

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

PRINTED: 12/06/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G263	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/30/2022
NAME OF PROVIDER OR SUPPLIER VOCA-YOUNG GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 211 YOUNG STREET SHELBY, NC 28150		
(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 369	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>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 reviews and interview, the facility failed to assure all drugs were administered without error for 1 of 3 clients (#2) observed during medication administration. The finding is:</p> <p>Observations in the group home on 11/30/22 at 6:31 AM revealed client #2 to obtain medication container, a cup of water and to sanitize hands for medication administration. Continued observations revealed staff A to assist client #2 with scanning medications, education, and punching medications into medicine cup. Further observations revealed staff A to administer Olopatadine Solution 0.2 and Systane Solution drops to both eyes for client #2. Subsequent observations revealed client #2 to take all medications whole with 1 teaspoon of Citrucel in an 8 oz. cup of water.</p> <p>Review of records for client #2 on 11/30/22 revealed a diagnosis of profound intellectual disability, hypertension, hyper cholesterol, early dementia, dry eye syndrome, hyperlipidemia, benign prostate hyperplasia. Continued review of records for client #2 revealed a medication administration record dated November 2022. Further Review of the medication administration record revealed medications to administer at 7:00 AM to be Montelukast tab 10mg, Atenolol tab 25mg, Fish Oil 1000mg (2 capsules), Docusate sodium 100mg, Namzaric cap 28-10mg, Toviaz tab 8mg, Loxapine cap 25mg, Olopatadine</p>	W 369			

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 369	<p>Continued From page 1</p> <p>Solution 0.2 and Systane Solution drops to both eyes, and Citrucel.</p> <p>Subsequent review of medication administration record revealed client #2 to be prescribed Tamsulosin HCL 0.4mg caps at 8:00 AM by mouth every day ½ hour following the same meal every day. During survey observations of medication administration, staff A was observed to administer Tamsulosin HCL 0.4 mg at 6:31 AM to client #2 and for client to eat breakfast at 7:07 AM.</p> <p>Interview with the facility nurse on 11/30/22 verified that client #2 is prescribed Tamsulosin HCL 0.4 mg and staff should have been administered the medication as ordered ½ hour following meals. Continued Interview with the nurse revealed that client #2 is prescribed this medication due to a diagnosis of benign prostate hyperplasia.</p>	W 369			