

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

PRINTED: 03/14/2024
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|---|---|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G158 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 03/12/2024 |
| NAME OF PROVIDER OR SUPPLIER VOCA-MALLARD DRIVE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 6119 MALLARD DRIVE CHARLOTTE, NC 28227 | | |
| (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 observation, record review and interview, the facility failed to assure all drugs were administered without error for 1 non-sampled client (#3). The finding is:</p> <p>Morning observations in the facility on 3/12/24 at 7:27AM revealed staff to prompt client #3 to transition to the medication room to prepare for medication administration. Continued observations revealed client #3 to be administered the following medications: One Daily vitamin, Escitalopram 10MG, Phenytoin EX Cap 100MG, Divalproex 250MG, and Chlorhex Gluconate Oral Rinse. Further observation did not reveal client #3 to receive Ketoconazole 2% cream during medication administration.</p> <p>Review of the record for client #3 revealed an individual support plan (ISP) dated 1/8/24. Continued review of the record for client #3 revealed a physician's order dated 3/12/24 which indicated that client #3 should have received Ketoconazole Cream 2% to apply once daily at 8:00AM to the feet.</p> <p>Interview with the medication technician on 2/12/24 revealed client #3 ran out of the Ketoconazole 2% cream. Continued interview with the medication technician could not determine how long client #3 was out of the medication.</p> <p>Interview with the facility nurse and site</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 | Continued From page 1 supervisor on 3/12/24 revealed they were not aware that client #3 was out of the Ketoconazole 2% cream. Continued interview with the facility nurse revealed that the medication should have been temporarily suspended in the facility's QuickMAR system until the prescription could be refilled from the pharmacy. Further interview with the nurse revealed client #3 should have been administered Ketoconazole 2% cream with her 8:00 AM medications. | W 369 | | | |
| W 474 | <p>MEAL SERVICES CFR(s): 483.480(b)(2)(iii)</p> <p>Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure food consistency was served in a form according to the developmental level of 1 of 3 sampled clients (#4). The finding is:</p> <p>Morning observations in the facility on 3/12/24 at 8:06AM revealed client #4 to sit at the dining table and prepare for the breakfast meal. The breakfast meal consisted of the following: oatmeal, whole wheat toast cut into bite size pieces, milk, orange juice and applesauce. Continued observations revealed client #4 to consume large bites of oatmeal and toast using a coated spoon.</p> <p>Review of the record for client #4 on 3/12/24 revealed an individual support plan (ISP) dated 3/21/23. Continued review of the record for client #4 revealed a physician order dated 3/12/24 which indicated that the client has the following diet: Chopped 1/4" moistened vegetable and</p> | W 474 | | | |

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| W 474 | Continued From page 2 meats. Avoid dry foods like hot dogs, peanut butter, hard bread/crusts, toast, lettuce, coarse cereals, fruit/vegetables with the skin on, chips, nuts, seeds, dried fruit and granola bars. Interview with the facility nurse and site supervisor on 3/12/24 revealed staff should have followed client #4's diet order during mealtimes as prescribed. | W 474 | | | |