

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

PRINTED: 01/14/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G282	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/13/2022
NAME OF PROVIDER OR SUPPLIER VOCA-LAURELWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 200 LAURELWOOD DR SMITHFIELD, NC 27577		
(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 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure client #6 had the right to personal privacy and dignity regarding the use of incontinence padding. This affected 1 of 4 audit clients. The finding is:</p> <p>During morning observations in the home on 1/13/22 at 9:20am, client #6 was reclined in a chair with a large incontinence pad positioned underneath her and spread across the width of the chair's seat. The incontinence pad was visible to anyone in the home.</p> <p>Review on 1/13/22 of client #6's Community/Home Life Assessment dated 3/1/21 revealed the client requires physical assistance to ensure her privacy and to indicate her need to be toileted. Additional review of the client's Rights Acknowledgement form (signed 3/1/21) noted she has the "right to a humane treatment environment in which personal dignity and self-esteem are promoted."</p> <p>Interview on 1/13/22 with the Home Manager (HM) revealed the incontinence padding had been positioned underneath client #6 because she has heavy urination. The HM acknowledged using the padding in this manner could be a dignity issue.</p>	W 125			
W 252	PROGRAM DOCUMENTATION	W 252			

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 252	<p>Continued From page 1 CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure data relative to the accomplishment of Individual Program Plan (IPP) objectives was documented in measurable terms. This affected 2 of 4 audit clients (#1 and #3). The findings are:</p> <p>A. Review on 1/12/22 of client #3's record revealed a Physical Therapy (PT) annual review dated 7/16/20 which included recommendations to complete seated exercises for her legs, dowel/arm and leg exercises, dowel/exercise video (in sitting position) and group exercises. The review also identified positioning/repositioning options such as sitting in her wheelchair (upright or tilt), transfer to bed, transfer to recliner, exercises, toileting or shower. The evaluation noted the client should "continue exercise program...positioning and repositioning program" Additional review of the exercise log sheet noted, "Staff should encourage [Client #3] to perform 5 to 10 repetitions of each exercise...Staff should encourage [Client #3] to perform exercises daily for her to achieve optimum benefit from exercise." Further review of the client's positioning/repositioning sheet indicated, "As a general guideline - reposition should occur every two hours or more frequently when compromised skin due to pressure is</p>	W 252			

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W 252	<p>Continued From page 2 noted."</p> <p>Review of client #3's record and training book revealed the exercises and positioning/repositioning were last documented in May 2020. The record and training book did not include any current documentation for the client's exercise program.</p> <p>Interview on 1/13/22 with Staff A revealed the client's exercises were done on 2nd shift.</p> <p>Interview on 1/13/22 with the Home Manager (HM) indicated client #3's exercises are being done by staff; however, they are not being documented on paper or in their new electronic system.</p> <p>B. Review on 1/12/22 of client #1's record revealed a PT annual review dated 1/16/20 which included recommendations to complete exercises using a restortor/pedlar (for upper extremities) and stationary bike (for lower extremities) and walking. Additional review of the client's exercise log sheet noted, "Staff should document [Client #1's] participation on the monthly exercise program log." Further review of the record and training book did not reveal any documentation for participation in the client's exercise program.</p> <p>Interview on 1/13/22 with Staff A revealed the client's exercises were done on 2nd shift.</p> <p>Interview on 1/13/22 with the HM indicated client #1's exercises were usually done at the day program but since he has not been attending the day program his exercises are completed using a pedlar device located in the home. The HM noted the exercises are being done; however,</p>	W 252			

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W 252	Continued From page 3	W 252			
W 255	<p>they are not being documented on paper or in their new electronic system.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i)</p> <p>The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #4's Individual Program Plan (IPP) was reviewed and revised as needed after completion of an objective. This affected 1 of 4 audit clients. The finding is:</p> <p>Review on 1/12/22 of client #4's Behavior Support Plan (BSP) dated 10/6/21 revealed objectives to exhibit 1 or fewer episodes of agitation per month for 12 consecutive months and to exhibit 1 or fewer episodes of Pica per month for 12 consecutive months. Additional review of monthly BSP progress notes dated October '20 - November '21 revealed no documented episodes of Pica.</p> <p>Interview on 1/13/22 with the Home Manager revealed client #4 has not had any episodes of Pica that they were aware of.</p> <p>Interview on 1/13/22 via phone with the Qualified Intellectual Disabilities Professional (QIDP) indicated Pica was added to client #4's BSP around October 2020 after she attempted to consume an inedible object. Additonal interview indicated no further Pica incidents had been</p>	W 255			

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W 255	Continued From page 4 noted since then.	W 255			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 4 audit clients (#1). The finding is: Review on 1/12/22 of client #1's Behavior Support Plan (BSP) dated 10/6/21 revealed an objective to exhibit 1 or fewer episodes of self-injurious behavior per month for 12 consecutive months and to display 1 or fewer episodes of non-compliance per month for 12 consecutive months. The BSP incorporated the use of Zyprexa, Cofentin, Tegretol, Celexa, Neurontin and Prolixin. Additional review of the record did not include written informed consent from the guardian for client #1's restrictive BSP. Interview on 1/13/22 via phone with the Qualified Intellectual Disabilities Professional (QIDP) revealed verbal consent had initially been obtained from the guardian on 10/6/21; however, written informed consent had not been received as of the date of the survey.	W 263			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and	W 460			

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W 460	<p>Continued From page 5 specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 3 of 4 audit clients (#3, #4 and #6) received their modified and specially-prescribed diets. The findings are:</p> <p>A. During breakfast observations in the home on 1/12/22 at 9:08am, client #3 and client #4 consumed sausage links, french toast sticks and applesauce. The sausage and french toast sticks were pureed with visible bits of food throughout. The food items were also dry and thick. Client #3 and client #4 consumed the breakfast meal without difficulty.</p> <p>During lunch observations in the home on 1/12/22 at 11:30am, client #3 and client #4 consumed pureed cold cut sandwiches, macaroni salad and pudding cups. The cold cut sandwich and macaroni salad were pureed with visible bits of food throughout. Additional observations revealed the sandwich was dry and thick while the macaroni salad was moist and chunky. Client #3 and client #4 consumed the lunch meal without difficulty.</p> <p>During breakfast observations in the home on 1/13/22 at 8:35am, client #3 was assisted to pour juice and water into her cups. No thickener was added to the client's liquids prior to consumption. Client #3 consumed the drinks without difficulty.</p> <p>Interview on 1/13/22 with Staff B revealed three clients in the home, including client #3 and client #4, are on pureed diets which is posted on a refrigerator in the kitchen. Additional interview</p>	W 460			

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W 460	<p>Continued From page 6</p> <p>indicated they were trained to make pureed food smooth; however, some foods are more difficult to puree. Further interview revealed client #3's liquids should be thickened as well.</p> <p>Review on 1/12/22 of client #3's Individual Program Plan (IPP) dated 8/20/21 revealed client #3 consumes a "pureed" diet with "thickened liquids". Additional review of a Meal Consistencies list (dated 5/1/20) posted on the refrigerator in the home also indicated client #3 should receive a pureed diet and nectar thickened liquids.</p> <p>Review on 1/12/22 of client #4's IPP dated 10/12/21 revealed she consumes a "pureed" diet. Additional review of a Meal Consistencies list (dated 5/1/20) posted on the refrigerator in the home also indicated client #4 should receive a pureed diet and nectar thickened liquids.</p> <p>Interview on 1/13/22 via phone with the Qualified Intellectual Disabilities Professional (QIDP) acknowledged pureed food should be smooth and resemble "applesauce" or baby food.</p> <p>B. During breakfast observations in the home on 1/13/22 at 8:35am, client #6 consumed pureed cereal with milk.</p> <p>Interview on 1/13/22 with Staff B revealed client #6 consumes a "mechanical soft" diet and her food is not pureed.</p> <p>Review on 1/13/22 of client #6's IPP dated 3/2/21 and a Meal Consistencies list (dated 5/1/20) posted on the refrigerator in the home indicated the client consumes a "mechanical soft (ground)" diet.</p>	W 460		

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W 460	Continued From page 7 Interview on 1/13/22 with the HM confirmed client #6's food is not pureed and should be mechanical soft, ground.	W 460			