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 _____	R-C 07/25/2025

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 follow up was conducted on 7/25/25 for all previous deficiencies cited on 6/16/25. All deficiencies were corrected. A complaint survey was also completed for intake #NC00232539. The intake was substantiated. Deficiencies were cited.	{W 000}		
W 144	COMMUNICATION WITH CLIENTS, PARENTS & CFR(s): 483.420(c)(2) The facility must answer communications from clients' families and friends promptly and appropriately. This STANDARD is not met as evidenced by: Based on documentation review and interview, the facility failed to answer communications from the legal guardian promptly and appropriately for 1 of 1 audit client (#1). The finding is: Record review on 7/25/25 of the facility's documentation revealed no evidence of communication between the facility and client #1's guardian pertaining to recent hospitalizations and/or other concerns the of the guardian. There was no documentation to show informing the legal guardian of client #1 recent hospital stays or other concerns the legal guardian had questions about. Further review revealed no other documentated communications with the legal guardian. Interview on 7/25/25 with the qualified intellectual disabilities professional (QIDP) revealed she had communication with client #1's guardian. QIDP revealed she had not documented the conversations but had her phone log.	W 144		

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
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W 144	Continued From page 1 Interview on 7/25/25 with the Program manager confirmed she had not had any communication with client #1's legal guardian to address any of her concerns.	W 144		
W 342	NURSING SERVICES CFR(s): 483.460(c)(5)(iii) 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 training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure staff were sufficiently trained in reporting medical concerns. This affected 1 of 1 audit client (#1). The finding is: Observation on 7/25/25 in the facility at 9:45am revealed client #1 sitting in a chair in the living room. Client #1 was slouched in the chair with his head bowed and eyes closed. Client #1's arms had fallen to the side of his body and his skin was cool to the touch. Further observation client #1 was difficult to awake staff A had to shake him several times to wake him. Client #1 held his head up, then dropped his head back down appearing to fall back asleep. Continued observation at approximately 11:30am revealed 911 was called and client #1 was taken to the hospital by EMS.	W 342		

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 _____	R-C 07/25/2025

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VOCA-SIXTH STREET GROUP HOME	**201 NORTH SIXTH STREET SANFORD, NC 27330**

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W 342	Continued From page 2 Record review on 7/25/25 revealed a hospital visit on 7/19/25 due to unsteady gait, altered mental status and unusual behavior. Client #1 was discharged from the hospital on 7/23/25 diagnosed with Altered mental status, aspiration pneumonia of lower lobe, hypothermia and acute urinary retention. Interview on 7/25/25 with staff A confirmed client #1 had returned from the hospital one day prior. Client #1 was active when he returned back from the hospital. At dinner, client #1 would not eat so they gave him an ensure to drink. Client #1 also would not eat breakfast the next morning so they gave him ensure again.Client #1 had been sitting in the chair all morning back to acting the way he was when they took him to the hospital. Staff A also confirmed he had not called the nurse to report client #1 not eating or sitting being asleep in the chair. Interview on 7/25/25 with the nurse confirmed no staff from the facility had called her to report client #1 being lethargic. Interview on 7/25/25 with the site supervisor revealed he was at the home when client #1 was released from the hospital and and he was back to his baseline. The site supervisor revealed he had not received any phone calls from staff to report how client #1 was feeling.	W 342		