		AND HUMAN SERVICES				FORM	APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			0	<u>MB NO.</u>	0938-0391
( )		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` í	MULTIPLE CONSTRUCTION JILDING		(X3) DATE SURVEY COMPLETED	
		34G218	B. WING			06/2	25/2024
NAME OF F	PROVIDER OR SUPPLIER				IREET ADDRESS, CITY, STATE, ZIP CODE		
VOCA-O	BIE				22 OBIE DRIVE URHAM, NC 27713		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 210	INDIVIDUAL PROC CFR(s): 483.440(c) Within 30 days afte	(3) r admission, the	W 2	10			
	assessments or rea supplement the pre prior to admission. This STANDARD is Based on record re failed to obtain a vis	m must perform accurate assessments as needed to liminary evaluation conducted s not met as evidenced by: eview and interview, the facility sion, dental and hearing 4 newly admitted audit clients					
	he had not received evaluations. Furthe was admitted to the	-					
		4 site supervisor confirmed ceived his vision, dental and 					
W 255	client #2 had not re hearing evaluations	ORING & CHANGE	W 2	55			
	least by the qualifie professional and re- but not limited to sit successfully comple- identified in the indi This STANDARD is Based on record re- failed to ensure the was reviewed as ne	ram plan must be reviewed at d intellectual disability vised as necessary, including, cuations in which the client has eted an objective or objectives vidual program plan. s not met as evidenced by: eview and interview, the facility Individual Program Plan (IPP) ecessary after the client had eted objectives. This affected					

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

TITLE

(X6) DATE

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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.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 34G218 B. WING 06/25/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 322 OBIE DRIVE **VOCA-OBIE DURHAM, NC 27713** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PRÉFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 255 Continued From page 1 W 255 1 of 4 audit clients (#1). The findings are: Review on 6/24/24 of client #1's IPP, dated 3/12/24, habilitation goals revealed the following goals: \*Complete oral hygiene routine with 75% independence for three consecutive months by 3/2025 \*Participate in medication administration with 75% independence for three consecutive months bv 3/2025 \*Identify currency (coins) with 75% independence for three consecutive months by 3/2025 Review on 6/25/24 of client #1's comprehensive functional assessment (CFA), dated 3/4/24, revealed he can identify currency and coins by name and knows relative value of currency. Review on 6/25/24 of client #1's individualized education plan (IEP) for the 2024 - 2025 school year revealed he can identify coins by name. Review on 5/25/24 of client #1's available progress reviews revealed the following: \*Oral hygiene: 11/2023 85%, 12/2023 92%, 1/2024 82%, and 2/2024 76% \*Identify coins: 11/2023 75%, 12/2023 100%, 1/2024 89%, and 2/2024 80% Interview on 6/25/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #1 had transferred in from a sister facility and she had not reviewed his goals. Interview on 6/25/24 with the program manager revealed she had written client #1's goals when he transferred, but the QIDP would be the person who should review progress. The Program

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STATEMENT	RS FOR MEDICARE OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MI II TI	IPLE CONSTRUCTION		0. 0938-039 TE SURVEY		
	F CORRECTION	IDENTIFICATION NUMBER:	. ,	IG	· · ·	MPLETED		
		34G218	B. WING _		06	/25/2024		
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE			
VOCA-OBIE				322 OBIE DRIVE DURHAM, NC 27713				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
W 255	-	-	W 25	55				
		identify on which assessment						
W 340	the written goals we NURSING SERVIC CFR(s): 483.460(c)	ES	W 34	0				
	other members of t appropriate protect measures that inclu- training clients and health and hygiene This STANDARD i Based on observa- interviews, the facil staff were sufficient administration. This (#3). The finding is:	s not met as evidenced by: tion, record review and ity failed to ensure nursing tly trained in medication s affected 1 of 4 audit clients						
	-	t 6:45am, staff A administered						
	revealed Quetiapin	hysician orders dated 5/31/24 e 50mg. Take 2 tablets twice daily along with 200 mg.						
		4 staff A revealed he only diations that are listed in the						
	order reads as if 30	4 the nurse confirmed the 00mg of quetiapine should be The QuickMAR should be						
	NURSING SERVIC		W 34	1				

					FORM	06/26/2024 APPROVED 0938-0391
OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ·		LE CONSTRUCTION	(X3) DATE	E SURVEY PLETED
	34G218	B. WING			06/2	25/2024
PROVIDER OR SUPPLIER						
BIE						
(EACH DEFICIENC)	MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOULD	) BE	(X5) COMPLETION DATE
other members of t appropriate protecti measures that inclu- control of communi including the instruc- imethods of infection This STANDARD is Based on observati interviews, nursing system which assur- clients #2 received machine. This affect The finding is: Observation on 6/2 the bedroom closet top of closet with the around the machine Interview on 6/25/2 client #2 wearing the Interview on 6/25/2 client #2 wearing the Interview on 6/25/2 she was unaware of	he interdisciplinary team, ive and preventive health ide, but are not limited to cable diseases and infections, ction of other personnel on control. Is not met as evidenced by: tion, record review and services failed to have a red that all staff working with training relative to c pap cted 1 of 4 audit clients (#2). 5/24 in client #2 bedroom in the c pap machine was in the e hose and cords wrapped e. 4 client #2 revealed he had not chine in weeks because it was 4 staff B revealed he observed ie c pap mask during the night. 4 the site supervisor revealed of the c pap machine was not	W 3	341			
his c pap machine. DRUG ADMINISTR CFR(s): 483.460(k) The system for drug that all drugs are ac the physician's orde This STANDARD is	ATION (1) g administration must assure dministered in compliance with ers. s not met as evidenced by:	W 3	368			
	RS FOR MEDICARE TOF DEFICIENCIES DF CORRECTION PROVIDER OR SUPPLIER BIE SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From particles other members of trappropriate protect measures that inclu- control of communi- including the instruct interviews, nursing system which assur- clients #2 received machine. This affect The finding is: Observation on 6/2 the bedroom closet top of closet with tharound the machine Interview on 6/25/2- used his c pap machine Interview on 6/25/2- client #2 wearing thar Interview on 6/25/2- she was unaware of working and not aw his c pap machine. DRUG ADMINISTR CFR(s): 483.460(k) The system for drug that all drugs are action the physician's order This STANDARD is STANDARD is CFR(s): 483.460(k)	DF CORRECTION       IDENTIFICATION NUMBER:         34G218         PROVIDER OR SUPPLIER         BIE         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 3         other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to control of communicable diseases and infections, including the instruction of other personnel imethods of infection control.         This STANDARD is not met as evidenced by: Based on observation, record review and interviews, nursing services failed to have a system which assured that all staff working with clients #2 received training relative to c pap machine. This affected 1 of 4 audit clients (#2). The finding is:         Observation on 6/25/24 in client #2 bedroom in the bedroom closet the c pap machine was in the top of closet with the hose and cords wrapped around the machine.         Interview on 6/25/24 client #2 revealed he had not used his c pap machine in weeks because it was broken.         Interview on 6/25/24 staff B revealed he observed client #2 wearing the c pap mask during the night.         Interview on 6/25/24 the site supervisor revealed she was unaware of the c pap machine was not working and not aware that client #2 wasn't using his c pap machine.	RS FOR MEDICARE & MEDICAID SERVICES         TOF DEFICIENCIES       (X1) PROVIDERSUPPLIER/CLIA       (X2) MUL         DF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA       (X2) MUL         BIE       34G218       B. WING         SUMMARY STATEMENT OF DEFICIENCIES         (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       DPREFIT PREFIT         Continued From page 3         Other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to control of communicable diseases and infections, including the instruction of other personnel imethods of infection control.       W 3         This STANDARD is not met as evidenced by: Based on observation, record review and interviews, nursing services failed to have a system which assured that all staff working with clients #2 received training relative to c pap machine. This affected 1 of 4 audit clients (#2).         The finding is:         Observation on 6/25/24 client #2 revealed he had not used his c pap machine in weeks because it was broken.         Interview on 6/25/24 staff B revealed he observed client #2 wearing the c pap mask during the night.         Interview on 6/25/24 the site supervisor revealed she was unaware of the c pap machine was not working and not aware that client #2 wasn't using his c pap machine.       W 3         INTERVIEW on 6/25/24 the site supervisor revealed she was unaware of the c pap machine was not working and not aware that client #2	RS FOR MEDICARE & MEDICAID SERVICES         I of DEFICIENCIES       (X1) PROVIDER/SUPPLIEN/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPL A BUILDING         34G218       B. WING	IMENT OF HEALTH AND HUMAN SERVICES       O         RS FOR MEDICARE & MEDICAID SERVICES       O         TOF DEFICIENCIES       (X1) PROVIDER/SUPPLER/CLIA LIDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A BUILDING         BIE       34G218       B. WING         BIE       STREET ADDRESS, CITY, STATE, ZIP CODE         SUMMARY STATEMENT OF DEFICIENCIES       DERETRY         Continued From page 3       UD         Other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to control of communicable diseases and infections, including the instruction of other personnel intertows, nursing services failed to have a system which assured that all staff working with clients #2 received training relative to c pap machine. This affected 1 of 4 audit clients (#2). The finding is:       W 341         Observation, record review and interview on 6/25/24 client #2 revealed he had not used his c pap machine in weeks because it was broken.       W 368         Interview on 6/25/24 the site supervisor revealed she was unaware of the c pap machine was not working and not aware that client #2 wasn't using his c pap machine.       W 368         CFR(s): 483.460(k)(1)       W 368         The system which ARD is not met as evidenced by: Bard and targe are administeration must assure that all drugs are adm	IMENT OF HEALTH AND HUMAN SERVICES     FORM       SF OR MEDICARE & MEDICAID SERVICES     OMB NO.       OF CORRECTION     (X1) PROVIDERSUPPLEXCLAD     (X2) MULTIPLE CONSTRUCTION     (X3) DAT       BIE     34G218     (X2) MULTIPLE CONSTRUCTION     (X3) DAT       BIE     34G218     INING     06//       BIE     34G218     INING     06//       Convider on supplier     322 OBE DRIVE     DURNAM, NC 27713       IP CONDERS PLAN OF CORRECTION     PREVIDERS PLAN OF CORRECTION     CONVIDER OF DATE       BIE     SUMMARY STATEMENT OF DEFICENCIES     ID     PROVIDERS PLAN OF CORRECTION       REGULATORY OR LSC IDENTFYING INFORMATION)     ID     PREVENT     CACH CORRECTIVE ACTION AND AND LD BE       Continued From page 3     UV 341     ID     ID     ID       control of communicable diseases and infections, including the instruction of other personnel imethods of infection control.     W 341       interviews, nursing services failed to have a system which assured that all staff working with clients #2 received training relative to c pap machine.     W 341       Interview on 6/25/24 in client #2 bedroom in the bedroom of the bedroom in the bedroom close the c pap machine was not working and not aware that client #2 wasn't using his cap amachine.     W 368       Interview on 6/25/24 the site supervisor revealed she wasn twing whis cap amachine.     W 368       Interview on 6/25/24 the site supervisor reveale

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		AND HUMAN SERVICES & MEDICAID SERVICES			FORM	06/26/2024 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		34G218	B. WING	 	06/2	25/2024
NAME OF F	PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE		
VOCA-OI	BIE			22 OBIE DRIVE DURHAM, NC 27713		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 368 W 436	were administered i orders. This affecte finding is: Observation in the f staff A did not admin Record review on 6 orders dated 5/31/2 quetiapine take 2 ta along with 200mg. Interview on 6/25/24 order should be adm SPACE AND EQUIF CFR(s): 483.470(g) The facility must fur and teach clients to choices about the u hearing and other c and other devices in interdisciplinary tea This STANDARD is Based on observat interviews, the facili had access to his c of 4 audit clients (#2 Observation on 6/29	y failed to ensure medications in accordance with physician's d 1 of 4 audit clients (#3). The nome on 6/25/24 at 6:45am, nister quetiapine 200mg. /25/24 of client #3 physician /4 revealed an order for ablets by mouth twice daily 4 the nurse confirmed the ministered as written. PMENT (2) mish, maintain in good repair, use and to make informed use of dentures, eyeglasses, ommunications aids, braces, dentified by the m as needed by the client. s not met as evidenced by: ion, record review and ity failed to ensure client #2 pap machine. This affected 1 2). The finding is: 5/24 in client #2 bedroom's ichine was on the top shelf of a and cords wrapped around	W 3			
	Program Plan (IPP)	of client #2's Individual dated 5/24/24 revealed client nachine due to respiratory				

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		AND HUMAN SERVICES				FORM	06/26/2024 APPROVED 0938-0391	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G218	B. WING			06/:	25/2024	
NAME OF F	PROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE			
VOCA-O	ЗІЕ			-	22 OBIE DRIVE URHAM, NC 27713			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 436	issues. Further revi dated 4/30/24 revea client #2 as c-pap n Interview on 6/25/24 pap machine had n Interview on 6/25/24 she was unaware th work and that client c pap machine. Interview on 6/25/24 #2 should wear his nurse also revealed checks and should the c pap machine is reported that client machine. EVACUATION DRII CFR(s): 483.470(i)( at least quarterly for This STANDARD is Based on record re failed to ensure fire quarterly for each s Review on 6/25/24 conducted May 202 the following drills w Shift, Quarter 2: Fir Second Shift, and C Interview on 6/25/24 confirmed fire drills shift quarterly. How	<ul> <li>ew of the nurses assessment aled adaptive equipment for machine.</li> <li>4 with client #2 revealed his c ot worked in a while.</li> <li>4 the site supervisor revealed hat the c pap machine did not t #2 had not been wearing his</li> <li>4 the nurse confirmed client c pap machine nightly. The d staff should do 30 minute know if client #2 was wearing nightly. Staff should have #2 was not using his c pap</li> <li>LLS (1)</li> <li>r each shift of personnel. s not met as evidenced by: eview and interview, the facility drills were conducted at least</li> </ul>	W 4					
	•							

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 34G218 B. WING 06/25/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 322 OBIE DRIVE **VOCA-OBIE DURHAM, NC 27713** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PRÉFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 441 EVACUATION DRILLS W 441 CFR(s): 483.470(i)(1) and under varied conditions to-This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were conducted at varied times throughout the shift. The finding is: Review on 6/25/24 of the facility's fire drills conducted May/2023 through 6/2024 revealed the following drills within the same one-hour time: \*2nd Shift Drills: 8/12/23 at 1:00pm, 9/24/23 at 1:30pm, and 10/7/23 at 1:00pm \*3rd Shift Drills: 10/15/23 at 5:30am, 10/18/23 at 5:30am, and 11/27/24 at 5:30am Interview on 6/25/24 with the program manager revealed drills should be varied, and the facility had a staff in place to ensure varied drills. W 455 INFECTION CONTROL W 455 CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a sanitary environment was provided to avoid transmission of possible infection and prevent possible cross-contamination. This potentially affected 1 of 4 clients (#3) in the home. The finding is: During dinner observation on 6/24/24, client #3 was served two hard-shelled tacos with ground beef, salsa, and shredded lettuce. Staff C reached into his plate and broke the taco shells up with her bare hands.

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ND PLAN C	TEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	(X3) DATE SURVEY COMPLETED			
		34G218	B. WING		06		
NAME OF I	PROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE			
VOCA-O	BIE			322 OBIE DRIVE DURHAM, NC 27713			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETIO DATE	
W 455	Interview on 6/25/2	4 with the program manager ld not use bare hands to	W 455				
W 460	FOOD AND NUTR CFR(s): 483.480(a		W 460				
	Each client must re well-balanced diet specially-prescribe	including modified and					
	Based on observa interview the facility received a modified	s not met as evidenced by: tion, record review and and specially-prescribed diet affected 2 or 4 audit clients (#1 ngs are:					
	6/24/24, client #1 w whole tacos. During	oservations in the home on vas served and consumed two g breakfast on 6/25/24, he was ned cereal, one whole boiled e sausage links.					
	program plan (IPP) prescribed heart he	of client #1's individual , dated 3/12/24, revealed a ealthy diet to include bite-sized g large bites and eating					
	evaluation, dated 3 heart healthy diet to and food cut into 3/	of client #1's nutrition /12/24, revealed a prescribed o include one dessert daily, /4" - 1", bite-sized pieces due s and eating rapidly.					

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		AND HUMAN SERVICES				FORM	06/26/2024 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			(X3) DATE	E SURVEY PLETED
		34G218	B. WING			06/2	25/2024
NAME OF F	PROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
VOCA-OI	BIE				22 OBIE DRIVE URHAM, NC 27713		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<b>‹</b>	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
W 460	Continued From pa	ge 8	W 4	60			
		4 with the Qualified Intellectual ional (QIDP) revealed client #1 gular diet.					
	6/24/24, client #3 w tacos containing gro salsa, and two hard 2" pieces. During br served and consum	eservations in the home on ras served and consumed two ound beef, shredded lettuce, I taco shells broken into 1/2" - reakfast on 6/25/24, he was ned cereal with milk, one wo chopped sausage links.					
	program plan (IPP) prescribed regular of soft/minced texture	of client #3's individual , dated 3/12/24, revealed a diet with mechanical , thin liquids, and BOOST Idition, he is a choking risk.					
	evaluation, dated 10 regular diet with me	of client #3's nutrition 0/9/23, revealed a prescribed echanical soft/minced texture, 0OST pudding PRN. In history of choking.					
	for mechanically so should be avoided i	of the home dining guidelines ft diets revealed food that include chips, pretzels, ereal. Softer substitutions					
	revealed client #3 re	4 with the site supervisor eceives can eat dry cereal with or chips if they are in small					
		4 with the QIDP revealed chips if in small pieces.					

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		AND HUMAN SERVICES			FORM	06/26/2024 APPROVED 0938-0391	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G218	B. WING	 	06/2	25/2024	
NAME OF F	PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE			
VOCA-O	BIE			22 OBIE DRIVE DURHAM, NC 27713			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 477 W 477	MENUS CFR(s): 483.480(c) Menus must be pre This STANDARD is Based on observat failed to ensure a co for meal planning. During dinner and b observations in the menus were availab Interviews on 6/25/2 used to have menu however, one of the notebook for writing some time. When a cook, the staff indic the home or can rea days certain foods of Interview on 6/25/2	<ul> <li>a)(1)(i)</li> <li>b)(1)(i)</li> <li>b)(1)(i)</li> <li>c) pared in advance.</li> <li>s not met as evidenced by:</li> <li>tions and interviews, the facility</li> <li>topy of menus was available</li> <li>The finding is:</li> <li>b) preakfast meal preparation</li> <li>home on 6/24 - 6/25/24, no</li> <li>b) ble for review.</li> <li>24 with Staff B, revealed they</li> <li>is in the home to follow;</li> <li>b) clients had used the menu</li> <li>c) They had not had menus for</li> <li>asked how they know what to</li> <li>c) cated they use food available in</li> <li>c) call from previous menus what</li> </ul>	W 2 W 2				

Facility ID: 922326

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