

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

PRINTED: 07/05/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/05/2023
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NAME OF PROVIDER OR SUPPLIER VOCA-GENTRY	STREET ADDRESS, CITY, STATE, ZIP CODE 2219 GENTRY DRIVE DURHAM, NC 27705
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(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
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W 000 {W 382}	<p>INITIAL COMMENTS</p> <p>A revisit was conducted on 7/5/23 for all previous deficiencies cited on 4/11/23. All deficiencies were not corrected and no new non-compliance was found. The facility is not in compliance with all regulations surveyed.</p> <p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure medications remained locked except when being prepared for administration. The finding is:</p> <p>During observations in the home on 4/11/23 from 4:11pm until 4:14pm, the home supervisor (HS) walked out of the medication room and left medications on the desk. Further observations revealed the door to the medication room was left open.</p> <p>Review on 4/12/23 of the facility's Medications Administration policy dated 3/20 stated, "All medications, prescription and over-the-counter, shall be maintained in a secure, locked location".</p> <p>During an interview on 4/11/23, the HS stated all medications should be locked when not in use.</p> <p>During an interview on 4/12/23, the Qualified Intellectual Disabilities Professional (QIDP) revealed all medications should be locked when not being administered.</p>	W 000 {W 382}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sherry Chappell, BA/QP, Program Manager TITLE: Program Manager (X6) DATE: 7/10/2023

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 382}	Continued From page 1 A follow up visit was conducted on 7/5/23: Observation in the home on 7/5/23 at 8:25 am, over the counter and prn medications in pill packs were in the unlocked 2 drawer file cabinet; which is located in the office. Further observations revealed the doors to the office where both open. During an interview on 7/5/23 at 8:30am, the House Manager stated she was not sure why the pill packs were in the file cabinet. Additional interview revealed she was not aware of the file cabinet ever being locked. During an interview on 7/5/23, Management staff stated medications should be locked when not in use.	{W 382}	A work order will be completed to request a lock for the drawer that contains the medications. Program Manager will follow-up weekly through observations to ensure the lock is installed and used appropriately. All staff will be inserviced by the Area Supervisor on making sure all medications are locked at all times. In the future, the Area Supervisor will conduct monthly home observations to ensure all medications are secured as required.	8/4/2023	