

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

PRINTED: 08/31/2022
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 C 08/31/2022
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 000	INITIAL COMMENTS	W 000			
W 154	<p>An complaint survey was conducted on 8/31/22 for intake #NC00191962. One deficiency was cited as a result of the survey.</p> <p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure all allegations of abuse were thoroughly investigated. The finding is:</p> <p>Review on 8/31/22 of a facility investigation for August 2022 noted an investigation for suspected abuse was being conducted beginning 8/4/22 after "a guardian...call from the hospital that her daughter, [Client #1] had 2 black eyes and bruises on her back and arms." Review of the investigation summary indicated five Direct Support Personnel (DSP), the Site Supervisor, facility nurse, client #1 and three other clients, client #1's guardian, an Adult Protective Services (APS) social worker and local law enforcement were interviewed. Additional review of the summary report revealed three DSP staff who had direct contact with client #1 on the day she was taken to the hospital were not asked any questions regarding their knowledge of any physical abuse towards any clients in the home, including client #1.</p> <p>Interview on 8/31/22 with the Quality Assurance (QA) Manager who conducted the investigation revealed she had completed interviews with the three DSP staff and asked questions regarding events leading up to the client's hospitalization on</p>	W 154			

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 154	Continued From page 1 8/3/22. However, additional interview indicated the DSP staff were not specifically asked questions regarding the possible abuse of client #1. The QA Manager noted based on her investigation, abuse was not substantiated. During an interview on 8/31/22, the Program Manager acknowledged questions regarding the potential abuse of clients in the home should have been included within the investigation process.	W 154			