STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G228	A. BUILDING _____ B. WING _____	R 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-CREEKWAY	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 revisit was conducted on 4/28/22 for deficiencies previously cited on 1/24 - 1/25/22. Five deficiencies were recited and additional noncompliance was found. A complaint investigation was also conducted for intake #NC00187958. There were no deficiencies cited as a result of the complaint survey. The facility remains out of compliance.	W 000		
W 213	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(ii) The comprehensive functional assessment must identify the client's specific developmental strengths. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 2 audit clients (#6) Community/Home/Life Skills Assessment had been done. The finding is: Review on 4/28/22 of client #6's individual program plan (IPP) dated 11/12/21 revealed he was admitted to the facility on 2/13/19. Further review revealed client #6 does not have a Community/Home Life Skills Assessment. Interview on 4/28/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6 did not have a current Home/Life Skills Assessment.	W 213		
{W 249}	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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	{W 249}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{W 249}	Continued From page 1 interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 2 audit clients (#5) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of medication administration. The finding is: During medication administration in the home on 4/28/22, Staff A punched out client #5's pills. At no time was client #5 prompted to punch out his pills. Review on 4/28/22 of client #5's Community/Home Life Skills assessment dated 3/10/22 revealed he needs a verbal cue to punch out his pills. Interview on 4/28/22 with Staff A indicated he has been working in the home for one and half years and he has always punched out client #5's pills. Further interview revealed he has witnessed other staff punching out client #5's pills. Interview on 4/28/22 with the Home Manager (HM) revealed client #5 can punch out his own pills with a verbal cue. Interview on 4/28/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5 can punch out his pills with a verbal cue.	{W 249}		

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{W 323}	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(i) The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 2 audit clients (#6) received vision examinations as indicated. The finding is: Review on 4/28/22 of client #6's record revealed his last vision examination had been completed on 10/1/20. Additional review of his vision report indicated a cataract had been identified and cataract surgery was recommended. The report noted a follow-up visit was also recommended for 10/2021. Further review of client #6's record did not indicate a follow-up visit had been completed as the date of the survey. Interview on 4/28/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6 has not returned to the eye doctor or received cataract surgery as recommended.	{W 323}		
{W 340}	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in medication administration. This effected all the clients residing in the home. The finding is:	{W 340}		

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{W 340}	Continued From page 3 During morning medication administration on 4/28/22 in the home starting at 6:42am and ending at 7:21am, Staff A punched out all the pills for all the clients residing in the home. At no time were any of the clients prompted to punch out their own pills. Interview on 4/28/22 with Staff A revealed he has been working in the home for one and half years and he has always punched out the pills for all the clients. Further interview revealed he has witnessed other staff punching out pills for all the clients. Interview on 4/28/22 with the Home Manager (HM) indicated there are 5 clients in the home who can punch out their pills with a verbal cue. Further interview revealed client #1 would need hand over hand assistance to punch out her own pills. Interview on 4/28/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the clients should have been given the opportunity to punch out their own pills with verbal cues.	{W 340}		
{W 352}	COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE CFR(s): 483.460(f)(2) Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #6 received a comprehensive dental examination at least annually. This affected 1 of 2 audit clients. The	{W 352}		

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{W 352}	Continued From page 4 finding is: Review on 4/28/22 of client #6's record revealed his last dental examination and cleaning had been completed on 9/26/19. Additional review of the 9/16/19 report noted the client should return on 3/26/20. Further review of the client's dental report dated 3/27/20 noted, "Appointment canceled due to COVID-19. The office is closed and will reopen on 5/19/20. Rescheduling will occur then." The record did not include a current dental examination. Interview on 4/28/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6 had not received his annual dental examination as of the date of the survey.	{W 352}		
{W 356}	COMPREHENSIVE DENTAL TREATMENT CFR(s): 483.460(g)(2) The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #4 received comprehensive dental treatment services for the maintenance of her dental health. This affected 1 of 2 audit clients. The finding is: Review on 4/28/22 of client #4's record revealed a dental examination report dated 3/8/21. Additional review of the report noted, "Diagnosis: #28 needs to be extracted...Recommendation: Complete extraction in hospital setting." Further review of client #4's dental report dated 9/9/21	{W 356}		

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{W 356}	Continued From page 5 indicated, "Plan to extract molar(s) on rt side." Review of the record did not reveal any further dental treatment had been provided to address her dental concerns. Interview on 4/28/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed no appointment has been scheduled for client #4's recommended tooth extraction as of the date of the survey.	{W 356}		