STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G270	A. BUILDING _____ B. WING _____	C 06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-SIXTH STREET GROUP HOME	**201 NORTH SIXTH STREET SANFORD, NC 27330**

(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 June 16, 2025 for intake #NC00231471. The complaint allegation was substantiated and it was determined by the team on site that an immediate jeopardy was present to the clients. The interdisciplinary team was able to develop a comprehensive plan of protection to remove the immediate jeopardy to the clients, which was accepted by the survey team before their exit from the facility.	W 000		
W 122	CLIENT PROTECTIONS CFR(s): 483.420(a) The facility must ensure the rights of all clients. Therefore the facility must This CONDITION is not met as evidenced by: This CONDITION is not met as evidenced by: The facility failed to: ensure clients are not subjected to mistreatment, neglect and abuse (W127); implement written policies and procedures that prohibit mistreatment, neglect and abuse of a client (W149); thoroughly investigate allegations of mistreatment, neglect and abuse of clients (W154) and report to State Law officials within 5 working days (W156). The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated services of client protections to its clients.	W 122		
W 127	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(5) The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment.	W 127		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G270	A. BUILDING _____ B. WING _____	C 06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-SIXTH STREET GROUP HOME	201 NORTH SIXTH STREET SANFORD, NC 27330

(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 127	Continued From page 1 This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed ensure 1 of 1 audit client (#1) was not subjected to abuse. The finding is: Review on 6/16/25 of the facilities internal incident report revealed an incident date 6/5/25 injury noted to the clients' face, physical aggression directed toward staff. Response to behavior physical restraint time started 8:25am time end 8:34am which involved staff A. Documented description of Incident revealed client #1 reported that his face was sore and his nose felt abnormal. Client was seen by the ER and the visit was concluded with no injuries. One witness to the incident. Further review on 6/16/25 of client #1's hospital discharge papers dated 6/5/25 revealed contusion; general assault. The following test were performed diagnostic Radiology XR Nasal bones 3+ views. Continued review on 6/15/25 revealed no evidence of an IRIS report or investigation regarding client #1 injury. Interview on 6/16/25 with client #1 revealed he had a behavior and staff A jumped in his face. He further stated he may have pushed staff A and then staff A hit him in his face on his nose several times. Client #1 revealed he went to his room and decided he needed to go the emergency room and called 911. Client #1 confirmed emergency services came to the house and he was taken to the local hospital. Continued interview with client #1 revealed his nose was x-rayed to check if it had been broken.	W 127		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G270	A. BUILDING _____ B. WING _____	C 06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-SIXTH STREET GROUP HOME	201 NORTH SIXTH STREET SANFORD, NC 27330

(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 127	Continued From page 2	W 127		

He spoke to the police and decided not to press charges. Client #1 confirmed the site supervisor drove him to the facility from the local hospital. Client #1 revealed that staff A had worked the home since he returned from the hospital. Client #1 then asked the surveyor "why is she still working here,when she hit me? There was another staff here. [Staff B], ask him. He saw her hit me."

Interview on 6/16/25 with staff B revealed he worked on 6/5/25 with staff A. Staff B revealed client #1 had a behavior and pushed staff A and she stumbled a little but didn't fall. Staff B reports staff A did hit client #1 in the face a couple of times. Staff B intervened and was able to get the client to his bedroom and staff A in another room to calm down. Staff B revealed he was asked to write a statement but no one has interviewed him about the incident until this surveyor asked about it today.

Interview on 6/16/25 with staff A via phone revealed an incident did happen on 6/5/25 with client #1. She revealed client #1 had a behavior and was yelling at another client. She placed herself between him and the other client. Client #1 pushed her and she redirected him to his bedroom. She also revealed she called the site supervisor to report the behavior and was instructed to complete the documentation. Staff A stated client #1 did call 911 and went to the hospital. She wasn't aware of any injuries client #1 received. Staff A revealed she did not put her hands on client #1.

Interview on 6/16/25 the site supervisor (SS) revealed he was called by staff A and she reported to him that client #1 had a behavior. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G270	A. BUILDING _____ B. WING _____	C 06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-SIXTH STREET GROUP HOME	**201 NORTH SIXTH STREET SANFORD, NC 27330**

(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 127	Continued From page 3	W 127		

site supervisor told staff A to write a statement and complete the facilities incident report. The SS revealed he transported client #1 home from the emergency room where he was seen for the injuries to his nose from staff A. The SS revealed he notified the area supervisor which is his supervisor of the incident that occurred. The SS revealed staff A continued to work and he had not received any direction to remove staff A from the schedule. There was no further direction or instructions for Staff A to follow.

Interview on 6/16/25 with the area supervisor (AS) revealed he received a phone call from the site supervisor informing him of the incident on 6/5/25. The area supervisor revealed he informed the qualified intellectual disabilities professional (QIDP) and the program manager (PM) through a text message on the evening of 6/5/25. The AS revealed that a follow up email was sent to the team on 6/9/25 and on 6/12/25. The AS was able to show the text messages and emails and when they were sent.

Record review on 6/16/25 of the employee timecard revealed staff A clocked in and clocked out on the following days:
6/5/25 11:30am-3:39pm
6/6/25 10:56pm-10:51am
6/7/25 8:22pm- 11:09am
6/8/25 8:20pm- 8:23am
6/9/25 11:07pm- 8:53am
6/10/25 11:06pm-7:00am
6/15/25 8:36am- 9:01pm

Interview on 6/16/25 with the QIDP revealed she was not informed of the incident on 6/5/25 and had not notified the guardian. She revealed she communicates with the guardian often but not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G270	A. BUILDING _____ B. WING _____	C 06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-SIXTH STREET GROUP HOME	201 NORTH SIXTH STREET SANFORD, NC 27330

(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 127	Continued From page 4 about this incident. Interview on 6/16/25 the PM revealed there was currently an investigation being completed. The IRIS report had been completed and staff A had been placed on administrative leave. Further interview revealed no investigation had begun and the IRIS report was currently being completed by another program manager. Staff A was being placed on administrative leave effective 6/16/25. Review on 6/16/25 of the facility's policy revised 5/12 under Protection from Abuse and Neglect, under Neglect revealed, "..failure to provide care or services necessary to maintain the mental health, physical health and well-being of the client" under Physical Abuse revealed "physical abuse is the use of physical force, body posture/gesture, or body movement that inflicts or threatens to inflict pain on a person. Under staff responsibility "staff is required to intervene to prevent further abuse or neglect from occurring to a person if they witness such first hand." Under reporting procedures revealed , ".. report the allegation through the Incident Report Information System (IRIS) to the LME/MCO and Division of Health Services Regulation Health Care Personnel Registry. The Operations/Program Manager coordinates with the HR manager to ensure the HCPR 24 Hour Report is completed and submitted on time. Additional reports are made to local DSS Adult or Child Protective Service, the guardian and Chairperson of the Human Rights Committee." During the survey, it was confirmed the facility had failed to ensure clients were protected from abuse. Staff A continued to work in the facility	W 127		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G270	A. BUILDING _____ B. WING _____	C 06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-SIXTH STREET GROUP HOME	**201 NORTH SIXTH STREET SANFORD, NC 27330**

(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 127	Continued From page 5 after it was reported she hit client #1 multiple times in the face. Client #1 was seen at the hospital after the incident and diagnosed with contusion; general assault. The facility failed to conduct a thorough investigation and implement its policies and procedures that prohibit mistreatment, neglect and abuse once learning of the incident. Staff A worked 8 shifts with the clients in the home after the incident occurred. The team on site substantiated an immediate jeopardy to the clients in the facility. The facility developed the following plan of protection to remove the immediate jeopardy to the clients in the facility which included : "Immediate safety Actions: staff member accused of suspected of abuse or neglect will be immediately removed from the home as of 6/16/25 and placed on administrative leave to ensure the client's safety during the investigation. 2. Reporting requirements: All allegations or incidents will be reported to the appropriate authorities and oversight agencies within 72 hours of being identified. 3. An IRIS (Incident Response Improvement System) report was completed and submitted on 6/16/25. 4. Investigation Timeline: A full internal investigation will begin immediately on 6/16/15 and be completed. 5. Extensive Staff Training: will participate in mandatory in-service training focused on: Understanding abuse and neglect, recognizing early warning signs, proper reporting procedures, Respecting client rights and boundaries. 6. Daily Observations and Monitoring: A structured observation plan will be implemented to promote safety, accountability, and transparency across all shifts. Observation will take place daily on every shift and will be conducted by members of the Support	W 127		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G270	A. BUILDING _____ B. WING _____	C 06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-SIXTH STREET GROUP HOME	201 NORTH SIXTH STREET SANFORD, NC 27330

(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 127	Continued From page 6 management team. which includes: Quality Management staff, Operations Support specialist , Program manager, Site Supervisor, Qualified Professional, Nurse, Area Supervisor" this plan was signed by the Program Manager on 6/16/25. This plan was accepted by the survey team on site and the immediate jeopardy to the clients in the facility was determined to be removed effective 5:30pm on 6/16/25.	W 127		
W 149	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on record review and interview, the facility neglected to assure its policies and procedures that prohibit physical abuse and neglect were implemented to protect 6 of 6 clients in the home (#1, #2, #3, #4, #5, and #6). The finding is: Review on 6/16/25 of client #1's hospital discharge papers dated 6/5/25 revealed a diagnoses of contusion; general assault. The following test were performed diagnostic Radiology XR Nasal bones 3+ views. Further review of client #1's Individual Support Plan (ISP) dated 10/19/24 revealed diagnosis of intellectual developmental disabilities, Autism spectrum disorder. The ISP revealed client #1 is highly functional and can communicate his wants and needs clearly. Review on 6/16/25 of the facilities internal incident report revealed an incident date 6/5/25	W 149		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G270	A. BUILDING _____ B. WING _____	C 06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-SIXTH STREET GROUP HOME	201 NORTH SIXTH STREET SANFORD, NC 27330

(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 149	Continued From page 7	W 149		

injury noted to the clients' face, physical aggression directed toward staff. Response to behavior physical restraint time started 8:25am time end 8:34am which involved staff A. Documented description of Incident revealed client #1 reported that his face was sore and his nose felt abnormal. Client was seen by the ER and the visit was concluded with no injuries. One witness to the incident.

Interview on 6/16/25 with client #1 revealed, he had a behavior and staff A jumped in his face. Client #1 revealed he may have pushed staff A. Client #1 revealed staff A hit him in his face on his nose several times. Client #1 revealed he went to his room and decided he needed to go the emergency room and called 911. Client #1 confirmed emergency services came to the house and he was taken to the local hospital. Client #1 revealed his nose was x-rayed to check if it had been broken. He spoke to the police regarding the incident. Client #1 confirmed the site supervisor drove him to the facility from the local hospital.

Continued interview with client #1 revealed that staff A had worked the home since he returned from the hospital. Client #1 then asked the surveyor "why is she still working here,when she hit me? There was another staff here. [Staff B], ask him. He saw her hit me."

Interview on 6/16/25 with staff B revealed he worked on 6/5/25 with staff A. Staff B revealed client #1 had a behavior and pushed staff A and she stumbled a little but didn't fall. Staff B reports staff A did hit client #1 in the face a couple of times. Staff B intervened and was able to get the client to his bedroom and staff A in another room

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G270	A. BUILDING _____ B. WING _____	C 06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-SIXTH STREET GROUP HOME	201 NORTH SIXTH STREET SANFORD, NC 27330

(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 149	Continued From page 8	W 149		

to calm down. Staff B revealed he was asked to write a statement but no one has interviewed him about the incident until this surveyor asked about it today.

Interview on 6/16/25 with staff A revealed an incident did happen on 6/5/25 with client #1. She revealed client #1 had a behavior yelling at another client and she placed herself between him and the other client. Staff A revealed client #1 pushed her and she redirected him to his bedroom. She also revealed she called the site supervisor to report the behavior and was instructed to complete the documentation. Staff A also revealed client #1 did call 911 and went to the hospital. She wasn't aware of any injuries client #1 received. Staff A revealed she did not put her hands on client #1.

Interview on 6/16/25 with the site supervisor (SS) revealed he was called by staff A and she reported to him that client #1 had a behavior. The site supervisor told staff A to write a statement and complete the facilities incident report. The SS revealed he notified the area supervisor which is his supervisor of the incident that occurred. The SS revealed staff A continued to work and had not received any direction to removed staff A from the schedule.

Interview on 6/16/25 with the area supervisor (AS) revealed he received a phone call from the site supervisor informing him of the incident on 6/5/25. The area supervisor revealed he informed the qualified intellectual disabilities professional (QIDP) and the program manager (PM) through a text message on the evening of 6/5/25. The AS revealed that a follow up email was sent to the team on 6/9/25 and on 6/12/25. The AS was able

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G270	A. BUILDING _____ B. WING _____	C 06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-SIXTH STREET GROUP HOME	**201 NORTH SIXTH STREET SANFORD, NC 27330**

(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 149	Continued From page 9	W 149		

to show the text messages and emails and when they were sent.

Review on 6/16/25 of the employee timecard revealed staff A clocked in and clocked out on the following days:
6/5/25 11:30am-3:39pm
6/6/25 10:56pm-10:51am
6/7/25 8:22pm- 11:09am
6/8/25 8:20pm- 8:23am
6/9/25 11:07pm- 8:53am
6/10/25 11:06pm-7:00am
6/15/25 8:36am- 9:01pm

Interview on 6/16/25 with the QIDP revealed she was not informed of the incident on 6/5/25. The QIDP confirmed she had not informed the guardian of an incident that happened on 6/5/25. The QIDP revealed she could not recall when she was informed of the incident. She revealed she communicates with the guardian often but not about this incident. The QIDP revealed she does not supervise the site supervisor and does not schedule staff to work shifts.

Interview on 6/16/25 the PM revealed there was currently an investigation being completed. The IRIS report had been completed and staff A had been placed on administrative leave. Further interview revealed no investigation has begun and the IRIS report was currently being completed by another program manager. The PM revealed she was not aware of staff A working. Staff A was being placed on administrative leave effective 6/16/25.

Review on 6/16/25 of the facility's policy revised 5/12 under Protection from Abuse and Neglect, under Neglect revealed, "..failure to provide care

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G270	A. BUILDING _____ B. WING _____	C 06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-SIXTH STREET GROUP HOME	201 NORTH SIXTH STREET SANFORD, NC 27330

(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 149	Continued From page 10 or services necessary to maintain the mental health, physical health and well-being of the client" under Physical Abuse revealed "physical abuse is the use of physical force, body posture/gesture, or body movement that inflicts or threatens to inflict pain on a person. Under staff responsibility "staff is required to intervene to prevent further abuse or neglect from occurring to a person if they witness such first hand." Under reporting procedures revealed , ".. report the allegation through the Incident Report Information System (IRIS) to the LME/MCO and Division of Health Services Regulation Health Care Personnel Registry. The Operations/Program Manager coordinates with the HR manager to ensure the HCPR 24 Hour Report is completed and submitted on time. Additional reports are made to local DSS Adult or Child Protective Service, the guardian and Chairperson of the Human Rights Committee." This plan was accepted by the survey team on site and the immediate jeopardy to the clients in the facility was determined to be removed effective 5:30pm on 6/16/25.	W 149		
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 review and interviews, the facility failed to ensure an allegation of abuse was thoroughly investigated. This affected 1 of 1 clients (#1). The finding is: Review on 6/16/25 revealed no documentation of an internal investigation regarding an allegation of	W 154		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G270	A. BUILDING _____ B. WING _____	C 06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-SIXTH STREET GROUP HOME	**201 NORTH SIXTH STREET SANFORD, NC 27330**

(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 11 abuse of client #1 on 6/5/25. Review on 6/16/25 of client #1's hospital discharge papers dated 6/5/25 revealed a diagnoses of contusion; general assault. The following test were performed diagnostic Radiology XR Nasal bones 3+ views. Interview on 6/16/25 with client #1 revealed, he needed to be seen at the emergency room due to being hit in the nose by a staff at the home. Client #1 called 911 and was taken to the ER. Client #1 revealed the site supervisor drove him home from the hospital and he informed him of the staff hitting him in the nose. Interview on 6/16/25 with the site supervisor (SS) revealed he was called by staff A and she reported to him that client #1 had a behavior. The site supervisor told staff A to write a statement and complete the facilities incident report. The SS revealed he notified the area supervisor which is his supervisor of the incident that occurred. The SS revealed staff A continued to work and had not received any direction to removed staff A from the schedule. Interview on 6/16/25 with the program manager (PM) revealed there was currently an investigation being completed. The IRIS report had been completed and staff A had been placed on administrative leave. Further interview revealed no investigation has begun as of 6/16/25 and the IRIS report was currently being completed by another program manager on 6/16/25. The guardian had not been notified by staff of the incident on 6/16/25. Staff A was being placed on administrative leave effective 6/16/25.	W 154		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G270	A. BUILDING _____ B. WING _____	C 06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-SIXTH STREET GROUP HOME	201 NORTH SIXTH STREET SANFORD, NC 27330

(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 12 The facility failure to conduct a thorough investigation resulted in clients being subjected to continued harm and abuse.	W 154		
W 156	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4) The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure an investigation of abuse was completed and results reported to state law officials within five working days. This affected 1 of 1 audit client (#1). The finding is: Review on 6/16/25 of client #1's hospital discharge papers dated 6/5/25 revealed a diagnoses of contusion; general assault. The following test were performed diagnostic Radiology XR Nasal bones 3+ views. Interview on 6/16/25 with client #1 revealed staff A had hit him in the nose on 6/5/25 while at the group home. Client #1 revealed staff A has worked in the home since the day the incident happened. Review of facility records on 6/16/25 revealed no documentation of an IRIS report or investigation regarding the allegation of abuse. Interview on 6/16/25 with the Site supervisor (SS) revealed staff A had called him to inform him of client #1's behavior and that client #1 had gone to the emergency room. The SS revealed he went to the hospital to transport client #1 back to the	W 156		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G270	A. BUILDING _____ B. WING _____	C 06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-SIXTH STREET GROUP HOME	**201 NORTH SIXTH STREET SANFORD, NC 27330**

(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 156	Continued From page 13 home. The SS revealed client #1 informed him of what happen and being hit in the nose by staff. The SS revealed he then contacted his supervisor the area supervisor and waited for further instructions. Interview on 6/16/25 with the program manager (PM) revealed she could not recall the specific date or time when she was informed of the incident. There was currently an investigation being completed. The IRIS report had been completed and staff A had been placed on administrative leave. Further interview revealed No investigation has begun as of 6/16/25 and the IRIS report was currently being completed by another program manager on 6/16/25. The guardian had not been notified by staff of the incident on 6/16/25. Staff A was being placed on administrative leave effective 6/16/25.	W 156		
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 1 audit clients (#1) behavior data was documented. The finding is: Review on 6/16/25 of client #1's Behavior Support Plan (BSP) dated 10/24/24 revealed the following target behaviors, "1. Noncompliance: failure to cooperate with staff requests to perform an	W 252		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G270	A. BUILDING _____ B. WING _____	C 06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-SIXTH STREET GROUP HOME	201 NORTH SIXTH STREET SANFORD, NC 27330

(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 252	Continued From page 14	W 252		

essential activity of daily living 2. Elopement-Attempts to leave or leaving the home or day program unsupervised or without permission. 3. Verbal Aggression/Agitation: Defined as verbal and nonverbal signs that he is upset (profanity use, anger outburst) 4. Physical Aggression: define as any action that is directed at others with the possible effect of doing physical harm to another person. 5. Property Destruction: defined as causing or attempting to cause damage to property starts.

Review of the facilities internal incident report revealed incident date 6/5/25 injury to face, physical aggression, behavior directed toward staff. Response to behavior physical restraint time started 8:25am time end 8:34am which involved staff A. Description of Incident " client reported that his face was sore and his nose felt abnormal. Client was seen by the ER and the visit was concluded with no injuries. One witness to the incident.

Review on 6/16/25 of client #1 behavioral data sheet revealed: May 2025 (1) documented behavior, June 2025 no documented behaviors.

Interview on 6/16/25 with the qualified intellectual disabilities professional (QIDP) all behaviors should be documented on the behavior data sheets. QIDP confirmed there was 1 documented behavior for the month and May 2025 and no documented behaviors for the month of June 2025.