

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

PRINTED: 06/30/2025
FORM APPROVED
OMB NO. 0938-0391

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|--|--|--|--|---|--|--|----------------------------|
| 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 06/24/2025 | |
| NAME OF PROVIDER OR SUPPLIER VOCA-OBIE | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 322 OBIE DRIVE DURHAM, NC 27713 | | | |
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| W 104 | <p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation, document review and interviews, the facility failed to maintain a sanitary environment in the kitchen by using a rodent bait station in food preparation area. The finding is:</p> <p>During breakfast observation in the home on 6/24/25 at 7:18am, a large metal rodent bait station was placed on the floor next to the food pantry and trash can. Staff B and client #4 were in the kitchen, preparing eggs and toast for breakfast.</p> <p>Record review on 6/24/25 of extermination service visits revealed the facility had routine service, with no problem areas identified.</p> <p>Interview on 6/24/25 with the Site Supervisor revealed the bait station has always been present in the kitchen and there was a station at the exterior of the home that is checked monthly by the exterminator.</p> <p>Interview on 6/24/25 with the Operation Support Specialist revealed she was unaware there was a bait station inside of the home but it was unsanitary to have it in the kitchen.</p> | | | W 104 | | | |
| W 247 | <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation and interview, the facility</p> | | | W 247 | | | |

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 247 | Continued From page 1 failed to ensure 1 of 6 audit clients (#3) food choices were honored. The finding is: During breakfast observation on 6/24/25 at 6:58am, client #3 sat at the table with a plate of 2 slices of toast. Staff A spoke with client #3 and asked if he wanted eggs and client #3 responded he did not like whole eggs but liked scrambled eggs. Staff A indicated client #3 could get scrambled eggs. Client #3 never received scrambled eggs for breakfast. Interview on 6/24/25 with Staff A revealed client #3 told him he did not like boiled eggs but ate scrambled eggs. Staff A acknowledged he told him, "I would take care of him" but did not prepare the scrambled eggs or let Staff B know, who had prepared the breakfast. Interview on 6/24/25 with the Site Supervisor (SS) revealed client #3 is a new admission and was capable of letting staff know his food likes and dislikes, so there is no list of his food preferences. The SS acknowledged once client #3 told Staff A that he preferred scrambled eggs, he should have received them. Interview on 6/24/25 with the Operations Support Specialist revealed the clients food preferences should be honored and staff should have made him scrambled eggs once he told them. | W 247 | | | |
| W 340 | NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to | W 340 | | | |

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| W 340 | <p>Continued From page 2</p> <p>training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in the cleaning and storage of a mask for breathing treatment for 1 of 6 audit clients (#2). The finding is:</p> <p>During medication administration observations in the home on 6/23/25, client #2's mask for his breathing treatment was hanging in the office/medication room uncovered. Further observations revealed two clients where sitting near the mask at 4:27pm and then 4:34pm while they received their medications. Client #2 entered the office/medication at 4:36pm and received his breathing treatment at 4:51pm after he consumed his medications. At no time was client #2's mask for his breathing treatment cleaned and air dried prior to it being used.</p> <p>During observations in the home on 6/24/25 at 6:07am, when the surveyors entered the home client #2's mask for his breathing treatment was observed hanging uncovered in the office/medication room. Client #2 received his breathing treatment at 7:23am. At no time was client #2's mask for his breathing treatment cleaned and air dried prior to it being used.</p> <p>During an interview on 6/24/25, Staff A stated there was a client who was getting his hair cut in the office/medication room prior to the surveyors ending the home. Further interview confirmed client #2's face mask for his breathing treatment was uncovered and hanging in the office/medication room.</p> | W 340 | | | |

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| W 340 | Continued From page 3 | | | W 340 | | | |
| W 440 | <p>During an interview on 6/24/25, the facility's nurse stated staff have been trained to wash the face mask for client #2's breathing treatment with water and sit it on a towel to air dry, inside of the small medication closet located inside of the office/medication room.</p> <p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p> <p>at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on document review and interviews, the facility failed to ensure fire drills were completed quarterly for each shift. The finding is:</p> <p>Record review on 6/23/25 of annual fire drills revealed the following, there were no fire drill conducted for 3rd shift during July-September, 2024. There was no fire drill conducted on 1st shift during January-March, 2025.</p> <p>Record Review on 6/24/25 revealed an annual fire drills schedule posted in staff office with the following directives: January, May, August and October had first shift drills; March, June, July, and November had 2nd shift drills; and February, April, September and December had third shift drills.</p> <p>Interview on 6/23/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed there were no other records of fire drills for these quarters.</p> <p>Interview on 6/23/25 with the Program Manager revealed fire drills should be done for every shift, for every quarter.</p> | | | W 440 | | | |

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| W 440 | Continued From page 4 Interview on 6/24/25 with the Operations Support Specialist revealed that staff received a notice on their work calendar when a fire drill was assigned to them. If staff did not conduct the fire drill, the task would have remained incomplete on their calendar, prompting them it still needed to be done. | W 440 | | | |
| W 441 | <p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p> <p>and under varied conditions to- This STANDARD is not met as evidenced by: Based on document review and interviews, the facility failed to conduct fire drills during varied times and conditions. The finding is:</p> <p>Record review on 6/23/25 revealed staff did not used variable times to practice their fire drills:</p> <p>First Shift: 8/8/24 at 8:40am 10/5/24 at 2:00pm 10/27/24 at 8:20am 5/19/25 at 2:16pm</p> <p>Second Shift: 7/16/24 at 3:30pm 2/18/25 at 3:58pm</p> <p>Third Shift: 3/12/25 at 2:00am 6/5/25 at 2:15am</p> <p>Interview on 6/24/25 with the Site Supervisor said the fire drills are monitored by the Operations Support Specialist (OSS).</p> <p>Interview on 6/24/25 with the OSS revealed she</p> | W 441 | | | |

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| W 441 | Continued From page 5 in-serviced all staff on 9/25/24 on conducting fire drills. | W 441 | | | |
| W 460 | FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a nourishing, well balanced diet including modified specially prescribed diet as prescribed. This affected 2 of 6 audit clients (#1 and #2). The findings are: A. During dinner observations in the home on 6/23/25, client #1's dinner consisted of two turkey burgers, two pieces of bread and french fries. Further observations revealed client #1 attempting to cut up his own food with a knife. The pieces were larger than 1/2 - 1 inches. While client #1 was consuming his french fries, he had 2 - 3 french fries on his fork while he put them into his mouth; this happened thirteen times between 5:17pm - 5:24pm. There were three times where there was also turkey meat, bread and french fries on the fork when client #1 put the fork in his mouth and began to chew. At no time was the french fries, turkey burger or bread modified as prescribed for client #1's diet consistency. During breakfast observations in the home on 6/24/25, client #1 was observed eating a sausage breakfast bowl. Further observations revealed | W 460 | | | |

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| W 460 | <p>Continued From page 6</p> <p>the bowl was served whole and the pieces client #1 was observed eating where larger than 1/2 - 1 inch long. At no time was the breakfast bowl modified as prescribed for client #1's diet consistency.</p> <p>Review on 6/23/25 of client #1's Individual Program Plan (IPP) dated 3/21/25 revealed, "Diet: Regular bite size pieces 1/2 - 1 inch".</p> <p>Review on 6/24/25 of client #1's Nutritional Evaluation dated 8/27/24 stated, "bite size 1/2 - 1 pieces".</p> <p>During an interview on 6/24/25, Staff B stated client #1's diet consistency is chopped.</p> <p>During an interview on 6/24/25, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1's diet consistency is 1/2 - 1 inches.</p> <p>B. During dinner observations in the home on 6/23/25, client #2's dinner consisted of ground turkey, cut up french fries and cut pieces of bread. While client #2 was eating his dinner he was observed to cough 3 - 4 times. At no time was client #2's food items softened. Further observations revealed client #2's cup was filled up to the top.</p> <p>During breakfast observations in the home on 6/24/25, client #2's breakfast consisted of cut up pieces of boiled eggs and cut pieces of toast. At no time was client #2's food items softened. Further observations revealed client #1's cup was filled up to the top.</p> <p>Review on 6/24/25 of client #2's IPP dated</p> | W 460 | | | |

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| W 460 | Continued From page 7 1/17/25 revealed, "mechanical soft/minced...cup half-filled or two cups filled half way to decrease drinking pace". Review on 6/24/25 of client #2's Nutrition Evaluation dated 8/27/24 revealed, "H/O choking episode and receives...soft/minced...." During an interview on 6/24/25, Staff B stated client #2's diet consistency is chopped. During an interview on 6/24/25, the Program Manager confirmed client #2's cup should not have been filled up to the top but half way. During an interview on 6/24/25, the QIDP stated client #2's diet is mechanical soft. Further interview revealed dry toast is not part of his diet consistency. | W 460 | | | |
| W 478 | MENUS CFR(s): 483.480(c)(1)(ii) Menus must provide a variety of foods at each meal. This STANDARD is not met as evidenced by: Based on observation, document review and interviews, the facility failed to ensure clients residing in the home were offered the variety of foods listed on the menu. This affected 6 of 6 audit clients (#1, #2, #3, #4, #5 and #6). The finding is: During dinner observation in the home on 6/23/25 from 5:00pm-5:30pm, Staff C prepared baked turkey burgers, baked french fries, bread, water and juice for dinner. Clients #1, #2, #4, #5 and #6 were present and consumed the food served. | W 478 | | | |

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| W 478 | <p>Continued From page 8</p> <p>During breakfast observation in the home on 6/24/25 from 6:45am-7:15am, Staff B prepared boiled eggs, toast, pre-sweetened grape flavored soft drink and water for breakfast. Clients #3, #4, #5 and #6 consumed the meal as served. Client #1 was given a sausage pot pie breakfast meal and client #3 received 2 slices of toast, with water and grape drink.</p> <p>Observations on 6/25/25 at 7:10am, revealed inside the fridge was a pre-packaged container of watermelon chunks, a gallon of milk and in the freezer over a dozen of boxes of frozen single count dinners, 2 frozen breakfast bowls and package of store brand frozen breaded chicken. There was no additional fresh produce, with the exception of onions and the deep freezer contained a large pack of frozen chicken, a box of frozen pizza and several store brand bags of breaded chicken pieces.</p> <p>Review on 6/24/25 of the home's menu schedules revealed on 6/23/25 the clients should have received baked turkey burger, tater tots, homemade cole slaw, watermelon, skim milk and water. For breakfast on 6/24/25, the clients should have received 2 large eggs, toast, orange juice from concentrate, skim milk, coffee or tea.</p> <p>Interview on 6/24/25 with the Site Supervisor (SS) revealed she reviews the shopping list for the weekly menu and purchases the ingredients on Sunday.</p> <p>Interview on 6/24/25 with the Program Manager (PM) revealed he does not reveal the contents of the foods purchased weekly, but when looking at past receipts for June, 2025 he acknowledged that the SS bought many frozen dinners,</p> | W 478 | | | |

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| W 478 | <p>Continued From page 9</p> <p>prepared chicken, individual pies, and limited fruits and vegetables. The PM revealed he could not find the grocery receipt for purchase on 6/22/25, however was given a document that showed 51 items were purchased on 6/22/25 however the contents were unknown. The PM confirmed that staff should shop and prepare meals according to the menu.</p> <p>Interview on 6/24/25 with the Nurse revealed without an option to eat a fruit or vegetable at every meal, the clients were not getting a well-balanced diet.</p> <p>Interview on 6/24/25 with the Operations Support Specialist (OSS) revealed staff should prepare meals based on the menus, unless they ran out of the item or the client declined the food; and then it should be documented the need for the substitution. The OSS also said if clients are not liking the meals on the menu, the SS should contact the company that prepares the menus and ask for adjustments.</p> | W 478 | | | |