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

PRINTED: 08/09/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	ULTIPLE CONSTRUCTION  LDING		(X3) DATE SURVEY COMPLETED	
		34G216	B. WING	۷G		3/08/2023	
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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 120	meet the needs of ear This STANDARD is rapased on observation failed to ensure service outside programs and settings were promptl 6 of 6 audit clients (#17 The finding is:  Interview on 8/8/23 which was with the clients the facility staff do not setting when clients a because of appointments to help set up lunch a Often when she is out to be made for another absence. Additional in information the vocation absences is from the During observations of facility, clients #5 and both had physician approach would not be going to day.  Interview on 8/8/23 which disabilities profession vocational setting had	are that outside services ch client.  not met as evidenced by: ns and interviews, the facility ces were coordinated with the issues across the two y addressed. This affected 1, #2, #3, #4, #5 and #6).  Which ith vocational staff, that from the facility, revealed to contact the vocational are not going to attend ents or when they are out urther interview revealed one as a job that she is paid for, the vocational setting. The vocational setting er individual to help in her interview revealed often the onal setting receives about clients at the facility.  On 8/8/23 at 7:30am at the #6 told the surveyor they opointments on 8/8/23 and the vocational setting that  with the qualified intellectual al (QIDP) revealed the facility on the contacted to let and #6 would be absent on	W 12				
		AIVI PLAN	VV 24		0.	(6) DATE	

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

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.

Facility ID: 922342

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		34G216	B. WING			08/	08/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA-OTIS STREET HOME				241	REET ADDRESS, CITY, STATE, ZIP CODE IS OTIS STREET IRHAM, NC 27707			
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W 240	relevant interventions toward independence This STANDARD is Based on observation interviews, the facility audit clients (#1) indivincluded information personal independent The finding is:  During observations 5:00pm, direct care is scooping pureed managround meat loaf and spoon and assisted of her mouth. Client #1 spillage, was not weat staff held a paper tow food underneath her.  During observations 7:00am, direct care is helped client #1 bring Client #1 had mechangrape jelly, Mechanic pureed oatmeal on hassisted client #1 in sent angled spoon at bring her spoon to he wearing a clothing prince interview.	im plan must describe is to support the individual sectors. In the support the individual sectors, record review and a failed to ensure for 1 of 3 vidual program plan (IPP)'s to support client #1 towards are specifically during dining.  In the support of the su	W	240				
	revealed client #1's c	liet had been changed s having more difficulty during						

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		34G216	B. WING _			08/08/2023		
NAME OF PROVIDER OR SUPPLIER  VOCA-OTIS STREET HOME			•	STREET ADDRESS, CITY, STATE, ZIP COD 2415 OTIS STREET DURHAM, NC 27707	DE			
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W 240	dining with more spethe dining room tabbringing her spoon client #1 receives athree ties daily and losing quite a bit of When asked of the had been contacted skills, she stated, "I Review on 8/7/23 oplan (IPP) dated 6/high sided divided pis to receive a regule Breeze with each in Further review did about client #1 using or assisting client #1 Review on 8/8/23 of life assessment dath needs assistance word cues (VC).  Review on 8/8/23 of revealed a diet chat texture at all meals supplements with a 8pm.  Interview on 8/8/23. Further intropears to be having and is having mode interview confirmed contacted to reasses.	illage, getting close enough to le with her wheelchair and to her mouth. Staff A stated dietary liquid supplement between meals but she still her meals from food spillage. Occupational Therapist (OT) do to reassess client #1's dining don't think so."  If client #1's individual program 16/23 revealed she uses a plate, bent angled spoon and lar pureed diet with Boost neal and at 10am and 8pm. Into reveal any information in grapkins, clothing protectors 1 with scooping her food.  If client #1's community home ed 7/30/23 revealed she with dining requiring verbal  If a dietary note dated 7/25/23 inge to Regular diet Pureed	W 2	240				

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W 460	FOOD AND NUTRIT CFR(s): 483.480(a)(2) Each client must receivell-balanced diet incorporation specially-prescribed of the special speci	l) eive a nourishing, cluding modified and	W 46	60				
	Based on observation interviews, the facility prescribed diet was f	not met as evidenced by: ons, record review and of failed to ensure client #1's collowed as written. This clients. The finding is:						
	at 4:45pm, staff C promeat loaf, cabbage a processor. The cabbaground, had lumps at Staff C did not refer t	f meal preparation on 8/7/23 epared mashed potatoes, and pears in the food age and meat loaf appeared and was not liquid in texture. The picture diagrams a cabinets of different diet						
	5:00pm, direct care s scooping pureed mas ground meat loaf and and was not liquid in	of supper on 8/7/23 at staff C assisted client #1 with shed potatoes, mechanically a cabbage that had lumps texture. Client #1 used a d staff C assisted client #1 to er mouth.						
	disabilities profession texture should be thic The QIDP pointed ou textures are posted for	with the qualified intellectual nal (QIDP) revealed a pureed ckened liquid without lumps. It that examples of different or staff in the kitchen.						
	at 6:45am, staff B us	ed the food processor to ly and sausage in the food						

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W 460	S STREET HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		W					