

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

PRINTED: 05/08/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G279	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2024
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NAME OF PROVIDER OR SUPPLIER VOCA-OLIVE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 707 EAST OLIVE STREET APEX, NC 27502
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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, interviews and interviews, the facility failed to ensure 5 of 5 audit clients (#1, #2, #4, #5 and #6) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of adaptive equipment use and program implementation. The findings are:</p> <p>A. During dinner observations at a local restaurant on 5/6/24 at 5:00pm, client #2 and client #6 consumed their meal without any adaptive dining equipment.</p> <p>Interview on 5/7/24 with Staff B revealed client #1 and client #6 generally do not use any adaptive dining equipment when they eat out.</p> <p>Review on 5/7/24 of client #2's IPP dated 9/8/23 revealed he utilizes a high divided plate, small maroon spoon with a foam handle and a plate riser to assist him at meals.</p> <p>Review of client #6's IPP dated 12/1/23 indicated he uses a plate riser to assist him with eating at</p>	W 249		
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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 meals. Interview on 5/7/24 with the Site Supervisor and Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 and client #6 continue to use the previously described adaptive dining equipment at meals. B. During observations of medication administration in the home on 5/6/24 at 3:44pm and 4:01pm, client #1 and client #4 were assisted to ingest their medications. During observations of medication administration in the home on 5/7/24 at 7:23am and 8:00am, client #1 and client #5 were assisted to ingest their medications. During all observations, no clients were prompted or encouraged to scan their medication cards. Review on 5/7/24 of client #1's IPP dated 3/1/24 revealed an objective to scan his medications with 80% independence for 12 months (implemented 4/1/24). Review of client #4's IPP dated 11/30/23 revealed an objective to scan her morning and evening medications with 80% independence for 12 consecutive months (implemented 4/1/24). Review of client #5's IPP dated 8/25/23 revealed an objective to scan his medications with 85% independence for 12 months (implemented 4/1/24). Interview on 5/7/24 with the QIDP confirmed the objectives were current and should be implemented during medication administration.	W 249			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i)	W 340			

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W 340	Continued From page 2 Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure staff were sufficiently trained regarding all aspects of medication administration. This affected 2 of 5 audit clients (#1 and #5). The findings are: A. During morning observations of medication administration in the home on 5/7/24 at 7:23am, client #1 was assisted by Medication Technician (MT) to apply Sodium Fluoride 5000 Plus toothpaste on his toothbrush in the medication room. The client then left the room and went down the hall to the bathroom with the toothbrush in his hand. The MT remained in the medication room and proceeded to assist another client with their medications. Client #1 was not observed by the MT to use the prescribed toothpaste. B. During morning observations of medication administration in the home on 5/7/24 at 8:00am, client #5 was assisted by the MT to retrieve Perioguard .12% mouth rinse and pour it into a medication cup. The client was also assisted to receive Lortisone cream on his face while in the medication room. After applying the cream, the MT took client #5 to a bathroom down the hall to wash his face. On his way to the bathroom, client #5 placed the cup containing the Perioguard on a dresser in his bedroom. After washing his face, the MT left the bathroom and returned to the medication area. Client #5 was not observed by	W 340		

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W 340	Continued From page 3 the MT to use the prescribed mouth rinse. Interview on 5/7/24 with the MT revealed she normally does not watch clients while applying prescribed mouth rinses and toothpastes because they know how to use those items. Review on 5/7/24 of client #1's physician's orders dated 3/1/24 revealed an order for Sodium Fluoride 5000 Plus toothpaste twice daily at 7am and 8pm. The order noted, "Brush teeth twice daily for 2 min..." Review of client #5's physician's orders dated 3/1/24 noted an order for Chlorlex Glu Solution .12% at 7a and 9p. The order indicated, "...swish 1/2 ounce by mouth every morning and every evening for antingival rinse (Do Not Swallow)..."	W 340			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) 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 observations, record review and interviews, the facility failed to ensure all medications were administered without error. This affected 1 of 4 clients (#1) observed receiving medications. The finding is: During observations of medication administration	W 369			

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W 369	Continued From page 4 in the home on 5/7/24 at 7:23am, client #1 ingested Synthroid, Pepcid, Catapres, Latuda Vitamin D3 and Vitamin B-12. No topical medications were administered at this time. Review on 5/7/24 of client #1's physician's orders dated 3/1/24 revealed an order for Protopic .1%, apply a thin layer to affected areas twice daily 7am, 8pm. Interview on 5/7/24 with the Medication Technician revealed she thought client #1 had applied the cream when he came in the room for his medications this morning. Interview on 5/7/24 with the Director of Nursing Services acknowledged the omission of client #1's cream would be a medication error.	W 369			
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 reviews and interviews, the facility failed to ensure 2 of 5 audit clients (#2 and #6) received their modified diets as indicated. The finding is: During dinner observations at a local restaurant on 5/6/24 at 5:00pm, client #2 consumed fried chicken. The chicken was not ground. At the meal, client #6 was noted to consume a chicken pot pie containing large chunks of chicken, vegetables and pie crust.	W 460			

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W 460	Continued From page 5 Interview on 5/7/24 with Staff C revealed client #2 and client #6 have to have their food ground up. The staff stated, "We do this every day." Review on 5/7/24 of client #2's Individual Program Plan (IPP) dated 9/8/23 revealed he receives a mechanical soft, ground textured diet. Review of client #6's IPP dated 12/1/23 indicated his food should be mechanically softened. Interview on 5/7/24 with the Site Supervisor and Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 and client #6 are on mechanically soft diets.	W 460			