

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

PRINTED: 08/29/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G218	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/28/2024
NAME OF PROVIDER OR SUPPLIER VOCA-OBIE			STREET ADDRESS, CITY, STATE, ZIP CODE 322 OBIE DRIVE DURHAM, NC 27713		
(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			
{W 436}	<p>A revisit was conducted on August 28, 2024 for all previous deficiencies cited on June 24 - 25, 2024. A deficiency was recited. No new non-compliance was cited. The facility is not in compliance with all regulations surveyed.</p> <p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to furnish and maintain in good repair client #2's c-pap machine. This affected 1 of 4 audit clients (#2). The finding is:</p> <p>Observation on 6/25/24 in client #2 bedroom's closet the c pap machine was on the top shelf of closet with the hose and cords wrapped around the machine unused.</p> <p>Review on 6/24/24 of client #2's Individual Program Plan (IPP) dated 5/24/24 revealed client #2 utilizes a c pap machine due to respiratory issues. Further review of the nurses assessment dated 4/30/24 revealed adaptive equipment for client #2 as c-pap machine.</p> <p>Interview on 6/25/24 with client #2 revealed his c pap machine had not worked in a while.</p> <p>Interview on 6/25/24 the site supervisor revealed</p>	{W 436}			

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 436}	<p>Continued From page 1</p> <p>she was unaware that the c pap machine did not work and that client #2 had not been wearing his c pap machine.</p> <p>Interview on 6/25/24 the nurse confirmed client #2 should wear his c pap machine nightly. The nurse also revealed staff should do 30 minute checks and should know if client #2 was wearing the c pap machine nightly. Staff should have reported that client #2 was not using his c pap machine.</p> <p>The facility Plan of Correction (POC), dated 8/24/24, revealed the following: *An appointment will be made for client #2 with his Primary Care Physician for recommendations and referral regarding the use of his c-pap machine. *Staff will be inserviced on monitoring the use of the c-pap machine nightly. *Staff will be inserviced on reporting to Triage if client #2 refuses to use his c-pap machine as ordered. *The clinical team will monitor the use of adaptive equipment through weekly observations.</p> <p>Observation on 8/28/24 in the home at 7:00am revealed client #2 still in his room asleep. Further observation revealed his c-pap machine and mask to be in the staff office.</p> <p>Review on 8/28/24 of client #2's appointment log revealed a c-pap appointment on 8/1/24 with the doctor.</p> <p>Review on 8/28/24 of staff inservices on 7/17/24 revealed an inservice by the facility nurse for home staff on the proper protocol for c-pap usage, monitoring, and notifying triage.</p>	{W 436}			

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{W 436}	Continued From page 2 Review on 8/28/24 of staff inservices revealed an inservice on 8/14/24 for c-pap refusal guidelines. Interview on 8/28/24 with client #2 revealed his c-pap machine had been broken for three weeks, and he had not been able to wear it. Interview on 8/28/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #2 had a sleep study completed prior to entering the facility. However, client #2 had broken his c-pap machine. The former pharmacy refused to replace the broken machine without a new sleep study being completed. The facility was referred to a specific sleep study physician, but the earliest appointment available for a new sleep study with that physician would be on 4/8/25. The QIDP acknowledged that eight months was a long time to wait, and she has requested to be put on a call list if there is a cancellation. No additional sleep study physicians had been contacted for an earlier appointment.	{W 436}			