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 04/27/2023

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 4/27/23 for deficiencies previously cited on 2/21 - 2/22/23. Three deficiencies were not corrected. The facility remains out of compliance.	W 000		
{W 210}	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3) Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure assessments for 1 of 2 newly admitted clients (#5) were completed within 30 days after admission. The finding is:: A. Review on 2/21/23 of client #4's record revealed he was admitted to the facility on 5/4/22. Additional review of the record did not include Occupational Therapy, Physical Therapy, dental or vision assessments for client #4. B. Review on 2/21/23 of client #5's record revealed he was admitted to the facility on 12/20/22. Additional review of the record did not include Occupational Therapy, Physical Therapy, Speech Language, Nutrition, dental, vision, audiology and self-help/daily living skills assessments for client #5. Interview on 2/22/23 with the facility nurse and the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 and client #5 were in need of various assessments which had not been completed since their admission.	{W 210}		

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

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{W 210}	Continued From page 1 During a follow-up on 4/27/23, review of client #5's record revealed no Physical Therapy evaluation had been completed since his admission. Interview on 4/27/23 with the QIDP confirmed no Physical Therapy evaluatiion was available for review.	{W 210}		
{W 263}	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a written informed consent was obtained from guardians for restrictive Behavior Support Plans (BSP). This affected 2 of 3 audit clients (#2 and #6). The findings are: A. Review on 2/22/23 of client #6's record revealed a BSP dated 1/4/23 to reduce episodes of target behaviors to 0 per month for 12 consecutive months. Additional review of BSP included the use of Lexapro, Atarax and Risperdal. Further review of the record did not include a written informed consent from the guardian for client #6's BSP. Interview on 2/22/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed no written informed consent had been obtained from client #6's guardian for his BSP. During a follow-up on 4/27/23, review of client	{W 263}		

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{W 263}	Continued From page 2 #6's record revealed he continues to train on the BSP to address inappropriate behaviors which includes restrictive medications. Additional review of the record did not include written informed consent from the guardian for the BSP. Interview on 4/27/23 with the QIDP confirmed client #6's guardian has not provided written informed consent for his BSP. B. During a follow-up on 4/27/23, review of client #2's record revealed a BSP dated 2/5/23 to reduce episodes of target behaviors to 0 per month for 6 consecutive months. Additional review of the BSP identified the use of Gabapentin, Olanzapine, Zolpidem and Alprazolan. Further review of the record did not include a written informed consent from the guardian for client #2's BSP. Interview on 4/27/23 with the QIDP confirmed client #2's guardian has not provided written informed consent for the BSP.	{W 263}		
{W 312}	DRUG USAGE CFR(s): 483.450(e)(2) be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all medications used to address behaviors for 1 of 3 audit clients (#5) were included in a formal active treatment plan. The findings are:	{W 312}		

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{W 312}	Continued From page 3 A. Review on 2/21/23 of client #4's current physician's orders dated February 2023 revealed orders for Prozac, Seroquel (For mood and sleep) and Atarax (For agitation). Additional review of the record did not indicate the medications were included in a formal active treatment plan. B. Review on 2/21/23 of client #5's current physician's orders dated February 2023 revealed an order for Abilify. Additional review of the record did not indicate the medications were included in a formal active treatment plan. Interview on 2/22/23 with the Qualified Intellectual Disabilites Professional (QIDP) confirmed client #4 and client #5 are currently taking medications to address mood and other behaviors; however, these medications were not included in a formal active treatment plan. During a follow-up on 4/27/23, review of client #5's current physician's orders revealed he continues to receive Abilify and the medication is not included in a formal active treatment plan. Interview on 4/27/23 with the QIDP confirmed client #5 continues to ingest Abilify and no formal active treatment plan incorporating the use of the medication has been implemented.	{W 312}		