

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

PRINTED: 08/20/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G216</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/12/2025</b>	
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-OTIS STREET HOME</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>2415 OTIS STREET DURHAM, NC 27707</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 460	<p><b>FOOD AND NUTRITION SERVICES</b> CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure each client received their modified and specially-prescribed diets as ordered. This affected 4 of 5 audit clients (#3, #4 and #6). The finding is:</p> <p>A. During evening meal observations on 8/11/25 at 5:45pm, client #3 received pasta that resembled stuffing, and mixed vegetables and baked chicken that had a minced and moist texture. He consumed his meal without difficulty.</p> <p>Review on 8/11/25 of client #3's Quarterly Dietary Review completed on 7/15/25 revealed he was on a regular pureed diet. In addition, review of the facility's Menu book, kept in the kitchen listed instructions from the registered dietician that pureed consistency had no chewing required and appeared smooth like pudding.</p> <p>B. During evening meal observations on 8/11/25 at 5:45pm, client #4 received pasta that resembled stuffing, and mixed vegetables and baked chicken that had a minced and moist texture. She consumed her meal without difficulty.</p> <p>Review on 8/11/25 of client #4's Quarterly Dietary Review completed on 7/15/25 revealed she was on a regular pureed diet. In addition, review of the facility's Menu book, revealed diagrams of a pureed consistency texture that was smooth and</p>			W 460			

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.

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

PRINTED: 08/20/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G216</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/12/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-OTIS STREET HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2415 OTIS STREET DURHAM, NC 27707</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 460	<p>Continued From page 1 formed.</p> <p>C. During evening meal observations on 8/11/25 at 5:45pm, client #6 had 2 large cups of milk and water while eating dinner. On 8/12/25 at 7:10am, client #6 received 2 large cups of apple juice and milk while eating breakfast.</p> <p>Review on 8/12/25 of the facility's Menu book, kept in the kitchen listed an undated fluid restrictions chart for client #6 with the following instructions: Client #6 could receive six 8oz. cups of fluids a day for a total of 1500 cc. At breakfast he should receive one 8oz. cup and one 4 oz. cup and at dinner, one 8 oz. cup. In addition, review of client #6's Individual Program Plan (IPP) dated 1/23/25 confirmed he remained on a 1500 cc fluids restrictions diet.</p> <p>Interview on 8/12/25 with Staff C acknowledged that client #6 was on a fluids restriction diet.</p> <p>Interview on 8/12/25 with the Qualified Intellectual Disabilities Professional (QIDP) and the Program Manager (PM) revealed the Registered Dietician (RD) completed a nutritional review last month and all of the orders were current.</p> <p>Interview on 8/12/25 with the RD confirmed if a client was on a puree diet, the food should be processed until blended smooth.</p>	W 460			