

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

PRINTED: 02/14/2023
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 02/14/2023
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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 5 audit clients (#4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of medication administration. The finding is:</p> <p>During medication administration in the home on 2/14/23 at 7:32am, Staff A spoon fed client #4 her medications. At no time was client #4 given the opportunity to participate in her own medication administration.</p> <p>During an interview on 2/14/23, Staff A reported she feeds client #4 her medications to help ensure she consumes all her medications.</p> <p>Review on client #4's Community/Home Life Assessment dated 10/1/22 stated she needs physical assistance with taking her medications.</p> <p>During an interview on 2/14/23, Site Supervisor (SS) reported client #4 should have been given the opportunity to self feed herself her own</p>	W 249			

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 249	Continued From page 1		W 249				
W 263	<p>medications.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>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 3 of 5 audit clients (#3, #4 and #6). The findings are:</p> <p>A. Review on 2/14/23 of client #3's Behavior Support Plan (BSP) dated 10/24/22 stated, "...is prescribed psychotropic medications Venlafaxine ER, Aripiprazole (Abilify) and Lorazepam...." Further review revealed there was no consent signed by client #3's guardian in the chart.</p> <p>B. Review on 2/14/23 of client #4's BSP dated 10/24/23 revealed, "She is prescribed psychotropic medications Klonopin and Paxil for behavior management, and Gabapentin for insomnia. She also is prescribed Ativan and Hydroxyzine prior to invasive medical and dental procedures". Further review revealed there was no consent signed by client #4's guardian in the chart.</p> <p>C. Review on 2/13/23 of client #6's BSP consents revealed they where last signed on 3/2/22 and expire on 9/1/22. Further review revealed client #6's medications are: Risperidone, Trazadone and Lorazepam (Ativan). Further review revealed there were no updated</p>		W 263				

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W 263	<p>Continued From page 2</p> <p>BSP consents signed by client #6's guardian.</p> <p>During an interview on 2/14/23, the Program Manager confirmed clients #3, #4 and #6 BSP consents were either not in their charts and not updated.</p>			W 263			