

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

PRINTED: 01/11/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G216	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/10/2023
NAME OF PROVIDER OR SUPPLIER  VOCA-OTIS STREET HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 OTIS STREET DURHAM, NC 27707	
(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 follow up and complaint survey was completed on 1/10/23 for deficiencies recited on 11/4/22. The facility was brought back into compliance for tags recited on 11/4/22. However, new non-compliance was found for intake #NC00195968.	W 000		
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)  The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to thoroughly investigate an injury of unknown origin for 1 of 1 audit clients (#1). The finding is:  Review on 1/10/23 of the facility's internal investigations revealed no investigation for client #1 had been initiated since an injury was identified on 11/4/22 and on 11/28/22.  Review on 1/10/23 for incident reports completed on client #1 in November revealed an incident report was completed on 11/4/22 by the site supervisor after the facility was notified of concerns by the client's guardian on 11/4/22 of a black eye she observed during a visit on 11/1/22. There was no incident report completed for a chipped tooth.  Review on 1/10/23 of medical records revealed client #1 was seen at the dental clinic on 12/14/22 for assessment of a chipped tooth and a follow up visit was completed on 1/4/23 for restoration of the tooth.	W 154	This deficiency will be corrected by the following actions:  A. All incidents of unknown origin will be thoroughly investigated. B. Management will ensure that all incidents have been thoroughly reviewed. C. Management will ensure that all incidents have been reported to all parties. D. Management will immediately investigate any unknown incidents. E. Incident reports will be reviewed monthly.	03.10.2023

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

TITLE

(X6) DATE

*Melika White JMC*

*EXECUTIVE DIRECTOR*

*1/17/2023*

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 154	<p>Continued From page 1</p> <p>Interview on 1/10/23 with the site supervisor revealed she was contacted by the qualified intellectual disability professional (QIDP) on 11/4/22 about concerns of client #1 having a black eye and scrape/scab on her chin. The site supervisor revealed she went to the home to assess client #1 and observed what looked like an old bruise on client #1's left eye and then filled out an incident report and contacted triage. The site supervisor revealed on 11/28/22 following the return of a home visit for client #1 from 11/25-11/28/22, the guardian mentioned concerns of client #1 having a chipped tooth and a dental visit was scheduled for 12/14/22 and a follow-up visit was conducted on 1/4/23 for the tooth to be restored.</p> <p>Interview on 1/10/23 with the QIDP revealed that on 11/4/22 after being notified by the guardian of the black eye, he obtained written statements from the staff present on 10/31/22 and 11/1/22 and spoke with the client who stated she fell in the shower. However, the QIDP confirmed he did not conduct an internal investigation. The QIDP confirmed that no incident report or internal investigation was conducted after discovering the client had a chipped tooth on 11/28/22. The QIDP revealed that he held an inservice training for all staff on 12/16/22 for incident/injury reporting following these incidence with client #1.</p>	W 154		