STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G282	A. BUILDING _____ B. WING _____	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-LAURELWOOD	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 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure techniques used to manage inappropriate behavior were reviewed and monitored by the Human Rights Committee (HRC) for 2 of 3 audit clients (#1 and #4). The findings are: A. Review on 2/13/24 of client #1's behavior support program (BSP), dated 7/27/23, revealed he has target behaviors of self-inflicted injury (SIB) and agitation. Further review of this BSP revealed it incorporates the use Olanzapine, Benztropine, Citalopram, Gabapentin, and Fluphenazine, with Lorazepam (1mg) used for crisis situations. Additional review of this program revealed a back page with guardian signature on 7/27/23 and no signature to indicate consent or review from a representative of the HRC. Interview on 2/14/24 with the Area Supervisor (AS) revealed the HRC's committee had not met to review and approve the BSP for clients with rights restrictions. B. Record review on 2/14/24 of client #4's Physician's Orders dated 2/2/24 revealed a prescription dated 9/20/23 for Lorazepam's daily use to stabilize his moods. Further record review on 2/13/24 of client #4's medications consent form, revealed on 9/7/23 his legal guardian agreed to have the facility	W 262		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 262	Continued From page 1 administer medications to him. There was no record the HRC committee had reviewed and approved the used of Lorazepam for client #4. Interview on 2/14/24 with the AS revealed the HRC's committee had not met to review and approve the BSP for clients with rights restrictions.	W 262		
W 312	DRUG USAGE CFR(s): 483.450(e)(2) be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 3 audit clients (#4) had a behavior support plan (BSP) developed to address the administration of a medication to stabilize moods. The finding is: Record review on 2/13/24 of client #4's Individual Program Plan (IPP) dated 9/28/23 revealed he took Lorazepam, a "mood stabilizer" once daily to address anxiety. Client #4 was admitted to the facility from home on 9/6/24 and was exhibiting "pacing" when he transitioned into the group home. Upon further review, there was not documentation of a BSP to create an objective to reduce targeted behaviors or monitoring by a mental health professional for effectiveness of the dose. Interview on 2/14/24 with the Area Supervisor revealed a BSP had not been developed for client #4.	W 312		

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W 312	Continued From page 2 Interview on 2/14/24 with the nurse revealed Lorazepam was a controlled medication and client #4 was prescribed it by his psychiatrist prior to admission to the group home last September. The nurse acknowledged she did not know if client #4 had a BSP.	W 312		
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, review, and interviews, the facility failed to ensure that nursing services were provided according to the needs for 1 of 3 audit clients (#4). The findings are: A. Record review on 2/13/24 of client #4's Individual Program Plan (IPP) dated 9/28/23 revealed he needed to be scheduled for a colonoscopy exam. The record did not indicate that it has been performed. Interview on 2/14/24 with the Site Supervisor and Area Supervisor revealed they were not aware there was a recommendation to schedule a colonoscopy exam for client #4. Both staff acknowledged they were responsible for making medical appointments. Interview on 2/14/24 with the nurse revealed that she previously sent out a chart review to the physician to get a referral to a gasteroentoerology specialist. The nurse revealed that she was not sure if it was done yet. B. During morning observations of medication	W 331		

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W 331	Continued From page 3 administration on 2/13/24 at 11:00 am, Staff A was observed taking a box of VSL#3 Probiotic Medical Food out of zip lock bag and emptying a powder substance from envelope in a glass of water. The contents were stirred by client #4 who drunk the solution. The box of Probiotic and the plastic bag did not have a label attached to identify it was prescribed for client #4 or administration instructions per physician's orders. Record review on 2/14/24 of the February 2, 2024, revealed client #4's Physician's Orders listed VSL#3 Probiotic Medical Food. Interview on 2/13/24 with Staff A confirmed there was no label on the VSL#3 Probiotic Medical Food package. Interview on 2/14/24 with the nurse revealed client #4's family had furnished VSL#3 Probiotic Medical Food to the facility ever since he was admitted last September. The nurse revealed the family choose to purchase it because it was not approved by insurance for treatment. There was no evidence that there was a label retrieved from the pharmacy.	W 331		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and	W 436		

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W 436	Continued From page 4 interviews, the facility failed to ensure 1 of 3 audit clients (#4) was furnished with a pair of reading glasses to assist with vision. The finding is: During afternoon observations in the home on 2/13/24 at 4:30pm, client #4 sat at the activity table working on a 48-piece puzzles, without wearing glasses. Record review on 2/13/24 of a Vision Consultation Report on 1/11/24 for client #4, diagnosed him with Presbyopia (far-sightedness) and recommended reading glasses for activities like puzzles. Interview on 2/14/24 with the Area Supervisor (AS) revealed client #4 could not get reading glasses because he needed a prescription. The AS acknowledged the facility does not make over-the-counter purchases for eyewear. The AS revealed client #4 would return to see the eye doctor tomorrow for the second part of his exam to have eyes dilated. Interview on 2/14/24 with the nurse revealed if the doctor prescribed reading glasses for client #4, "he should have them."	W 436		
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 client #3	W 460		

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W 460	Continued From page 5 received her specially-modified diet as indicated. This affected 1 of 3 audit clients. The finding is: Observation in the home on 2/13/24 to 2/14/24 revealed inconsistencies in client #3's diet texture. On 2/13/24 at 12:00pm, client #3 was served and consumed pureed tomato soup, minced textured tuna salad, and pureed fruit for lunch. At 5:30pm, she was served and consumed minced textured pork tenderloin, pureed potato, and pureed green beans. On 2/14/24 at 6:45am, client #3 was served minced textured scrambled eggs and pancakes and pureed bananas. Client #3 had no issues with consuming the meal. Review on 2/13/24 of client #3's Individual Program Plan (IPP), dated 12/6/23, revealed her food should be pureed in texture. Review on 2/14/24 of client #3's Swallow Study, dated 9/2/23, revealed she should receive foods in pureed texture for choking safety. Interview on 2/14/24 with the Site Supervisor revealed client #3 receives pureed food texture. Interview on 2/14/24 with the Area Supervisor revealed some foods are more difficult to make smoothly in blender. However, client #3 should have all foods pureed to smooth texture for her safety.	W 460		