

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

PRINTED: 11/14/2024  
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>11/08/2024</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			W 000			
W 154	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on document review and interviews, the facility failed to ensure allegations were thoroughly investigated. This affected 1 of 1 audited client (#1). The finding is:</p> <p>Review on 11/8/24 of a facility investigation, dated 11/6/24 revealed staff was accused of abuse of client #1 in the hallway outside of the laundry room. Client #1 had a broken nose a laceration about his eye where he need surgery for the broken nose and stitches in the laceration above his eye. There were 2 staff and 5 other clients in the home. In the facilities documentation revealed clients were present an not interviewed.</p> <p>Interview on 11/8/24 the program director confirmed all clients that were present in the home were not interviewed.</p>			W 154			
W 252	<p>PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p>			W 252			

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 252	Continued From page 1  This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure data relative to the accomplishment of objective criteria was documented. This affected 1 of 1 audited client (#1). The finding is:  Review on 11/8/24 of clients behavior support plan dated 5/26/24 revealed behavioral medications Chlorpromazine 100 mg twice daily tablet and Risperidone 2mg twice daily tablet. Further review of medical consult dated 9/9/24 revealed, medications were changed from tablet form to injections every four weeks.  Review on 11/8/24 of clients behavior data revealed no data for the month of September 2024, October 2024 and No data for November 1-7, 2024.  Interview on 11/8/24 the qualified intellectual developmental disabilities (QIDP) confirmed there was no data for the months of September and October of 2024. QIDP revealed client #1 behaviors had increased and discussed a different route in medications may would assist with behaviors.	W 252			
W 331	NURSING SERVICES CFR(s): 483.460(c)  The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to provide nursing	W 331			

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W 331	<p>Continued From page 2</p> <p>services in accordance with the needs of 1 of 1 audit client (#1) relative to assuring that physician's orders were documented. The finding is:</p> <p>Observation on 11/8/24 at 9:30am client #1 was in his bedroom laying in bed with oxygen tube around his nose hooked to an oxygen machine.</p> <p>Record review revealed client #1 had no physician order for oxygen to be administered in the home. Further record review of discharge paperwork dated 11/6/24 revealed client #1 should continue to use oxygen as prescribed.</p> <p>Interview on 11/8/24 the qualified intellectual disabilities professional revealed she was unaware that client #1 was using an oxygen machine in his bedroom.</p> <p>Interview on 11/8/24 the program manager revealed she was unaware that client #1 was using an oxygen machine in his bedroom.</p>	W 331			