PRINTED: 06/21/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G218	B. WING		06/	20/2023
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 322 OBIE DRIVE DURHAM, NC 27713		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOIL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
E 039	CFR(s): 483.475(d)  §416.54(d)(2), §418 §460.84(d)(2), §482 §483.475(d)(2), §48 §485.542(d)(2), §48 *[For ASCs at §416 at §485.542, OPO, §485.727, CMHCs §491.12, and ESRE  (2) Testing. The [facto test the emergen must do all of the formulate of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of th	3.113(d)(2), §441.184(d)(2), 2.15(d)(2), §483.73(d)(2), 34.102(d)(2), §485.68(d)(2), 35.625(d)(2), §494.62(d)(2).  3.54, CORFs at §485.68, REHs "Organizations" under at §485.920, RHCs/FQHCs at D Facilities at §494.62]:  cility] must conduct exercises acy plan annually. The [facility] ollowing:  all-scale exercise that is every 2 years; or unity-based exercise is not a facility-based functional ars; or y] experiences an actual de emergency that requires be regency plan, the [facility] is ging in its next required or individual, facility-based following the onset of the itional exercise at least every 2 year the full-scale or under paragraph (d)(2)(i) of ucted, that may include, but is llowing: ale exercise that is or individual, facility-based or	E 0	TITLE		(X6) DATE

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

(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.

Facility ID: 922326

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G	· /	(X3) DATE SURVEY COMPLETED	
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E 039	a facilitator and incla a narrated, clinically scenario, and a set directed messages designed to challen (iii) Analyze the [facility analyze the analyze the analyze the the annually. The hosp (i) Participate in a facommunity based of (A) When a community accessible, conduct functional exercise (B) If the hospice of the analyze the emergency plarengaging in its next community-based of facility-based functionset of the emerge (ii) Conduct an addopposite the year the exercise under parais conducted, that in to the following:  (A) A second full-second full-s	udes a group discussion using y-relevant emergency of problem statements, or prepared questions ge an emergency plan. Sility's] response to and ation of all drills, tabletop ergency events, and revise the cy plan, as needed.  18.113(d):] Dices that provide care in the energency plan at least provide care in the energency plan at least provide emergency plan at least provide exercise that is every 2 years; or unity based exercise is not an individual facility based every 2 years; or experiences a natural or experiences a natural or exercise or individual onal exercise or individual onal exercise following the ency event. Sitional exercise every 2 years, the full-scale or functional exercise or functional exercise or individual onal exercise or functional exercise or functional exercise or functional exercise that is or a facility based functional	E 03	9		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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E 039	a narrated, clinically scenario, and a set directed messages designed to challen (3) Testing for hosp care directly. The hexercises to test theyear. The hospice (i) Participate in an is community-based (A) When a community-based function (B) If the hospice eman-made emerge the emergency plarengaging in its next based or facility-based following the onset (ii) Conduct an add may include, but is (A) A second full-scommunity-based or facilitator that including the community-based or facilitator that including the problem as set of problem messages, or preparent in the problem in the prob	y-relevant emergency of problem statements, , or prepared questions age an emergency plan.  sices that provide inpatient hospice must conduct e emergency plan twice per must do the following: a annual full-scale exercise that d; or unity-based exercise is not t an annual individual onal exercise; or experiences a natural or ency that requires activation of ent required full-scale community sed functional exercise of the emergency event. ditional annual exercise that not limited to the following: cale exercise that is or a facility based functional er drill; or recise or workshop led by a des a group discussion using a relevant emergency scenario, en statements, directed ared questions designed to	EC	039		

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E 039	*[For PRFTs at §44 §482.15(d), CAHs at (2) Testing. The [PF conduct exercises to twice per year. The do the following: (i) Participate in an is community-based (A) When a community-based function (B) If the [PRTF, Ho actual natural or marequires activation of [facility-based functionset of the emergency (ii) Conduct an and that may include following: (A) A second full-scommunity-based of functional exercise; (B) A mock (C) A tabletop of led by a facilitator at discussion, using a emergency scenari statements, directed questions designed plan.  (iii) Analyze the maintain document	1.184(d), Hospitals at at §485.625(d):] RTF, Hospital, CAH] must to test the emergency plan annual full-scale exercise that d; or unity-based exercise is not annual individual, onal exercise; or ospital, CAH] experiences an an-made emergency that of the emergency plan, the rom engaging in its next community based or individual, onal exercise following the ency event.  [additional] annual exercise or le, but is not limited to the cale exercise that is or individual, a facility-based or disaster drill; or exercise or workshop that is and includes a group narrated, clinically-relevant o, and a set of problem d messages, or prepared to challenge an emergency at [facility's] response to and ation of all drills, tabletop ergency events and revise the cy plan, as needed.	E	039		

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E 039	(2) Testing. The PA exercises to test the annually. The PACI following: (i) Participate in an is community-base (A) When a community-based (A) When a community-based function (B) If the PACE expressible, conduction facility-based function (B) If the PACE expressible, conduction facility-based functions are manyally emergency plarengaging in its next based or individual, exercise following the exercise under participate is conducted that manyally the following: (A) A second full-second full-second functional exercises (B) A mock disasted (C) A tabletop exercise a facilitator and inclusing a narrated, clusted messages designed to challer (iii) Analyze the PA maintain document exercises, and emergace (For LTC Facilities)	CE organization must conduct be emergency plan at least a corganization must do the annual full-scale exercise that do	E 03	39		

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E 039	test the emergency including unannou emergency proced ICF/IID] must do the community-based (A) When a community-based function (B) If the [LTC facility-based function actual natural or requires activation LTC facility is exert required a full-scat individual, facility-beta following the onse (ii) Conduct an actual natural or requires activation LTC facility is exert required a full-scat individual, facility-beta following the onse (ii) Conduct an actual natural exercises (B) A mock disast (C) A tabletop exert a facilitator includent natural exercises a facilitator includent a set of problem essages, or preportion of the community facility and a set of problem essages, or preportion of the community facility and maintain document exercises, and emergent facility of the community facility facili	y plan at least twice per year, need staff drills using the dures. The [LTC facility, ne following: In annual full-scale exercise that ed; or unity-based exercise is not et an annual individual, tional exercise. Itity] facility experiences an ean-made emergency that of the emergency plan, the empt from engaging its next le community-based or eased functional exercise to of the emergency event. Inditional annual exercise that is not limited to the following: scale exercise that is or an individual, facility based exercise or workshop that is led by es a group discussion, using a erelevant emergency scenario, em statements, directed exercised to receive questions designed to regency plan. ITC facility] facility's response to mentation of all drills, tabletop ergency events, and revise the y's emergency plan, as needed.  483.475(d)]: EF/IID must conduct exercises ncy plan at least twice per year.	EC	039		

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E 039	is community-based (A) When a community-based functional emergency plarengaging in its next community-based of functional exercise emergency event. (ii) Conduct an add may include, but is (A) A second full-socommunity-based of functional exercise; (B) A mock disasted (C) A tabletop exerca facilitator and inclusing a narrated, clusing a narrated	d; or unity-based exercise is not tan annual individual, onal exercise; or. experiences an actual natural or ncy that requires activation of a, the ICF/IID is exempt from a required full-scale or individual, facility-based following the onset of the ditional annual exercise that not limited to the following: eale exercise that is or an individual, facility-based or an individual, facility-based or an individual, facility-based or or drill; or cise or workshop that is led by udes a group discussion, inically-relevant emergency of problem statements, or prepared questions ge an emergency plan. E/IID's response to and ation of all drills, tabletop ergency events, and revise the ey plan, as needed.  1.102] HHA must conduct exercises acy plan at HHA must do the following: ull-scale exercise that is	E 03			

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E 039	(B) If the HHA or man-made emer of the emergency pengaging in its next community-based of functional exercise emergency event.  (ii) Conduct an add opposite the year the exercise under parais conducted, that limited to the follow  (A) A second functional exercise;  (B) A mock disaid (C) A tabletop of led by a facilitator and discussion, using a emergency scenaristatements, directed questions designed plan.  (iii) Analyze the HH documentation of a emergency events, emergency plan, as *[For OPOs at §486 (d)(2) Testing. The to test the emergency events are following:  (i) Conduct a paper workshop at least as led by a facilitator and discussion, using a emergency scenarior discussion.	experiences an actual natural gency that requires activation lan, the HHA is exempt from a required full-scale or individual, facility based following the onset of the ditional exercise every 2 years, the full-scale or functional agraph (d)(2)(i) of this section at may include, but is not ing: all-scale exercise that is or an individual, facility-based or exercise or workshop that is and includes a group narrated, clinically-relevant o, and a set of problem d messages, or prepared to challenge an emergency  A's response to and maintain II drills, tabletop exercises, and and revise the HHA's a needed.	E 03	9		

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E 039	plan. If the OPO ex man-made emerge the emergency plan engaging in its next following the onset (ii) Analyze the OPO documentation of a emergency events, OPO's] emergency *[RNCHIs at §403. (d)(2) Testing. The exercises to test the must do the followin (i) Conduct a paper least annually. A tail discussion led by a clinically-relevant e of problem statemed prepared questions emergency plan. (ii) Analyze the RNI maintain document and emergency event emergency plan, as This STANDARD in Based on record refacility failed to conteme the emergency prepared year. This potential #3, #4, #5, and #6)  Review on 6/19/23 preparedness plan, neither a tabletop a community-based as a series of the emergency prepared the emergency prepared the emergency prepared year. This potential #3, #4, #5, and #6)	I to challenge an emergency periences an actual natural or ncy that requires activation of n, the OPO is exempt from a required testing exercise of the emergency event. O's response to and maintain II tabletop exercises, and and revise the [RNHCI's and plan, as needed.  748]: RNHCI must conduct e emergency plan. The RNHCI ng: r-based, tabletop exercise at oletop exercise is a group facilitator, using a narrated, mergency scenario, and a set ents, directed messages, or a designed to challenge an HCI's response to and ation of all tabletop exercises, ents, and revise the RNHCI's is needed. Is not met as evidenced by: eviews and interviews, the duct exercises to test their edness plan at least twice per ly affected all clients (#1, #2, living in the home.	E 03	9		

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E 039	Continued From pa	ge 9	E 039	9		
W 210	revealed the facility completed a hurrica was located to supp full-scale, communi	did a mock drill and ane drill. No documentation port a tabletop activity, or a ity-based activity.  GRAM PLAN	W 210			
	assessments or reasupplement the preprior to admission. This STANDARD is Based on record refailed to ensure the completed prelimination within 30 days after	r admission, the m must perform accurate assessments as needed to diminary evaluation conducted is not met as evidenced by: eview and interview the facility interdisciplinary team ary accurate assessments admission. This affected 1 of ients (#2). The finding is:				
	program plan (IPP) was admitted to the review of client #2's	of client #2's individual dated 12/30/22 revealed he facility 12/2/2022. Further record revealed no ctional assessment was days of admission.				
W 249	confirmed that the t	_	W 249			
	formulated a client's each client must re- treatment program	rdisciplinary team has s individual program plan, ceive a continuous active consisting of needed ervices in sufficient number				

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W 249		age 10 upport the achievement of the d in the individual program	W 2	49			
	Based on observa interviews, the faci clients (#2, #4, #5 active treatment pr interventions and s Individual Program	is not met as evidenced by: tions, record reviews and lity failed to ensure 4 of 4 audit and #6) received a continuous ogram consisting of needed services as identified in the Plan (IPP) in the areas of station. The findings are:					
	revealed formal tra dryer, brushing his	on 6/19/23 of client #2's IPP ining objectives for loading the teeth and cleaning his room. g objectives had an target date.					
		ew on 6/19/23 revealed staff ny of the formal objectives.					
	client #5 assisted v	ions in the home on 6/19/23 with meal prep at dinner and lient #5 also folded laundry se.					
	plan data book rev for brushing his tee 11/30/20, cleaning	6/19/23 of client #5's program ealed formal training objectives eth with a target date of his room with a target date of ng his clothes with a target date					
		ew on 6/19/23 revealed no ectives had been updated since eached.					

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W 249	Continued From pa	age 11	W 2	49		
	from 4:00pm-5:00p setting the table at Client #4 was also bowling game with Review on 6/19/23	of client #4's IPP, dated				
	goals. However, re training records or training objectives unloading the dish	no formal objective training eview of client #4's digital of 6/19/23 revealed formal to include toothbrushing, washer, bathing, money participating in an activity with on date of 12/14/22.				
	Disabilities Profess from Novemeber,	of the Qualified Intellectual sional (QIDP) Review Notes 2022-June, 2023 revealed essed in all training objectives.				
	revealed no revision addition, no update	iew on 6/20/23 for client #6 ons to objectives were made. In ed training objectives had been e target dates were reached.				
	from 4:00pm-5:00ptable alone, looking	tions in the home on 6/19/23 om, client #6 sat at the dining g around and talking aloud to oriefly sat with peers in the den ling game.				
	no formal objective	o's IPP, dated 9/15/22, revealed e training goals. However, s digital training records on				

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W 249	include unloading the date of 3/3/23 and pevent with a target. Further record revier revealed no update implemented since. Interview on 6/19/2 revealed no update implemented for clisite supervisor state would be the responsability. Interview on 6/19/2 facility is moving to recording data and this system. When the digital system for the QIDP stated the entered incorrectly QIDP stated that clindependence with. Interview on 6/20/2 revealed there should be revised in PROGRAM DOCU CFR(s): 483.440(e).	ormal training objectives to the dishwasher with a target participating in a community completion date of 6/3/23.  Bew on 6/20/23 for client #6 of training objectives had been target dates expired.  Which is the supervisor of the distriction objectives were ents #2, #4, #5, and #6. The end planning the objectives insibility of the Qualified ites Professional (QIDP).  Which is were being placed the wards a digital format for goals were being placed in asked to locate goals within or clients #2, #4, #5, and #6, and there were no goals. The ents should have been and there were no goals toward ongoing training opportunities.  Which is with the Program Manager and have been updated training their needs, and objectives is clients regressed.  MENTATION	W 24				

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W 252	Continued From page	age 13	W 2	252			
	Based on observation interviews, the factoriative to the according to the according was documentally and the second secon	is not met as evidenced by: ations, record reviews and lity failed to ensure data amplishment of objective mented in measurable terms. audit clients (#2, #4, #5 and are:					
	revealed a formal of dryer with data to be brushing his teeth time the skill is use	/23 of client #2's record training program for loading the pe collected 2 times per week, with data to be collected each ed and cleaning his bedroom lected on 2nd shift.					
		of client #2's program plan ata has been documented on ims.					
	data book revealed brushing his teeth ironing his clothes	//23 of client #5's program pland a formal training program for with data to be collected daily, with data to be collected 1 time ning his bedroom with data to day.					
		of client #5's program plan ata has been documented on ims.					
	records revealed for include toothbrush bathing, money ma	/23 of client #4's digital training ormal training objectives to ing, unloading the dishwasher, anagement, and participating in targeted completion date of					

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		34G218	B. WING			06/	/20/2023
VOCA-O	PROVIDER OR SUPPLIER	,		322	EET ADDRESS, CITY, STATE, ZIP CODE OBIE DRIVE RHAM, NC 27713	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 252	Review on 6/19/23 data book revealed documented on an D. Review on 6/19/records revealed a include unloading tompletion date of community event witraining data could Review on 6/19/23 data book revealed documented on an Interview on 6/19/2 documentation was stated "if goals and does not exist."  Interview on 6/19/2 "use to do specific Staff B stated that training record on to "does something, staff writing a community of the staff should be program plan data record. However, the few staff can access time. The site supernot locate any data.	of client #4's program plan in o data had been y training programs.  23 of client #6's digital training formal training objective to he dishwasher with a target 3/3/23 and participating in a with a target date of 6/3/23. No be located.  of client #6's program plan in o data has been y training programs  3 with staff A revealed goal is kept in data books. Staff A idata are not in the book, it  3 with staff B revealed staff training data but not now".  data is recorded in the digital he computer when a client such as take out the trash" by	W 2	252			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION  NG		TE SURVEY MPLETED
		34G218	B. WING		06	/20/2023
VOCA-O	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 322 OBIE DRIVE DURHAM, NC 27713		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ( (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 252	facility is moving to recording data. The could be located in for clients #2, #4, # the dates must hav resulted in no goals clients should have	wards a digital format for e QIDP acknowledge no data the digital training data format 5, and #6. The QIDP stated e been entered incorrectly and s or data. The QIDP stated that goals toward independence ag opportunities with staff	W 2	52		
W 255	revealed all clients objective training to PROGRAM MONIT CFR(s): 483.440(f)  The individual progleast by the qualifie professional and rebut not limited to si successfully complidentified in the indit This STANDARD in	ORING & CHANGE	W 2	55		
	objectives were rev needed, including we passed. The finding C. Review on 6/19/ 3/21/23, revealed in goals. However, re- training records on training objectives to unloading the dishw	23 of client #4's IPP, dated o formal objective training view of client #4's digital 6/19/23 revealed formal for skills in toothbrushing, vasher, bathing, money participating in an activity for				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		34G218	B. WING		06	/20/2023
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 322 OBIE DRIVE DURHAM, NC 27713	•	, <b>-v-v</b>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 255	Review on 6/20/23 regression in the for 2022 - June, 2023: Personal Goal - Resultant Money Manageme Meal Prep - Regres Personal Hygiene - Toothbrushing - Resultant Neview on 6/19/23 data book revealed documented on an Review on 6/19/23	of the QP Review revealed ollowing areas from November, egression not - Regression egression egression of client #4's program plan I no data has been y training programs  of client #4's digital training o data has been documented	W 29	55		
	revealed no formal However, review of records on 6/19/23 objectives for unloatarget of 3/3/23, an event, with a target were located.  Review on 6/20/23 client #6's progress October, 2022 - Mareview stated the form Medication Goal - Stati Money Manageme at 65%  Laundry Goal - Sati	Satisfactory Progress at 90% sfactory Progress at 80% nt Goal - Satisfactory Progress isfactory Progress at 92% of client #6's program plan				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION  NG		OATE SURVEY OMPLETED
		34G218	B. WING		(	06/20/2023
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S 322 OBIE DRIVE DURHAM, NC 27713		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE
W 255	records revealed no	of client #6's digital training of data has been documented	W 2	55		
	Disabilities Profess asked the Site Sup- to determine progre during the conversa gained understandi	3 with the Qualified Intellectual ional (QIDP) revealed he ervisor how clients were doing ess for client objective training ation. When asked how he ng of specific progress IDP stated he asked the Site				
W 259	revealed data is ne- progress in training needed is progress	ORING & CHANGE	W 2	59		
	assessment of each the interdisciplinary updated as needed This STANDARD is Based on record refacility failed to ensure functional assessment.	the comprehensive functional in client must be reviewed by team for relevancy and				
	Record review on 6 comprehensive fun located in client #5'	ctional assessment could be				
	Interview on 6/20/2	3 with the program manager				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G		E SURVEY IPLETED
		34G218	B. WING		06/	20/2023
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 322 OBIE DRIVE DURHAM, NC 27713		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICIENCY)	.D BE	(X5) COMPLETION DATE
W 259	revealed the CFAs The program mana could be located for	hould be updated annually. ger confirmed that no CFA	W 25			
	monitor individual prinappropriate behavin the opinion of the client protection and This STANDARD is Based on record refailed to ensure the techniques for 2 of reviewed and monit committee (HRC).  A. Review on 6/19/2 orders dated 3/20/2 Seroquel daily and doctor visits. Furth #2's medication corconsent by the HRC  B. Review on 6/19/2	uld review, approve, and rograms designed to manage vior and other programs that, a committee, involve risks to d rights. Is not met as evidenced by: eview and interview, the facility restrictive behavior 4 audit clients (#2 and #5) was tored by the human rights The findings are:  23 of client #2's physician's 13 revealed the use of Lorazepam as needed for er review on 6/19/23 of client insent revealed no written C.				
W 263	use of Abilify, Cloni Intuniv, Saphris and of client #5's medic no written consent Interview on 6/20//2 revealed no written for client #2 and #5	23 with the program manager consent has been obtained by the HRC CORING & CHANGE	W 26	3		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		TE SURVEY MPLETED
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NAME OF I	PROVIDER OR SUPPLIER BIE			STREET ADDRESS, CITY, STATE, 322 OBIE DRIVE DURHAM, NC 27713		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 263	The committee share conducted only consent of the clien minor) or legal guar This STANDARD Based on observatinterview, the facility programs were onlinformed consent of affected 2 of 4 and findings are:  A. Review on 6/19/client was currently hospitalized since.  Review of client #23/20/23 revealed of at 7:00am, Seroque Seroquel 100mg at Further review revesigned by the guar.  B. During observation the home on 6/20/20 observed consuminum, Clonidine 0.10mg, Clonidine 0.10mg and Saphris.  Review on 6/19/23 Plan (BSP) dated 9 behaviors consisting inappropriate verbar The BSP included Fluoxetine, Hydrox Saphris.	buld insure that these programs with the written informed nt, parents (if the client is a ardian. is not met as evidenced by: Ition, record review and ty failed to ensure restrictive by conducted with the written of a legal guardian. This lit clients (#2 and #5). The 1/23 of client #2's revealed the properties of the medication pass in 23 at 7:23am, client #5 was ang Guafacine ER 1mg, Abilify 1mg, Fluoxetine 40mg, Lybalvi	W 2	263		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION  NG		TE SURVEY MPLETED
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VOCA-O	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 322 OBIE DRIVE DURHAM, NC 27713		
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W 263 W 312	Interview on 6/20/2 revealed no written obtained for the use the use of Lybalvi for manager confirmed been obtained by the DRUG USAGE	dian for the use Lybalvi.  3 with the program manager informed consent had been a of Seroquel for client #2 and or client #5. The program I the consents should have ne guardians.	W 2			
	individual program specifically towards elimination of the bare employed. This STANDARD is Based on record refailed to ensure the developed active traconjunction with clie for the reduction and behavior medication clients (#2). The find Review on 6/19/23 program plan (IPP) was admitted to the diagnoses are listed	integral part of the client's plan that is directed the reduction of and eventual ehaviors for which the drugs is not met as evidenced by: eview and interview, the facility interdisciplinary team (IDT) eatment programs to use in ent's psychotropic medications id/or elimination of restrictive ins. This affected 1 of 4 audit ding is:  of client #2's individual dated 12/30/22 revealed he a facility 12/2/22. Client #2's in days as seizure disorder,				
	dysphagia.  Review on 6/20/23 dated 3/20/23 reverse psychiatric manage Review on 6/19/23	of client #2's physician orders aled he receives Seroquel for ment.  of client #2's record did not tive treatment program to use				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G218	B. WING		06	/20/2023	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 322 OBIE DRIVE DURHAM, NC 27713			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ( (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 312	in conjunction with Interview on 6/20/2	nge 21 his psychotropic medications.  3 with the program manager does not have a BSP in place	W 3	12			
W 440	at this time. EVACUATION DRI CFR(s): 483.470(i)	LLS	W 4	40			
	This STANDARD in Based on record re	r each shift of personnel. s not met as evidenced by: eview and interview, the facility e drills, per shift, at least ng is:					
	evacuation reports May 2022 through I	of the facility's fire drill revealed for the time period of May 2023, no fire drills were ter 1 and Quarter 2 on any					
	revealed that the fir	3 with the Site Supervisor re drills that were reviewed completed to her knowledge.					
W 441			W 4	41			
	Based on record re facility failed to ens conditions in sched	s not met as evidenced by: eview and staff interviews, the ure variances of times and uled fire drill evacuations. This affect all clients (#1, #2, #3,					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G218	B. WING		06	/20/2023	
VOCA-O	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 322 OBIE DRIVE DURHAM, NC 27713			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 441	Review on 6/19/23 5/1/23 revealed the 8/6/22 1:00pm 9/4/22 1:30pm 2/11/23 1:00pm 3/4/23 1:00pm 3/12/23 1:30pm 4/8/23 1:35pm 5/20/23 12:35pm  Further review on 6 revealed three drills and 10:30pm.  Interview on 6/20/2	of fire drills dated 5/1/22 - following 2nd shift drills:  6/19/23 of 3rd shift fire drills a occuring between 10:15pm  3 with the Program Manager should be conducted at varied	W 4	.41			