


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: 34G263	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/17/2024
NAME OF PROVIDER OR SUPPLIER VOCA-YOUNG GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 211 YOUNG STREET SHELBY, NC 28150		
(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 000	INITIAL COMMENTS An unannounced complaint survey was completed on 4/17/24 to investigate the allegation contained in intake #NC00214183. The allegation was unsubstantiated and an unrelated deficiency was cited.	W 000			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure all medications and biologicals remained locked except when being prepared for administration. The finding is: Observations in the home on 4/17/24 at 3:19 PM revealed the door to the office to be open and several medication blister packs to be out on the desk. Continued observations revealed that the door of the office has no lock and that the door does not close properly. Interview on 4/17/24 with the program manager (PM) confirmed that the medications were left on a desk in the unlocked office and that the office door does not close properly. Continued interview confirmed that all medications should be locked inside the medication room until staff prepare them for administration.	W 382	PM, Nurse, will in-service all staff and managers on proper storage of all medications in the home PM, HS, Maintenance, will ensure that all locks and doors in medication room are in proper working condition	Completed by 6/16/24 Completed by 6/16/24	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Chris Childers 	Program Manager	4/25/2024

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.