

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: 34G216	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/08/2023
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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 120	<p>SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3)</p> <p>The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure services were coordinated with outside programs and issues across the two settings were promptly addressed. This affected 6 of 6 audit clients (#1, #2, #3, #4, #5 and #6). The finding is:</p> <p>Interview on 8/8/23 with vocational staff, that works with the clients from the facility, revealed the facility staff do not contact the vocational setting when clients are not going to attend because of appointments or when they are out because of illness. Further interview revealed one of the facility clients has a job that she is paid for, to help set up lunch at the vocational setting. Often when she is out, other arrangements have to be made for another individual to help in her absence. Additional interview revealed often the information the vocational setting receives about absences is from the clients at the facility.</p> <p>During observations on 8/8/23 at 7:30am at the facility, clients #5 and #6 told the surveyor they both had physician appointments on 8/8/23 and would not be going to the vocational setting that day.</p> <p>Interview on 8/8/23 with the qualified intellectual disabilities professional (QIDP) revealed the vocational setting had not been contacted to let them know clients #5 and #6 would be absent on 8/8/23.</p>	W 120	<p>The Site Supervisor will begin an email correspondence with an identified staff at the vocational placement. This will be a weekly email correspondence that includes the Qualified Professional and the Program Manager. The Program Manager will monitor weekly emails and provide feedback as necessary. In the future, the Qualified Professional will monitor all communication between the home and the day placement.</p>	10/7/2023
W 240	INDIVIDUAL PROGRAM PLAN	W 240		

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

TITLE

(X6) DATE

Sherry Chappell, BA/OP, Program Manager

8/11/2023

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 240	<p>Continued From page 1 CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure for 1 of 3 audit clients (#1) individual program plan (IPP)'s included information to support client #1 towards personal independence specifically during dining. The finding is:</p> <p>During observations of supper on 8/7/23 at 5:00pm, direct care staff C assisted client #1 with scooping pureed mashed potatoes, mechanically ground meat loaf and cabbage onto a bent angle spoon and assisted client #1 to bring the spoon to her mouth. Client #1 had a large amount of spillage, was not wearing a clothing protector and staff held a paper towel under her chin to catch food underneath her chin.</p> <p>During observations of breakfast on 8/8/23 at 7:00am, direct care staff A sat next to her and helped client #1 bring her spoon to her mouth, Client #1 had mechanically ground toast with grape jelly, Mechanically ground sausage and pureed oatmeal on her sectioned plate. Staff A assisted client #1 in scooping her food onto her bent angled spoon and then client #1 tried to bring her spoon to her mouth. She was not wearing a clothing protector, had moderate spillage and staff A assisted her wiping her mouth with a paper towel.</p> <p>Immediate interview with staff A on 8/8/23 revealed client #1's diet had been changed recently and she was having more difficulty during</p>	W 240			

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W 240	<p>Continued From page 2</p> <p>dining with more spillage, getting close enough to the dining room table with her wheelchair and bringing her spoon to her mouth. Staff A stated client #1 receives a dietary liquid supplement three times daily and between meals but she still losing quite a bit of her meals from food spillage. When asked of the Occupational Therapist (OT) had been contacted to reassess client #1's dining skills, she stated, "I don't think so."</p> <p>Review on 8/7/23 of client #1's individual program plan (IPP) dated 6/16/23 revealed she uses a high sided divided plate, bent angled spoon and is to receive a regular pureed diet with Boost Breeze with each meal and at 10am and 8pm. Further review did not reveal any information about client #1 using napkins, clothing protectors or assisting client #1 with scooping her food.</p> <p>Review on 8/8/23 of client #1's community home life assessment dated 7/30/23 revealed she needs assistance with dining requiring verbal cues (VC).</p> <p>Review on 8/8/23 of a dietary note dated 7/25/23 revealed a diet change to Regular diet Pureed texture at all meals with Boost Breeze supplements with all meals and at 10am and 8pm.</p> <p>Interview on 8/8/23 with the qualified intellectual disabilities professional (QIDP) revealed client #1's diet was changed to a regular Pureed diet on 7/25/23. Further interview revealed client #1 appears to be having more difficulty during dining and is having moderate spillage. Additional interview confirmed the OT has not been contacted to reassess client #1's dining skills to assist her independence during mealtime.</p>	W 240	<p>OT will be contacted reassess client #1. Following the assessment, staff will be inserviced on the changes and recommendations. The clinical team will monitor implementation of any changes through weekly observations in the home. In the future, the clinical team will monitor the need for changes and/or reassessments through monthly observations in the home.</p>	10/7/2023

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W 460	<p>FOOD AND NUTRITION SERVICES 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 client #1's prescribed diet was followed as written. This affected 1 of 3 audit clients. The finding is:</p> <p>During observation of meal preparation on 8/7/23 at 4:45pm, staff C prepared mashed potatoes, meat loaf, cabbage and pears in the food processor. The cabbage and meat loaf appeared ground, had lumps and was not liquid in texture. Staff C did not refer to the picture diagrams posted on the kitchen cabinets of different diet texture types.</p> <p>During observations of supper on 8/7/23 at 5:00pm, direct care staff C assisted client #1 with scooping pureed mashed potatoes, mechanically ground meat loaf and cabbage that had lumps and was not liquid in texture. Client #1 used a bent angle spoon and staff C assisted client #1 to bring the spoon to her mouth.</p> <p>Interview on 8/7/23 with the qualified intellectual disabilities professional (QIDP) revealed a pureed texture should be thickened liquid without lumps. The QIDP pointed out that examples of different textures are posted for staff in the kitchen.</p> <p>During observation of meal preparation on 8/8/23 at 6:45am, staff B used the food processor to blend toast, grape jelly and sausage in the food</p>	W 460			

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W 460	<p>Continued From page 4</p> <p>processor. Staff B added milk to the texture but the both the toast and sausage did not have a smooth texture and had lumps, appearing to be ground texture rather than smooth.</p> <p>During observations of breakfast on 8/8/23 at 7:00am, direct care staff A sat next to her and helped client #1 bring her spoon to her mouth, Client #1 had mechanically ground toast with grape jelly, mechanically ground sausage and pureed oatmeal on her sectioned plate. The toast and sausage appeared ground, was lumpy and not smooth in texture. Staff A assisted client #1 in scooping her food onto her bent angled spoon and then client #1 tried to bring her spoon to her mouth.</p> <p>Review on 8/7/23 of client #1's individual program plan (IPP) dated 6/16/23 revealed she uses a high sided divided plate, bent angled spoon and is to receive a regular pureed diet with Boost Breeze with each meal and at 10am and 8pm.</p> <p>Review on 8/8/23 of a dietary note dated 7/25/23 revealed a diet change to Regular diet Pureed texture at all meals with Boost Breeze supplements with all meals and at 10am and 8pm.</p> <p>Interview on 8/8/23 with the qualified intellectual disabilities professional (QIDP) revealed staff had not been recently inserviced on diet textures by the facility consultant Dietician. Further interview confirmed all of client #1's diet textures should be pureed texture as noted in her prescribed diet order.</p>	W 460	<p>All staff will be reinserviced on diet textures. The clinical team will monitor staff following each client's prescribed diet, including texture, through weekly observations in the home. In the future, the clinical team will monitor client diets and correct textures through monthly observations.</p>	10/7/2023