

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 R 04/27/2023
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 000	INITIAL COMMENTS	W 000		5/27/23	
{W 210}	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure assessments for 1 of 2 newly admitted clients (#5) were completed within 30 days after admission. The finding is:</p> <p>A. Review on 2/21/23 of client #4's record revealed he was admitted to the facility on 5/4/22. Additional review of the record did not include Occupational Therapy, Physical Therapy, dental or vision assessments for client #4.</p> <p>B. Review on 2/21/23 of client #5's record revealed he was admitted to the facility on 12/20/22. Additional review of the record did not include Occupational Therapy, Physical Therapy, Speech Language, Nutrition, dental, vision, audiology and self-help/daily living skills assessments for client #5.</p> <p>Interview on 2/22/23 with the facility nurse and the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 and client #5 were in need of various assessments which had not been completed since their admission.</p>	{W 210}	<p>This deficiency will be corrected by completing the following tasks:</p> <ul style="list-style-type: none"> • Management will ensure that within 30 days of admission, the IDT will perform the pertinent assessments or reassessments. • Management will ensure PT evaluations are completed for residents. • Team to in-service staff on PT evaluation. • Management will consult with contract professionals re: development of assessments. • QIDP to monitor monthly. • Area or site supervisor to monitor monthly. 		

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

TITLE

(X6) DATE

Monica Harrison, MSW, MPA

Program Manager

5/5/23

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

OMB NO. 0938-0391

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:UULE12

Facility ID: 921719

If continuation sheet Page 1 of 4

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{W 210}	Continued From page 1 During a follow-up on 4/27/23, review of client #5's record revealed no Physical Therapy evaluation had been completed since his admission. Interview on 4/27/23 with the QIDP confirmed no Physical Therapy evaluation was available for review.	{W 210}			

{W 263}	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)	{W 263}	This deficiency will be corrected by completing the following tasks:	
	<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.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a written informed consent was obtained from guardians for restrictive Behavior Support Plans (BSP). This affected 2 of 3 audit clients (#2 and #6). The findings are:</p> <p>A. Review on 2/22/23 of client #6's record revealed a BSP dated 1/4/23 to reduce episodes of target behaviors to 0 per month for 12 consecutive months. Additional review of BSP included the use of Lexapro, Atarax and Risperdal. Further review of the record did not include a written informed consent from the guardian for client #6's BSP.</p> <p>Interview on 2/22/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed no written informed consent had been obtained from client #6's guardian for his BSP.</p> <p>During a follow-up on 4/27/23, review of client</p>		<ul style="list-style-type: none"> • Management will consult with psychology staff to address BSP needs. • Management will provide documentation to psychology staff to develop BSP or BSP guidelines. • Management will ensure that consents are obtained for BSPs and any restrictive interventions. • Management will ensure staff are trained on the contents within the BSP. • Management will ensure written and/or verbal consent for the BSP's/BSG's as written. • QIDP to monitor monthly. • AS or SS to monitor monthly. 	

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{W 263}	<p>Continued From page 2</p> <p>#6's record revealed he continues to train on the BSP to address inappropriate behaviors which includes restrictive medications. Additional review of the record did not include written informed consent from the guardian for the BSP.</p> <p>Interview on 4/27/23 with the QIDP confirmed client #6's guardian has not provided written informed consent for his BSP.</p> <p>B. During a follow-up on 4/27/23, review of client #2's record revealed a BSP dated 2/5/23 to reduce episodes of target behaviors to 0 per month for 6 consecutive months. Additional review of the BSP identified the use of Gabapentin, Olanzapine, Zolpidem and Alprazolam. Further review of the record did not include a written informed consent from the guardian for client #2's BSP.</p> <p>Interview on 4/27/23 with the QIDP confirmed client #2's guardian has not provided written informed consent for the BSP.</p>	{W 263}	Please see page 3 of 5.	
{W 312}	<p>DRUG USAGE</p> <p>CFR(s): 483.450(e)(2)</p> <p>be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all medications used to address behaviors for 1 of 3 audit clients (#5) were included in a formal active treatment plan.</p> <p>The findings are:</p>	{W 312}		

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{W 312}	<p>Continued From page 3</p> <p>A. Review on 2/21/23 of client #4's current physician's orders dated February 2023 revealed orders for Prozac, Seroquel (For mood and sleep) and Atarax (For agitation). Additional review of the record did not indicate the medications were included in a formal active treatment plan.</p> <p>B. Review on 2/21/23 of client #5's current physician's orders dated February 2023 revealed an order for Abilify. Additional review of the record did not indicate the medications were included in a formal active treatment plan.</p> <p>Interview on 2/22/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 and client #5 are currently taking medications to address mood and other behaviors; however, these medications were not included in a formal active treatment plan.</p> <p>During a follow-up on 4/27/23, review of client #5's current physician's orders revealed he continues to receive Abilify and the medication is not included in a formal active treatment plan.</p> <p>Interview on 4/27/23 with the QIDP confirmed client #5 continues to ingest Abilify and no formal active treatment plan incorporating the use of the medication has been implemented.</p>	{W 312}	<p>This deficiency will be corrected by completing the following tasks:</p> <ul style="list-style-type: none"> • Management and nursing staff will ensure that physician orders are current and accurate. • Management will ensure that psychotropic medications are addressed in the BSP and monitored for effectiveness. • Management will in-service staff on psychotropic medications and its side effects. • QIDP, AS, and SS to monitor monthly. 	
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