

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

PRINTED: 09/21/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/21/2021
NAME OF PROVIDER OR SUPPLIER VOCA-GENTRY			STREET ADDRESS, CITY, STATE, ZIP CODE 2219 GENTRY DRIVE DURHAM, NC 27705		
(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 revisit was conducted on 9/21/21 for deficiencies previously cited on 3/22 - 3/23/21. One deficiency was recited and no new areas of noncompliance were identified. The facility remains out of compliance.	{W 000}			
{W 312}	DRUG USAGE CFR(s): 483.450(e)(2) Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure drugs used to manage client #4's inappropriate behaviors were used only as an integral part of his Individual Program Plan. This affected 1 of 2 audit clients. The finding is: Review on 9/21/21 of client #4's physician's orders signed 8/11/21 revealed orders for Seroquel 50mg, take 1 tablet by mouth at bedtime, Zoloft 100mg, take 1 and 1/2 tablets by mouth once daily, and Loxapine 5mg, take 2 capsules by mouth at bedtime. Additional review of the record indicated the medications were used for depression (Zoloft), aggression (Seroquel), and mood stabilization (Loxapine). Further review of the record did not identify a formal behavior plan. The use of Seroquel, Zoloft, and Loxapine were not included in a formal behavior plan for client #4.	{W 312}			

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 312}	Continued From page 1 Interview via phone on 9/21/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 continues to ingest the medications for behavior support; however, the medications were not included in a formal behavior plan.	{W 312}			