

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

PRINTED: 04/24/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G281</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/23/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-GREENWOOD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 GREENWOOD CIRCLE SMITHFIELD, NC 27577</b>		
(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 312	<p><b>DRUG USAGE</b> CFR(s): 483.450(e)(2)</p> <p>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 interview, the facility failed to ensure a drug used to manage client #4's inappropriate behaviors was used only as an integral part of her Individual Program Plan (IPP). This affected 1 of 3 audit clients. The finding is:</p> <p>Review on 4/23/24 of client #4's Behavior Support Plan (BSP) dated 7/23/24 revealed objectives to target behaviors of noncompliance, agitation, self-injurious behavior and pulling up her dress. Additional review of the plan identified Sinemet, Seroquel, Lorazepam and Amantadine to address her inappropriate behaviors. Further review of client #4's current physician's orders also revealed an order for Trazadone 100mg, take 1 tablet by mouth at 8pm. The use of Trazadone was not included in client #4's behavior plan.</p> <p>Interview on 4/23/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 ingests Trazadone for behavior control; however, the medication was not included in her behavior plan.</p>	W 312			
W 352	<p><b>COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE</b> CFR(s): 483.460(f)(2)</p> <p>Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. This STANDARD is not met as evidenced by:</p>	W 352			

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 352	<p>Continued From page 1</p> <p>Based on record review and interview, the facility failed to ensure client #4 received a comprehensive dental examination at least annually. This affected 1 of 3 audit clients. The finding is:</p> <p>Review on 4/23/24 of client #4's record revealed no information regarding a comprehensive dental examination.</p> <p>Interview on 4/23/24 with the Qualified Intellectual Disabilities Professional (QIDP) indicated client #4 had transferred from another facility as of 10/1/23. Additional interview revealed the client had been scheduled for a dental examination in July 2022 and August 2023; however, she had not kept any of those appointments. The QIDP indicated she was not sure when client #4 had last been seen by a dentist.</p>	W 352			