

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

PRINTED: 01/13/2026
FORM APPROVED
OMB NO. 0938-0391

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 C 01/09/2026
NAME OF PROVIDER OR SUPPLIER VOCA-OBIE			STREET ADDRESS, CITY, STATE, ZIP CODE 322 OBIE DRIVE DURHAM, NC 27713		
(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 1/9/26 for intakes # NC00234758 and #NC00234753. The intake was substantiated. Deficiencies were cited.	W 000			
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in the usage of providing food for the clients personal use. This affected 6 of 6 audit clients (#1, #2, #3, #4, #5 and #6). The finding is: During an interview on 1/9/26, Staff C stated that Staff D had been using her personal Supplemental Nutrition Assistance Program (SNAP) funds to buy food for the clients who reside in the home. During an interview on 1/9/26, the Home Manager (HM) confirmed Staff D has been using her SNAP funds to buy snacks for the clients who reside in the home. Further interview revealed Staff D has been informed various times not to use her own personal SNAP funds to buy food items for the clients.	W 189			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for	W 288			

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 288	Continued From page 1 an active treatment program. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a technique to address the inappropriate behaviors of 1 of 6 audit clients (#4) was included in a active treatment plan. The finding is: During observations in the home on 1/9/26, the surveyor noticed there is a locked closet door in the home. Further observations revealed only the staff working in the home had access to the key. Staff B obtained the key from a hook in the office and unlocked the door. The surveyor observed snacks in the closet. A few of the snacks had the name of client #4. During an interview in the home on 1/9/26, Staff A and Staff B revealed the closet door is kept locked do the fact there are snack items kept in the closet. Staff A stated that client #4 will eat up all the snacks and that is why they are kept locked. Staff A and Staff B were not sure if the locking of snacks was in client #4's plan. During an interview on 1/9/26, the Home Manager (HM) stated she was not aware that snack items for the clients was being locked in a closet by staff.	W 288			
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 training clients and staff as needed in appropriate health and hygiene methods.	W 340			

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W 340	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in medication administration, medication management and informing the facility nurse of client medical status for 1 of 6 audit clients (#3). The findings are:</p> <p>A. During an interview on 1/9/26, Staff B revealed that client #3 was diagnosed with a upper respiratory infection after an emergency room visit. Further interview revealed when Staff B was doing client #3's medication administration, she "slid" his medications into his room and just walked away and did not watch to ensure he took his medications. Staff B stated client #3 later was found to have four of his Gabapentin pills, that he did not take. Additional interview revealed Staff B signed off in the Medication Administration Record (MAR) stating that client #3 had taken his Gabapentin pills.</p> <p>During an interview on 1/9/26, the facility's nurse stated, "Staff should have...entered [client #3's] room, handed him his pill and stayed in the room until he actually swallowed his pills."</p> <p>B. During a review on 1/9/26 of the facility's MAR Buddy Check sheet revealed client #3's check sheet was missing signatures for the dates of 12/11, 12/12, 12/14, 12/21, 12/22, 12/23, 12/26, 12/27 and 12/31/25.</p> <p>Review on 1/9/26 of the facility's policy for medication management dated 1/2024 stated, "Controlled medications in group home settings must be counted each shift...coming on shift and one exiting shift." Further review revealed, "A Buddy System for verifying medications</p>	W 340			

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W 340	<p>Continued From page 3</p> <p>administration is to be used in all group home. The MAR Buddy Check Form (F5.32) should be completed for each medication pass. The 'Buddy' is responsible for reviewing the MAR and the medication packs to ensure all medications are given and documented".</p> <p>During an interview on 1/9/26, the Home Manager (HM) did not notice that the facility's Buddy Check sheet was missing dates until the surveyor pointed them out.</p> <p>B. During an interview on 1/9/26, Staff B revealed client #3 was diagnosed with a upper respiratory infection after a visit to a local emergency room. When client #3 was released back to the facility, she made the decision to have client #3 go on quarantine in his bedroom.</p> <p>During an interview on 1/9/26, the facility's nurse stated no one had informed her that client #3 had a upper respiratory infection and that staff had him quarantine in his room.</p>	W 340			