

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 R 11/04/2022
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 W 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG W 000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{W 227}	<p>INITIAL COMMENTS</p> <p>A revisit was conducted on 11/4/22 for all previous deficiencies cited on 8/24/22. Several deficiencies were corrected and some were recited.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on record review and interviews with staff, the facility failed to assure the individual program plan (IPP) for 1 of 4 audit clients (#2) included objective training to meet his priority training needs which included dining and money management. The finding is:</p> <p>Review on 11/4/22 of client #2's IPP dated 5/28/22 revealed he had priority training needs which included dining and money management. Further review of the IPP revealed no programs identified in money management or dining.</p> <p>Review on 11/4/22 of the facility's plan of correction dated 9/7/22 revealed the following: "(A) All ISP's will be reviewed and modified to address objective trainings. (B) All individual served goals will be reviewed and modified based off their objective needs (C) Active Treatment will be provided to all individuals served (D) Written training programs will be implemented based on any goals, strategies and needs identified by team Qualified Professional will in-service all staff on individual's ISP's and goals (F) Qualified Professional will monitor one time per week and</p>	{W 227}	<p>This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> A. All ISP's will be reviewed and modified as needed to address objective trainings. B. All individual served goals will be reviewed and modified based off their objective training needs. C. Active treatment will be provided to all individuals served. D. Written training programs will be implemented based on any goals, strategies and needs identified by team. E. Qualified Professional will in-service all staff on individual's ISP's and goals. F. Qualified Professional will monitor one time a week and will address any changes in core team meetings 	12.04.2022

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

Maite Whaeb, Executive Director

TITLE

2/1/2023 (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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{W 227}	Continued From page 1 will address ay changes in core team meetings."	{W 227}		
{W 263}	<p>Interview on 11/4/22 with the Program Director revealed there was not identified training for client #2 in the areas of money management and dining.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>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 confirmed by interviews with staff, the facility failed to ensure restrictive behavior programs were only conducted with the written informed consent of a legal guardian. This affected 2 of 4 audit clients (#2 and #3). The findings are:</p> <p>A. Review on 11/4/22 of client #2's behavior support program (BSP) dated 11/20/19 revealed an objective to decrease episodes of self-injury per month for 12 consecutive months. Further review of this BSP revealed this program incorporated the use of Risperidone and Sertraline. Review of the BSP consent revealed it was signed by client #2's guardian of the person on 12/11/19 and this written informed consent would expire on 11/20/20.</p> <p>B. Review on 11/4/22 of client #3's BSP dated 11/26/29 revealed an objective to exhibit zero episodes of failure to cooperate per month for 12 consecutive months. Additional review of client #3's BSP revealed this program incorporates the use of Clonazepam and Trazadone. Review of</p>	{W 263}	<p>This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> A. The Qualified Professional will review all behavior support plans. B. All behavior support plans will address the current needs and technique to manage inappropriate behavior. C. All proper techniques will be used to manage behaviors. D. Psychologist will review all plans. E. HRC approval and the proper consents will be obtained for all BSP's. F. The Qualified Professional will review and obtain guardian consent. G. Qualified Professional will monitor and document this monthly. 	12.04.2022

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{W 263}	Continued From page 2 the BSP consent revealed written informed consent was obtained by the guardian on 12/24/19 and this written informed consent would expire 11/26/20. Review on 11/4/22 of the facility's plan of correction dated 9/7/22 revealed the following: "(A)The Qualified Professional will review all behavior support programs. (B) All behavior support plans will address current needs and techniques to manage inappropriate behavior. (C) All proper techniques will be used to manage behaviors. (D) Psychologist will review all plans (E) HRC approval, and the proper consents will be obtained for all BSP's (F) The Qualified Professional will review and obtain guardian consent. (G) Qualified Professional will monitor and document this monthly. Interview on 11/4/22 with the Program Director confirmed the facility had not obtained written informed consent for these BSP's.	{W 263}			
{W 436}	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview the facility failed to assure for 1 of 4 audit clients (#1) was taught to use and make informed choices about the use of eyeglasses. The finding is:	{W 436}			

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{W 436}	<p>Continued From page 3</p> <p>Throughout observations in the facility on 11/4/22 from 7:15am-9am client #1 was not observed to wear glasses. Her glasses were not located in her bedside table, the medication closet or in the back pocket of her wheelchair.</p> <p>Review on 11/4/22 of a visual assessment dated March 2022, prior to her placement on 5/2/22, client #1 was seen by an Optometrist and given a prescription to obtain reading glasses.</p> <p>Review on 11/4/22 of the facility's plan of correction dated 9/7/22 revealed the following: (A) All adaptive equipment will be discussed in a team meeting (B) All people served will be in-service on their adaptive equipment and the importance of wearing/using their adaptive equipment (C) All adaptive equipment will be accessible to the person served needing the equipment (D) Formal training will be completed for the use of adaptive equipment-eyeglasses (E) All people will be assessed for the use of adaptive equipment (F) Qualified Professional will implement a formal goal (G) All staff will be in-serviced of the use of adaptive equipment (H) Site Supervisor will monitor one time a week (I) Qualified Professional will monitor one time per week.</p> <p>Interview on 11/4/22 with the Program Director revealed client #1 does not currently have glasses.</p>	{W 436}	<p>This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> A. All adaptive equipment will be discussed in a team meeting. B. All people served will be in-serviced on their adaptive equipment and the importance of wearing/using their adaptive equipment. C. All adaptive equipment will be accessible to the person served needing the equipment. D. Formal training will be completed for the use of adaptive equipment-eyeglasses E. All people served will be assessed for the use of adaptive equipment. F. Qualified Professional will implement a formal goal. G. All staff will be in-serviced of the use of adaptive equipment. H. Site Supervisor will monitor one time a week. I. Qualified Professional will monitor one time a week 	12.04.2022