

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

PRINTED: 02/27/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G228	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/27/2024
NAME OF PROVIDER OR SUPPLIER VOCA-CREEKWAY			STREET ADDRESS, CITY, STATE, ZIP CODE 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 242	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to develop training to address basic needs such as respecting privacy and wearing shoes appropriately for 1 of 6 audit clients (#2). The finding is:</p> <p>A. During observations in the home on 2/26/24 at 4:55pm, client #2 was observed walking down the hallway opening three other client's bedroom doors and going inside the bedrooms. Client #2 then went into the office and poured water on the desk.</p> <p>Further observation in the home on 2/27/24 at 6:30am, client #2 went into the bathroom while another client is being assisted by staff. Client #2 entered the bathroom again at 6:45am, 6:50am and 6:55am while another client was still showering. Client #2 never knocked on any doors.</p> <p>B. During observations in the home throughout 2/26/24 and 2/27/24, client #2 had her shoes on the wrong feet.</p> <p>Review on 2/27/24 of client #2's Individual Program Plan (IPP) dated 2/8/24 revealed client</p>	W 242			

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.

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W 242	Continued From page 1 #2 never observes others privacy. Interview on 2/27/24 with the facility's site supervisor revealed client #2 does not have an objective for respecting privacy. The site supervisor also revealed that client #2 continuously wears her shoes on the wrong feet and has no training in place.			W 242			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 6 audit clients (#2) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of fluid intake. The finding is: Record review on 2/26/24 of client #2's Individual Program Plan (IPP) dated 2/8/24 revealed client #2 should be limited to 2 liters of fluid per day. The IPP states that all fluid intake must be documented. Further review on 2/27/24 of client #2's record revealed no evidence of documentation for client			W 249			

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W 249	Continued From page 2 #2's fluid intake. Interview on 2/27/24 with the facility's program manager revealed that client #2 is on fluid restriction and client #2's intake should be documented. However, no documentation could be located.			W 249			
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 observations, record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 6 out of 6 audit clients (#1, #2, #3, #4, #5 and #6). The findings are: Observations in the home throughout 2/26/24 and 2/27/24 revealed alarms on all the exit doors. A. Review on 2/26/24 of client #1's Behavior Support Plan (BSP) dated 1/19/24 revealed no written informed consent of a legal guardian for exit alarms. B. Review on 2/26/24 of client #2's BSP dated 2/24/24 revealed no written informed consent of a legal guardian for exit alarms. C. Review on 2/26/24 of client #3's BSP dated 2/8/24 revealed no written informed consent of a legal guardian for exit alarms.			W 263			

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W 263	Continued From page 3 D. Review on 2/27/24 of client #4's BSP dated 2/6/24 revealed no written informed consent of a legal guardian for exit alarms. E. Review on 2/27/24 of client #5's BSP dated 1/19/24 revealed no written informed consent of a legal guardian for exit alarms. B. Review on 2/27/24 of client #6's BSP dated 12/7/23 revealed no written informed consent of a legal guardian for exit alarms. Interview on 2/27/24 with the facility's program manager revealed that none of the 6 client's BSP's have written consent for exit door alarms. The program manager confirmed that the facility should have obtained written informed consent for all clients in the home.	W 263			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained to implement appropriate health and hygiene methods. This affected 6 of 6 audit clients (#1, #2, #3, #4, #5 and #6). The findings are: A. During observations in the home on 2/26/24 of the medication administration between 4:25pm and 5:11pm, client #3, client #4 and client #5 came into the medication room and were not	W 340			

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W 340	<p>Continued From page 4</p> <p>prompted to sanitize their hands prior to pouring their water or punching medications out of the packages.</p> <p>Observations at dinner on 2/26/24 at 5:15pm, all the clients were called to the dining room for dinner. The clients sat down at the table and were never prompted to wash or sanitize their hands.</p> <p>Further observations on 2/27/24, at 6:55am, the clients were called to the dining room table for breakfast. The clients were never prompted to wash or sanitize their hands.</p> <p>B. During observations in the home throughout 2/26/24 and 2/27/24, client #4 and client #6 were noted to have long fingernails. During dinner observations on 2/26/24, staff B noticed client #4's nails were long when he scratched her while doing hand over hand to serve his meal.</p> <p>Record review on 2/27/24 of client #4's Community Life Assessment dated 11/9/23 revealed client #4 requires physical prompts to maintain appropriate length of nails.</p> <p>Record review on 2/27/24 of client #6's Community Life Assessment dated 11/23/23 revealed client #6 requires verbal cues to maintain appropriate length of nails.</p> <p>Interview on 2/27/24 with the facility nurse revealed that the client's hands should always be washed or sanitized during medication administration and at meal times. The nurse also confirmed that staff should be ensuring the client's nails are trimmed.</p>	W 340			
W 460	FOOD AND NUTRITION SERVICES	W 460			

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W 460	<p>Continued From page 5 CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 2 of 6 audit clients (#1 and #3) received their specially prescribed diet as indicated. The findings are:</p> <p>A. During observations in the home on 2/26/24 at 4:45pm, client #1 sits down at the table for a snack. Client #1 receives 4 cookies served whole.</p> <p>Further observations in the home on 2/27/24, client #1 receives oatmeal and pieces of sliced apples and bananas cut into 1 inch pieces.</p> <p>Record review on 2/26/24 of client #1's nutritional evaluation dated 12/1/23 revealed a prescribed diet of regular calorie, all food coarsely chopped consistency, 1/4 inch pieces.</p> <p>Interview with staff B during breakfast revealed client #1's food is supposed to be cut into 1/4 of an inch pieces. Staff B cut client #1's fruit up into smaller pieces at that time.</p> <p>Interview on 2/27/24 with the facility nurse confirmed client #1 should have diet modified to 1/4 inch pieces and should not receive whole cookies.</p>	W 460			