

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

PRINTED: 04/29/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G228</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>04/28/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VOCA-CREEKWAY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>424 CREEKWAY DRIVE FUQUAY VARINA, NC 27526</b>
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W 000	INITIAL COMMENTS	W 000		
W 213	<p>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.</p> <p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(3)(ii)</p> <p>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:</p> <p>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.</p> <p>Interview on 4/28/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6 did not have a current Home/Life Skills Assessment.</p>	W 213	<p>W.213 This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> <li>a. All person served will have a home and community life assessment completed.</li> <li>b. All ISP will be reviewed and modified as needed to address all items in the home and community life assessment</li> <li>c. Active treatment will be provided to all persons served</li> <li>d. All people served will be free from physical, verbal, and psychological abuse or punishment.</li> <li>e. What about the personal wheels implement any goals /strategies/needs identified in the community home life.</li> <li>f. Qualified Professional will monitor one time a week— and will address any changes in court in meetings</li> </ul>	06.27.2022
{W 249}	<p><b>PROGRAM IMPLEMENTATION</b> 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</p>	{W 249}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Marcia Whack JJK TITLE: Executive Director (X6) DATE: 5/19/2022

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{W 249}	<p>Continued From page 1</p> <p>interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Interview on 4/28/22 with the Home Manager (HM) revealed client #5 can punch out his own pills with a verbal cue.</p> <p>Interview on 4/28/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5 can punch out his pills with a verbal cue.</p>	{W 249}	<p>W/249 (recite) This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> <li>A. All ISP'S will be reviewed and revise as needed to ensure objectives are met.</li> <li>B. All current goals will be assess, modified, update or discontinued to meet meal assessment needs. Team will meet and make that decision.</li> <li>C. Goals will be implemented after team meeting.</li> <li>D. All people served will be afforded the opportunity to be as independent as possible with medication administration</li> <li>E. All people served will be afforded the opportunity to be as independent as possible</li> <li>F. All staff will be in service on medication procedure and following the guidelines for measuring and dispensing all medications</li> <li>G. All staff will be trained on the competencies and directives to meet the needs of the people served.</li> <li>H. All staff will be in service on the reporting procedures when there is a question regarding medications.</li> <li>I. All medication will be dispense based on the 6 rights (dose, time, person, route, medication, documentation) of administering medication</li> <li>J. RN will in service on medication procedures.</li> <li>K. RN will monitor 2 times monthly</li> <li>L. Site Supervisor will monitor one time a week.</li> <li>M. Qualified Professional will monitor one time a week.</li> </ul>	05.28.2022	

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{W 323}	<p><b>PHYSICIAN SERVICES</b> CFR(s): 483.460(a)(3)(i)</p> <p>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:</p> <p>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.</p> <p>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.</p>	{W 323}	<p>W323 (recite) This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> <li>A. The facility will provide obtain and maintain preventive general medical care</li> <li>B. All medical appointment will be reviewed.</li> <li>C. The team will ensure appointments are schedule and follow up.</li> <li>D. All the appointments will be reviewed and discussed at the monthly core team/quarterlies/annual ISP.</li> <li>E. All physician orders will be reviewed, and all annual health screenings will be completed with supporting documentation if unable to complete/obtain/referred, the team will assess options with guardian.</li> <li>F. Qualified Professional will consult the guardian of all medical needs and to obtain consent for treatment.</li> <li>G. RN will review monthly</li> <li>H. Site Supervisor will monitor one time a week.</li> <li>I. Qualified Professional will monitor one time a week</li> </ul>	05.28.2022	
{W 340}	<p><b>NURSING SERVICES</b> CFR(s): 483.460(c)(5)(i)</p> <p>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:</p>	{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 340 (recite) This deficiency will be corrected by the following actions: A. The nurse will be responsible for in-serving/training staff on the proper way to document when administering medications. B. All staff will be in service on medication procedure and following the guidelines (medication rights) for dispensing all medications C. Consumers will be assessed for the ability to self-medicate (if applicable) D. Staff will be in service on Medication Administration procedures E. The Site Supervisor will monitor and document this weekly. F. The Qualified Professional will document this monthly. G. The nurse will document this monthly.	05.28.2022	
{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.	{W 352}	W352 (recite) This deficiency will be corrected by the following actions: A. The Site Supervisor will ensure that all assessments, appointments, and annual examinations are scheduled and completed. B. The comprehensive dental diagnostic service mentioned in the statement of deficiencies will be scheduled or completed. Any issues with non-compliance are to be documented. C. The Site Supervisor will monitor and document this weekly. D. The Qualified Professional will monitor and document this monthly. E. The nurse will ensure these appointments are completed and monitor and document them monthly.	05.28.2022	
{W 356}	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. <b>COMPREHENSIVE DENTAL TREATMENT CFR(s): 483.460(g)(2)</b>  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}	W356 (recite) This deficiency will be corrected by the following actions: A. All physician orders and medical consults will be reviewed for accuracy. B. The Site Supervisor will ensure that all assessments, appointments, and annual examinations are scheduled and completed. C. The comprehensive dental treatment mentioned in the statement of deficiencies #4 will be scheduled or completed. Any issues with non-compliance are to be documented D. All dental treatment will be completed in a timely manner. E. The Site Supervisor will monitor and document this weekly. F. The Qualified Professional will monitor and document this monthly at core team meeting G. The nurse will ensure these appointments are completed, monitor and documented monthly. H. RN will monitor monthly	05.28.2022	