

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

PRINTED: 05/29/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/22/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-OBIE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>322 OBIE DRIVE</b> <b>DURHAM, NC 27713</b>		
(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  A complaint survey was completed on May 22, 2024 for intake #NC00217152. The allegations were unsubstantiated however, deficiencies were cited.	W 000			
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)  The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to thoroughly investigate an allegation of abuse for 1 of 1 audit client (#1). The finding is:  Review on 5/22/24 of hospital discharge paperwork revealed client #1 was admitted into the hospital on 5/17/24 and was discharged on 5/19/24. The visit diagnosis listed as injury of left index finger.  Interview on 5/22/24 with staff C revealed client #1 was aggressive toward staff and was upset. Client #1 threw the telephone against the wall and punched the television. Staff C revealed client #1 walked down the driveway and left the home. Staff C confirmed that client #1 was away from the home for at least 1 hour. Staff C revealed he did not hit client #1 nor did he call him out of his name. Staff C reported client #1 had eaten several small meals that day and no food was restricted from client #1. Staff C further revealed he has reported to the site supervisor about client #1 reporting false allegations.  Interview on 5/22/24 the site supervisor revealed client #1 was upset and became very aggressive.	W 154			

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/22/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-OBIE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>322 OBIE DRIVE</b> <b>DURHAM, NC 27713</b>		
(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 154	Continued From page 1 Client #1 threw the telephone against the wall and punched the television. Client #1 then stormed out of the house. The site supervisor reveals that no one hit or punched or called client #1 out of his name. The site supervisor confirmed no food was restricted from the client The site supervisor revealed she called 911 to report client #1 eloping. The site supervisor confirmed the client was taken to the hospital by the police and was admitted to the hospital on Friday 5/17/24.  Interview on 5/22/24 the program manager confirmed she had not completed an Incident response improvement system report (IRIS) or an investigation. The program manager revealed the initial information she received was "...the police had taken him to the hospital because of a fall..." she had not read the entire facility incident report as of today 5/22/24.	W 154			
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)  The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were sufficiently trained to perform duties effectively, efficiently and competently regarding supervision and monitoring. This affected 1 of 1 audit clients (#1).The finding is:  Review on 5/22/24 of client #1's record revealed no information about client #1 behaviors.  Interview on 5/22/24 staff C revealed he was	W 189			

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

PRINTED: 05/29/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/22/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-OBIE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>322 OBIE DRIVE</b> <b>DURHAM, NC 27713</b>		
(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 189	Continued From page 2 unaware of client behaviors. Staff C confirmed that he was unsure about how to handle client #1 behaviors, he pulled from his knowledge of working with other clients in the home. Staff C revealed he was unaware of aggression, property destruction and elopement as client behaviors or how to  Interview on 5/22/24 the site supervisor revealed she had not received any information on client #1 when he arrived at the home. She had not received any training about client #1 being in the home. Site supervisor was unaware that elopement was a behavior of client #1.	W 189			
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1)  The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 1 or 1 audit clients (#1). The findings is:  Record review on 5/22/24 of client #1 revealed no signed physician orders. Review on 5/22/24 of the electronic medication record initialed medications as being given on May 1 - 17, 2024 and May 20-22, 2024.  Interview on 5/22/24 with the site supervisor revealed she has been administering medications	W 368			

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

PRINTED: 05/29/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/22/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-OBIE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>322 OBIE DRIVE</b> <b>DURHAM, NC 27713</b>		
(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 368	Continued From page 3 to client #1 since his arrival on 4/29/24.  Interview on 5/22/24 the area supervisor revealed the facility pharmacy would have the physician orders. The facility pharmacy would be able to fax the orders.	W 368			