. However, the QIDP confirmed the window and door alarms are not included in client #2's BSP.</p>	W 289			

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

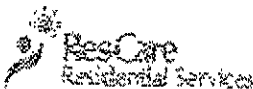
FAX

To: K. McCaskill From: J. Kearney
Fax: 919 715 8078 Pages: 20
Phone: 919 835 3795 Date: 11/5/2021
Re: _____ CC: _____

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments: Creekway ~ Arroyo Varina

Juanita is off for a few
Days. Please ~~see~~ contact
Termane Kearney, with
any 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 / *FK*
Cynthia Bradford, MSW
Assoc. Executive Director
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