

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

PRINTED: 07/11/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G271</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/10/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-ROLLINS GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>297 BOB ROLLINS ROAD FOREST CITY, NC 28043</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 249	<p><b>PROGRAM IMPLEMENTATION</b> 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 and interview, the facility failed to ensure 3 of 6 clients (#1, #3, and #5) received a continuous active treatment program relative to formal and informal interventions. The findings are:</p> <p>A. The facility failed to ensure an active treatment program for client #1. For example:</p> <p>Observations in the group home on 7/9/24 from 4:00 PM to 6:00 PM revealed client #1 to have a snack, receive medication, and participate in the dinner meal. Continued observations revealed client #1 to otherwise sit in the living room unengaged. Further observation revealed client #1 to remain unengaged for approximately 56 minutes during survey observations.</p> <p>Observations in the group home on 7/10/24 from 6:45 AM to 8:30 AM revealed client #1 to participate in the breakfast meal, receive medication, and sit in the living room. Continued observation revealed client #1 to remain unengaged for approximately 23 minutes during survey observations.</p>	W 249			

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  B. The facility failed to ensure an active treatment program for client #3. For example:  Observations in the group home on 7/9/24 from 4:00 PM to 6:00 PM revealed client #3 to have a snack, receive medication, and participate in the dinner meal. Continued observations revealed client #3 to otherwise sit in the living room or stand in the kitchen unengaged. Further observation revealed client #3 to remain unengaged for approximately 45 minutes during survey observations.  Observations in the group home on 7/10/24 from 6:45 AM to 8:30 AM revealed client #3 to participate in the breakfast meal, receive medication, and sit in the living room. Continued observation revealed client #3 to remain unengaged for approximately 58 minutes during survey observations.  C. The facility failed to ensure an active treatment program for client #5. For example:  Observations in the group home on 7/10/24 from 6:45 AM to 8:30 AM revealed client #5 to participate in the breakfast meal, hygiene, receive medication, and sit in the living room. Continued observation revealed client #5 to remain unengaged for approximately 30 minutes during survey observations.  Interview with the program manager on 7/10/24 verified staff should engage each client in formal and informal active treatment interventions every 10 to 15 minutes during daytime shifts.	W 249			
W 368	DRUG ADMINISTRATION	W 368			

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W 368	<p>Continued From page 2 CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record review, and interview, the facility failed to ensure all medications were administered in compliance with the physician's orders for 1 of 6 clients (#3). The finding is:</p> <p>Observation in the group home on 7/10/24 at 7:10 AM revealed client #3 to participate in medication administration by retrieving their medication box, hand over hand assistance with staff, and taking their medication independently. Continued observation revealed client #3 to begin the breakfast meal at 7:40 AM.</p> <p>Review of client #3's record on 7/10/24 revealed physician orders dated 6/24/24. Review of the physician's order indicated instructions for prescribed Ziprasidone 60mg are "take one capsule by mouth three times daily after meals."</p> <p>Interview with the program manager on 7/10/24 revealed client #3's physician's orders are current. Continued interview confirmed staff should following specific order instructions as prescribed.</p>	W 368			