

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

PRINTED: 03/29/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G279</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/29/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-OLIVE HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>707 EAST OLIVE STREET APEX, NC 27502</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 130	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure privacy was maintained during personal care. This affected 2 of 6 audit clients (#3 and #4). The findings are:</p> <p>During observations on 3/29/22 at 6:50am client #6 was in his bedroom dressing. He was standing next to his bed wearing only his adult depends. Staff B went into his bedroom leaving the bedroom door open while client #6 put on his pants and his shirt.</p> <p>During observations on 3/29/22 at 7:00am, client #4 walked into the bathroom to begin her shower and shut the door. Client #3 walked into the bathroom, with her toothbrushing supplies, while client #4 was showering. Staff B knocked on the door, saw both clients #3 and #4 in the bathroom, spoke with both of them and did not redirect client #3 to wait until client #4 finished her shower.</p> <p>Review on 3/29/22 of client #6's Human Development Assessment dated 12/1/21, revealed he can initiate privacy and respect the privacy of others.</p> <p>Review on 3/29/22 of client #6's individual program plan (IPP) dated 12/1/21, revealed under services and supports that staff will continue to work with him on Privacy.</p> <p>Review on 3/29/22 of client #4's IPP dated 11/20/21, did not provide information regarding</p>	W 130			

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 130	Continued From page 1 her ability to protect her own privacy or respect the privacy of others.  Interview on 3/29/22 with the qualified intellectual disabilities professional (QIDP) revealed clients #4 and #6 need assistance protecting their privacy and that staff should ensure doors are shut during dressing and bathing. Further interview revealed staff should ensure clients wait to enter bathrooms until they are unoccupied.	W 130			
W 369	<b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(2)  The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all drugs were administered without error. This affected 1 of 3 clients (#3) observed receiving medications. The finding is:  During observations of the medication administration pass on 3/29/22 staff D administered the following to client #3 at 6:30am: Duloxetine 60mg. (1), Duloxetine 20mg. (1), Omeprazole 40mg.(1), Prenatal Vitamin (1), Vesicare 10mg. (1), Famotidine 20 mg. (1), Provigil 20 mg. (1), Vitamin D3 2,000IU (1) and Latanoprost eye drops 0.005% (1) drop to each eye.  Review on 3/29/22 of client #3's physician orders dated 6/23/22 revealed the following was to be administered between 7:00-8:00am: Duloxetine 60mg. (1), Duloxetine 20mg. (1), Omeprazole 40mg.(1), Prenatal Vitamin (1), Vesicare 10mg.	W 369			

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W 369	Continued From page 2 (1), Famotidine 20 mg. (1), Provigil 20 mg. (1), Vitamin D3 2,000IU (1), Systane Eye Drops (1) drop to each eye and Fluticasone nasal spray 50 mcg. Apply (1)spray to each nostril once daily.  Further review on 3/29/22 of client #3's physician orders revealed she is to receive Latanoprost eye drops 0.005% at 21:00 (9pm).  Interview on 3/29/22 with the facility Nurse and the qualified intellectual disabilities professional (QIDP) revealed client #3's Latanoprost eye drops 0.005% were ordered at 21:00 (9pm), her Systane Eye Drops and Fluticasone nasal spray 50 mcg. were both ordered to be administered daily between 7:00-8:00am. Further interview with the facility Nurse confirmed these medications were not given in compliance with physician orders.	W 369			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure clients #2 and #6 received their prescribed diets as indicated. This affected 2 of 6 audit clients. The findings are:  A. During observations of breakfast on 3/29/22 at 7:15am revealed client #2 to receive a whole piece of toast, yogurt, bananas (cut into quarter size pieces), oatmeal, water and coffee and	W 460			

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W 460	<p>Continued From page 3 peanut butter (offered to put on his toast).</p> <p>Review on 3/29/22 of client #2's nutrition assessment dated 5/11/20 which revealed he is to receive a finely chopped diet with staff moistening food as needed.</p> <p>Review on 3/29/22 of client #2's physician orders dated 2/21/22 revealed client #2 is to receive a regular finely chopped diet with moistening food as needed.</p> <p>During observations on 3/28/22 a copy of client dietary orders was posted outside the kitchen which listed client #2's diet as "regular with mechanically soft ground consistency, moisten foods with broth or gravy reflux precautions."</p> <p>Interview on 3/29/22 with the qualified intellectual disabilities professional (QIDP) revealed client #2's diet consistency had been changed recently to regular with mechanically soft ground consistency, moisten foods with broth or gravy reflux precautions. Further interview revealed client #2 had recent problems with swallowing so the team decided to downgrade his diet from finely chopped to mechanically soft ground.</p> <p>B. During observations of breakfast on 3/29/22 at 7:15am client #6 a whole piece of toast, yogurt, bananas (cut into quarter size pieces), oatmeal, water, coffee and peanut butter (offered to put on his toast).</p> <p>Review on 3/29/22 of client #6's nutrition assessment dated 9/29/21 revealed he is to receive an 1800 calorie mechanically soft diet with verbal cues to slow his rate of eating. Further review revealed staff are to follow mealtime</p>	W 460			

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W 460	Continued From page 4 guidelines to ensure safety at mealtimes.  Review on 3/29/22 of client #6's physician orders dated 2/24/22 revealed he is prescribed a regular mechanically soft diet with regular liquids.  Interview on 3/29/22 with the qualified intellectual disabilities professional (QIDP) revealed client#2 and #6's current prescribed diets should be consistently followed and that toast for both clients should be mechanically chopped/ground.	W 460		