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

PRINTED: 01/12/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G270	B. WING				R-C
NAME OF I		349270	D. WING		REET ADDRESS, CITY, STATE, ZIP CODE	01/	11/2023
NAME OF I	PROVIDER OR SUPPLIER						
VOCA-SIXTH STREET GROUP HOME				201 NORTH SIXTH STREET SANFORD, NC 27330			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	FIX (EACH CORRECTIVE ACTION SE		BE	(X5) COMPLETION DATE
{W 000}	INITIAL COMMENTS		{W 000}				
{W 263}	deficiencies previo deficiencies have be deficiency was reci compliance.	ucted on 1/11/23 for usly cited on 10/6/22. Two been corrected, however, one ited. The facility remains out of TORING & CHANGE	{W 20	63}			
	are conducted only consent of the clier minor) or legal gua This STANDARD is Based on record reacility failed to enshad been obtained	is not met as evidenced by: eviews and interviews, the sure written informed consent from the guardian for s for 2 of 3 audit clients (#1					
	Support Plan (BSP objective to exhibit to cooperate per m months. Additiona the use of Cogentin Gabapentin, and N client's behaviors. record did not reve	d/22 of client #1's Behavior dated 8/7/20 revealed an 1 or fewer episodes of failure north for 12 consecutive I review of the BSP identified n, Carbatrol, Clozapine, amenda XR to address the Further review of client #1's al a signed written informed uardian for his BSP.					
	Intellectual Disabili confirmed client #1	22 with the former Qualified tes Professional (QIDP) 's written informed consent was not available for review.					
	12/16/21 revealed	/22 of client #2's BSP dated objectives to exhibit 2 or fewer					
I ABORATOR'	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		TITLE		(X6) DATE

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G270	B. WING				R-C 01/11/2023
NAME OF PROVIDER OR SUPPLIER VOCA-SIXTH STREET GROUP HOME				S ⁻	TREET ADDRESS, CITY, STATE, ZIP CODE 01 NORTH SIXTH STREET ANFORD, NC 27330	1 017	11/2023
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	BE	(X5) COMPLETION DATE
{W 263}	episodes of failure to consecutive months episodes of inappromonth for 12 conserview of the BSP in Diazepam, Gabape his behaviors. Furth did not include a sign from client #2's guardian had refuse she was provided with medications he was interview indicated the guardian has not information; therefore unsigned. During the follow-up client #1's and client written informed conguardian for both client written informed conserview on 1/11/13 writte	to cooperate per month for 12 is and to exhibit 2 or fewer opriately obtaining food per cutive months. Additional dentified the use of Thorazine, antin and Ambien to address her review of client #2's record gned written informed consent ardian for his BSP. 2 with the former QIDP and visor revealed client #2's ed to sign client #2's BSP until vith more information about the serceiving. Additional as of the date of the survey, of been provided with this ore, his consent remains 2 survey on 1/11/23, review of at #2's record revealed no nsent for the BSP from the	{W 26	63}			